

Compendium

# General Lifestyle Survey: 2011

Includes chapters on health, smoking, drinking, households, families and access to vehicles.



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# An Introduction (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey)

Includes chapters on health, smoking, drinking, households, families and access to vehicles.



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# 1 . Introduction

This report presents the latest information from the General Lifestyle Survey (GLF) for the 2011 calendar year (January to December). The GLF began collecting data in 1971 and the report includes a chapter looking at the findings from the survey over the forty years that it has been running. The main topics of the survey are covered in seven chapters: Smoking; Drinking; Households, families and people; Housing and consumer durables; Marriage and cohabitation; Pensions; and General health. The chapters provide overviews of each topic area, which are also supported by tabular output. The tabular output is provided in the form of Microsoft Excel tables that can be downloaded by clicking on the table references within the report. Not all of the tables are commented on in the text, they have been included in the tabular output to provide users with additional data for each subject area as well as the opportunity to compare results across years of the survey.

The GLF was previously known as the General Household Survey (GHS), but was renamed in 2008 to coincide with the survey's inclusion in the [Integrated Household Survey](#).

## 2 . Survey background

The GLF is a multi-purpose continuous survey that has been carried out by the Office for National Statistics (ONS) since 1971. The survey presents a picture of families and people living in private households in Great Britain. This information is used by government departments and other organisations, such as educational establishments, businesses and charities, to contribute to policy decisions and for planning and monitoring purposes. Further information about the use of the survey is provided within the topic chapters.

The survey was originally designed to collect data that would be used to complement existing administrative statistics and to throw light onto changing social situations in away that would be relevant to current policy across government departments. The constraints of a survey (questionnaire length, inherent meaningfulness to respondents and the flow of the questionnaire, etc) meant that key aspects of the central themes were covered each year, but there was also the ability to include questions to cover additional areas of interest within them over time. For example, questions on health have been included since 1971, but over the 40 years specific health topics have been included at various times, such as questions on hearing, dental care, sight, use of NHS services etc. Within this survey model, topics outside of the central themes have also been easily assimilated, such as burglary and leisure activities. In addition, the survey has been able to target different population subgroups to ask specific questions.

The survey interview consists of questions relating to the household, answered by a household reference person or their spouse, and an individual questionnaire, asked of all resident adults aged 16 and over. Demographic and health information is also collected about children in the household. The GLF collects data on a wide range of core topics which are included on the survey every year. These are:

- demographic information about households, families and people
- housing tenure and household accommodation
- access to and ownership of consumer durables, including vehicles
- employment
- education
- health and use of health services
- smoking
- drinking
- family information, including marriage, cohabitation and fertility
- income
- pensions

The 2011 GLF was sponsored by ONS, the NHS Information Centre for Health and Social Care, the Department for Work and Pensions, HM Revenue & Customs and Scottish Government.

## Historical changes

The survey started as the GHS in 1971 and has been carried out continuously since then, except for breaks to review it in 1997/1998 and to redevelop it in 1999/2000.

From 1994/95 to 2004/05 the GHS was conducted on a financial year basis, with fieldwork spread evenly across the year April to March. However, in 2005 the survey period reverted to a calendar year and the whole of the annual sample (which was increased to 16,560), was dealt with in the nine months April to December 2005. From January 2006, the survey runs from January to December each year.

Since the 2005 survey did not cover the January to March quarter, this affected annual estimates for topics which are subject to seasonal variation. To rectify this, where the questions were the same in 2005 as in 2004/05, the final quarter of the 2004/05 survey was added (weighted in the correct proportion) to the nine months of the 2005 survey.

Another change in 2005 was that, in line with European requirements, GHS adopted a longitudinal sample design in which people remain in the sample for four years (waves) with one quarter of the sample being replaced each year. Thus approximately three quarters of the 2005 sample were re-interviewed in 2006. More details are given in the [GLF Technical Appendix B \(159.7 Kb Pdf\)](#) .

## 3 . The 2011 survey

In 2011, 7,960 households in Great Britain took part in the GLF and around 15,000 interviews were conducted with adults aged 16 and older. The household response rate was 72%. Further details about the sample design and response are given in [Technical Appendix B \(159.7 Kb Pdf\)](#).

A glossary of definitions and terms used throughout the report and notes on how these have changed over time is provided in [Technical Appendix A \(75.4 Kb Pdf\)](#).

The survey results have been adjusted to account for non-response to the survey and to control for differences between the sample and population. Details of the weighting process are given in [Technical Appendix D \(67.1 Kb Pdf\)](#).

The GLF is a survey of a sample of the population and is therefore subject to sampling error, where the estimates inferred from the sample are not the same as if a census of the population was taken. A measure of this error is provided by the standard error estimates, which are published against certain statistics in [Technical Appendix C \(83.1 Kb Pdf\)](#).

The questionnaire that was used to collect the 2011 survey data is given in [Technical Appendix E \(609.4 Kb Pdf\)](#); and a list of the main topics covered by the survey since it began in 1971 is provided in [Technical Appendix F \(130.4 Kb Pdf\)](#).

## 4 . Related links

Data from the GLF and GHS are combined with other data sources to present a comprehensive picture of households, families and people living in Great Britain. The analyses of these data sources are presented in a number of ONS publications including: [Population Trends](#), [Health Statistics Quarterly](#) and [Pension Trends](#). The topic chapters within this report provide further information about these publications.

GHS and GLF data are widely used by universities and other research organisations. The release of the survey micro datasets for research and statistical purposes is controlled by the UK Data Archive and is supported by the Economic and Social Data Service (ESDS). The ESDS produce a report on the usage of the GLF, which is based on information from data users. The report can be downloaded from the [ESDS website](#).

The ESDS also organises an annual GLF user meeting, which is jointly chaired by ONS and the ESDS. The meeting provides a forum for data users and producers to meet and discuss new developments, exchange information about the GHS/GLF and talk about how the data are used. The 2012 meeting took place at the Royal Statistical Society, London and the agenda and papers for the meeting are available via the [ESDS website](#).

The GLF results are for private households in Great Britain; however, a similar survey called the Continuous Household Survey (CHS) is carried out in Northern Ireland. The survey is designed, conducted and analysed by the Central Survey Unit of the [Northern Ireland Statistics and Research Agency \(NISRA\)](#).

## 5 . Microdata

This report gives a broad overview of the results of the survey, including tabular output. However, many users of GLF data have very specific data requirements that may not appear in the desired form in this report. Anonymised microdata from the GHS/GLF surveys and details on access arrangements and associated costs are available from the [United Kingdom Data Archive](#), or by telephoning +44 (0)1206 872143.

## 6. Background notes

1. Details of the policy governing the release of new data are available by visiting [www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html](http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html) or from the Media Relations Office email: [media.relations@ons.gsi.gov.uk](mailto:media.relations@ons.gsi.gov.uk)

# An overview of 40 years of data (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey)

Includes chapters on health, smoking, drinking, households, families and access to vehicles.



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# 1 . 40 years of data collection

The 2011 General Lifestyle Survey Overview report marks 40 years of results from a continuous household survey. The survey started in 1971 as the General Household Survey and has been carried out every year since then, except for breaks in 1997/98 (when the survey was reviewed) and 1999/2000 when the survey was redeveloped. The survey was renamed The General Lifestyle Survey in 2008 to coincide with its inclusion in the Integrated Household Survey.

In 1971 the General Household Survey (GHS) was created to be a wide ranging Government service to gather information covering several main themes at the same time. These themes have remained constant over the 40 years of the survey:

- Population
- Housing
- Employment
- Education
- Health

Over the past 40 years the survey has monitored changes in the demographic, social and economic characteristics of households, families and people in Great Britain. Among the key changes measured by the survey during this time are:

- **Decline in household size** ([Chapter 3](#))

The average household size has become smaller over the 40 years between 1971 and 2011. In 1971 the average household size was 2.91 persons and by 2011 the average size was 2.35 persons. The fall in average household size was most rapid between 1971 and 1991 and has changed little since then.

The fall in average household size is due to an increase in the proportion of one-person households, which almost doubled between 1971 and 1998 (rising from 17% of households in 1971 to 29% in 1998) and has remained similar since (31% in 2011).

- **Growth in the proportion of one-parent families** ([Chapter 3](#))

Over the last 40 years the proportion of families with dependent children headed by a married or cohabiting couple has fallen and the proportion of one-parent families has increased.

In 1971 92% of families with dependent children were headed by a married or cohabiting couple, by 2011 this had fallen to 78% of families. Over the same period the proportion of one –parent families tripled from 8% in 1971 to 22% in 2011. The changes for both family types occurred predominately in the first 30 years of the survey, between 1971 and 1998, and the proportions have remained similar from 1998 onwards.

- **Increase in the proportion of people living alone** ([Chapter 3](#))

The proportion of adults living alone almost doubled between 1973 and 2011 (9% and 16%), with the increase occurring in the first thirty years (between 1973 and 1998). Across the 40 years of the survey, the proportion of older people, aged 75 and over, living alone has remained similar at around 50%. The increase in single adult households has been among adults aged 25-44 – adults in this age group were five times more likely to live alone in 2011 (10%) than in 1973 (2%), again this increase occurred between 1973 and 1998 and then remained stable.

- **Increase in proportion of one child families ([Chapter 3](#))**

The proportion of dependent children who are the only dependent child in their family has risen steadily from 18% in 1971 to 26% in 2011. This increase is reflected in the fall in average number of dependent children in families from 2.0 in 1971 to 1.7 in 2011.

- **Increase in the proportion of people who are co-habiting ([Chapter 5](#))**

The GHS has collected information about marital history, including pre-marital cohabitation, since 1979 for women aged 18 to 49, and from 1986 these questions have been asked of men.

The survey data shows that since 1979 the proportion of women aged 18 to 49 who were married has fallen from around three-quarters (74%) in 1979 to slightly fewer than half (47%) in 2011. This decline was steady between 1979 and 2003 and has since changed little.

The decline in marriage is mirrored by the increase in the number of women who are single (that is never married) which has risen steadily from 18% in 1979 to 43% in 2011, and the increase in the proportion of women cohabiting. Between 1971 and 2011 the proportion of women aged 18 to 49 who were cohabiting tripled, from 11% in 1979 to 34% in 2011. The increase occurred between 1979 and 2001 and has changed little since then.

- **Increase in the prevalence of self-reported long-standing illness or disability ([Chapter 7](#))**

The proportion of people reporting a long-standing illness or disability increased in the first 20 years of the survey, from a fifth (21%) in 1972 to a third (32%) in 1991, and has remained relatively stable during the 20 years since (32% in 2011).

The proportion of people reporting a limiting long-standing illness or disability has increased slightly since the information was first collected in 1975 (15% of people in 1975 and 19% in 2011 had a limiting long-standing illness or disability).

- **Decline in the prevalence of smoking ([Chapter 1](#))**

Questions about smoking behaviour have been included on the GHS/GLF since 1974. Over the 37 years that this data has been collected the prevalence of cigarette smoking among adults has fallen from 45% in 1974 to 20% in 2011.

Since the 1970s the difference in smoking prevalence between men and women has decreased from a ten point difference in 1974 (51% of men and 41% of women smoked) to a two point difference in 2011 (21% of men compared with 19% of women).

The overall fall in smoking prevalence has been due to a fall in the proportions of both light to moderate smokers (defined as fewer than 20 cigarettes per day) and heavy smokers (more than 20 cigarettes per day). The proportions of adults smoking heavily fell between 1974 and 2011, from 26% to 6% among men and from 13% to 4% among women. Over the same period the proportion of light to moderate smokers fell from 25% to 15% for men and 28% to 15% for women.

The overall average number of cigarettes smoked by men and women has changed little over the last 40 years. Consistently, men have smoked more cigarettes, on average, per day than women. In 1974 men smoked an average of 18 cigarettes per day and women 13, and in 2011 men reported smoking 13 cigarettes per day and women 12. The average number of cigarettes smoked per day by men has slowly declined since the early 1980s, from 17 in 1982 to 13 in 2011. Among women the average number of cigarettes consumed per day has remained constant over the 40 years with the average number of cigarettes smoked per day staying between 12 and 14 throughout that time.

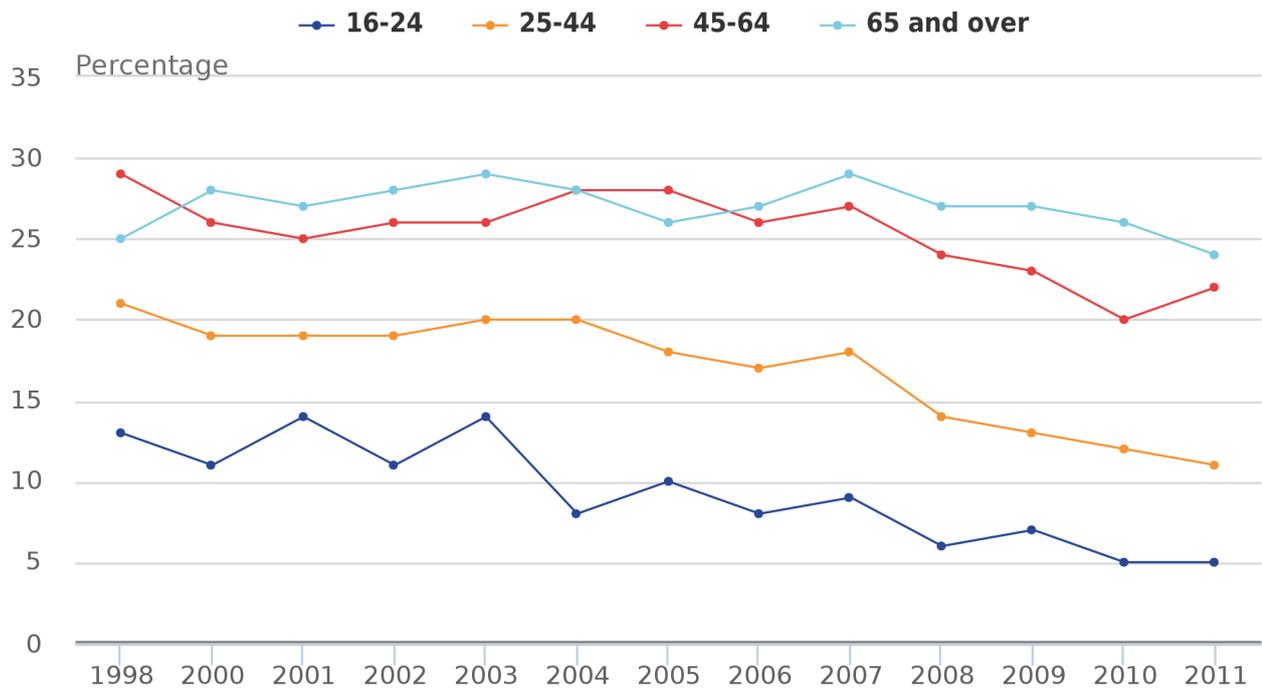
- **Decline in frequent drinking and heavy drinking ([Chapter 2](#))**

The GHS/GLF has collected information on drinking behaviour for over 30 years, however changes in the way that alcohol consumption has been measured makes providing trend data difficult. Since 1998 the methodology has remained similar, although calculation of alcoholic units was revised for 2005 data onwards, allowing trends over the last 13 years to be observed.

The proportion of men and women drinking on 5 or more days a week fell from 23% of men in 1998 to 16% in 2011, and from 13% to 9% for women. This decline has occurred in the last five years, since 2007. Consistently across this 13 year period, men and women aged 45 and over are more likely to drink on 5 or more days a week than younger people. In 2011, men aged 45-64 and 65 and over were at least twice as likely as those aged 16-24 and 24-44 to have had a drink on 5 or more days in the week before interview (22%, 24%, 5% and 11% respectively).

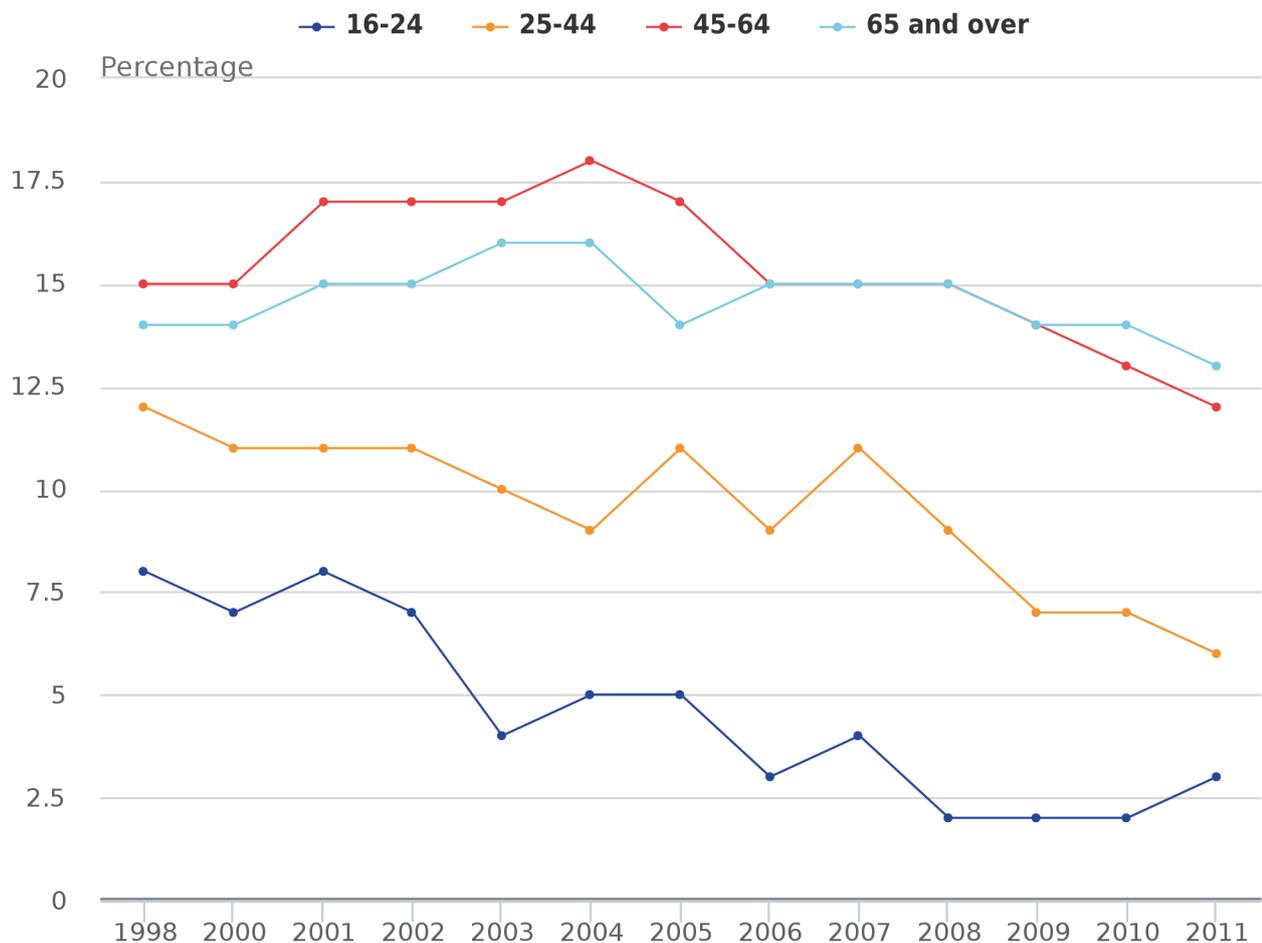
Amount of alcohol consumed is measured in terms of the maximum amount of alcohol consumed on at least one day in the week before interview. The GHS/GLF uses the current guidance issued by the Chief Medical Officer to define light, moderate and heavy drinking. Heavy drinking among men is defined as drinking more than 8 units on at least one day, and among women heavy drinking is defined as drinking more than 6 units on at least one day. Over the last 7 years, since 2005, the proportion of men and women who were heavy drinkers has fallen, with the decline occurring since 2007. The proportion of men aged 16-24 who were heavy drinkers fell by almost a third between 2007 and 2011 (32% in 2007 compared with 22% in 2011), and among women aged 16-24 the proportion who were heavy drinkers fell by a quarter (24% in 2007 compared with 18% in 2011).

**Figure 40.1a: Drank on 5 days or more in the last week by sex, 1998 to 2011 (Men)**



Source: General Lifestyle Survey - Office for National Statistics

**Figure 40.1b: Drank on 5 days or more in the last week by sex, 1998 to 2011 (Women)**



Source: General Lifestyle Survey - Office for National Statistics

- **Changes in the proportion of respondents belonging to occupational pension schemes** ([Chapter 6](#))

The GHS/GLF has collected information about membership of occupational pension schemes for 30 years - since 1981. Over that time the proportion of men, working full-time, who were members of their employer's occupational pension scheme has fallen from 64% in 1989 to 53% in 2011, the decline occurred between 1989 and 2000 with little change since then.

The pattern among women is different and dependent upon whether they were working full or part-time. Among women working full-time, there has been very little change since 1989 with the proportion rising slightly from 55% in 1989 to 60% in 2002 and then remaining very stable at around 58% during the decade up to 2011.

The proportion of women working part-time who were members of their employers pension schemes has more than doubled between 1989 and 2011, increasing from 15% in 1989 to 38% in 2011. This trend may be partly explained by changes following a European Court of Justice ruling in 1995 that made it illegal for pension schemes to exclude part-time workers.

- **Increase in the household availability of consumer durables** ([Chapter 4](#))

Since 1971 the survey has been used to monitor the availability of different consumer durables and over the 40 years the list of items asked about has changed to reflect current trends and also saturation. For example, the possession of a refrigerator was included in the survey from 1972 until 1985 when it was dropped because nearly every household had one. Similarly, questions about ownership of video recorders, DVD players, mobile telephones, and home computers are among items that have been included in the questionnaire as they have become more available to households.

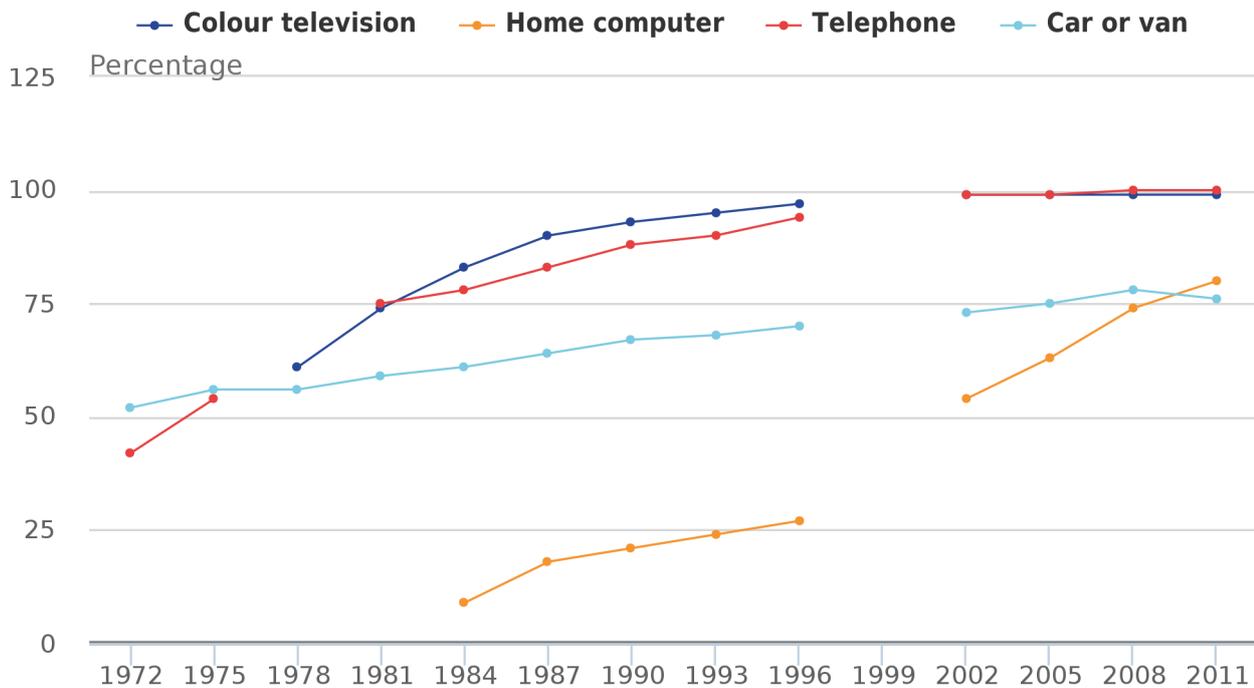
Since 1972 the proportion of households with:

- A telephone has increased from 42% to almost all households (100%) (this includes mobile telephones)
- A washing machines has increased from 66% to 96%
- Central heating has increased from fewer than two-fifths (37%) to almost all households (98%)

The proportion of households with access to at least one car or van has increased from half (52%) in 1972 to three-quarters (76%) in 2011. However, the number of households with access to one car has remained the same over the forty years between 1972 and 2011 (44% in 2011). The number of households with access to more than one car has more than trebled over this period, from one in ten households (9%) in 1972 to a third of all households (32%) in 2011.

Since the GHS first asked about home computers in 1984, the proportion of households with one has risen from 9% (1984) to 80% in 2011.

**Figure 40.2: Percentage of consumer durables and cars, 1972 to 2011**



Source: General Lifestyle Survey - Office for National Statistics

**Notes:**

1. Unweighted data

## 2. Survey timeline

- 1971 The General Household Survey began and has been carried out annually since then, except for breaks to review it in 1997/1998 and to redevelop it in 1999/2000
- 1972 questions included for the first time about household burglary and theft
- 1973 questions about leisure time were included for the first time, including questions on social activities and holidays away from home
- 1974 new questions were introduced to assess the degree of potential house movement that had been frustrated or abandoned for various reasons, particularly on account of the steep rise in house prices over the two years 1972/3
- 1975 new questions included asking respondents about their experience of unemployment in the 12 months before interview. These questions were asked between 1975 and 1977, and then repeated in 1983 and 1984
- 1977 questions about hearing were introduced, asking about hearing problems and the use of hearing aids. These questions were asked every couple of years up until 2001/02
- 1978 questions first asked about drinking from all adults aged 18 and over
- 1979 questions about the attendance of children under 5 at various types of educational and childcare facilities, there was particular interest in the arrangements which provided a child with opportunities for social development
- 1981 questions introduced on Occupational Pensions

- 1983 questions first asked about dental health, these were repeated on alternate years until 1995, and then in 2003
- 1984 questions included to measure the accessibility of computers in the home and questions to ask whether an individual had signed on at an Unemployment Benefit Office, either to claim benefit or National Insurance credits
- 1985 question asking whether the household has access to a refrigerator removed because majority of households now have a refrigerator
- 1986 respondents were asked about their main reason for not looking for work
- 1987 questions on personal pensions and libraries were introduced
- 1988 questions on drinking asked of 16-17 year olds for the first time
- 1991 questions concerning divorce, remarriage and tenure were included as divorce has implications for housing demand because many divorces result in one household being replaced by two
- 1992 last time the usual job of father was asked, this had been a regular question from 1971
- 1997/8 the survey is suspended while it is reviewed
- 1998 questions about alcohol consumption on the heaviest drinking day in the week before interview are introduced, as well as asking whether the respondent drinks more or less alcohol than 5 years ago
- 1999/2000 the survey is suspended while it is redeveloped
- 2000 first asked about mobile telephones (58% of households in 2000 had a mobile telephone compared with 86% in 2011)
- 2004 questions about accessing NHS Direct introduced
- 2005 the survey changed to being conducted over a calendar year and in line with European requirements the GHS adopted a longitudinal sample design in which households remain in the sample for four years
- 2005 the self-assessed general health question is harmonised with national surveys across the European Union
- 2006 the calculation of alcoholic units is revised. The revised method had a large impact on the estimates of units of alcohol consumed from wine because it changed both the assumed ABV of wine (from 9% to 12%) and the size of a glass of wine
- 2008 the survey is renamed The General Lifestyle Survey and is incorporated into the Integrated Household Survey

### 3. Background notes

1. Details of the policy governing the release of new data are available by visiting [www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html](http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html) or from the Media Relations Office email: [media.relations@ons.gsi.gov.uk](mailto:media.relations@ons.gsi.gov.uk)

# Smoking (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey)

Includes chapters on health, smoking, drinking, households, families and access to vehicles.



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# 1 . Smoking

The 2011 General Lifestyle Survey Overview report marks 40 years of results from a continuous household survey.

The General Household Survey (GHS) and General Lifestyle Survey (GLF) have been monitoring smoking prevalence for over 35 years. The 2011 survey included questions on cigarette consumption, type of cigarette smoked, how old respondents were when they started smoking, and dependence on cigarettes.

## How the data are used and their importance

[Smoking is the leading cause](#) of preventable illness and premature death in Great Britain; therefore reducing its prevalence has been a key objective of Government policy on improving health. There have been a number of policy initiatives (including new legislation) aimed at reducing the prevalence of cigarette smoking, which are outlined below. Such initiatives have been informed by GHS/GLF statistics on smoking.

In December 1998 [Smoking Kills – a White Paper on tobacco](#) was released, which included targets for reducing the prevalence of cigarette smoking among adults in England to 24% by 2010. In 2004 the Department of Health (DH) agreed a [Public Service Agreement \(PSA\)](#) which revised the target downwards: to reduce the prevalence of cigarette smoking among adults in England to 21% or less by 2010. In 2010 the white paper [Healthy Lives, Healthy People](#) set out the Government's long term policy for improving public health and in 2011 a new [Tobacco Control Plan](#) was published. The plan sets out national ambitions to reduce smoking prevalence in England. For Scotland, the 2008 Smoking Prevention Plan: Scotland's Future is Smoke-free also detailed a programme of measures designed specifically to encourage children and young people not to smoke.

The GHS/GLF time-series statistics are used to understand the impact that legislative changes have had on smoking. Legislation came into force in February 2003 banning cigarette advertising on billboards and in the press and magazines in the UK, restrictions on advertising at the point of sale were introduced in December 2004, and [regulations came into force in 2011 banning tobacco displays](#). Legislation prohibiting smoking in enclosed work and public places came into force in Scotland during the spring of 2006 with similar legislation introduced in England and Wales in 2007. On 1 October 2007 it became illegal in Great Britain to sell tobacco products to anyone under the age of 18.

As outlined above, the GHS/GLF smoking estimates are mainly used to inform Government policy with respect to health; however, there are some other important uses. For example, Her Majesty's Revenue and Customs (HMRC) uses GLF data for its estimates of the illicit tobacco market. These estimates are used to calculate the overall indirect tax gap to inform HMRC's contribution to the Treasury's fiscal policy decisions. HMRC also use GLF data for developing and measuring its tobacco fraud strategy.

## The results

This chapter presents data on the prevalence of cigarette smoking in Great Britain in 2011, as well as information on trends in smoking over time.

## The reliability of smoking estimates

It is likely that the survey underestimates cigarette consumption and, perhaps to a lesser extent, prevalence (the proportion of people who smoke). For example, evidence suggests (Kozlowski, 1986) that when respondents are asked how many cigarettes they smoke each day, there is a tendency to round the figure down to the nearest multiple of 10<sup>1</sup>. Underestimates of consumption are likely to occur in all age groups. Under-reporting of prevalence, however, is most likely to occur among young people. To protect their privacy, particularly when they

are being interviewed in their parents' home, young people aged 16 and 17 complete the smoking and drinking sections of the questionnaire themselves, so that neither the questions nor their responses are heard by anyone else who may be present<sup>2</sup>.

## Notes to this section

1. Kozlowski L T, Pack size, reported smoking rates and public health, American Journal of Public Health, 76 (11) pp1337–8 November 1986.
2. See Chapter 4, General Household Survey 1992, HMSO 1994. This includes a discussion of the differences found when smoking prevalence reported by young adults on the GHS was compared with prevalence among secondary school children.

## 2 . The prevalence of cigarette smoking

Respondents to the GHS aged 16 and over were asked questions about smoking behaviour in alternate years from 1974 to 1998. Following the review of the GHS carried out in 1997, the smoking questions became part of the continuous survey and have been included every year from 2000 onwards. Note however, that in order to keep the tables in this report to a manageable size they only show data from each fourth year from 1974 to 1998.

### Trends in the prevalence of cigarette smoking

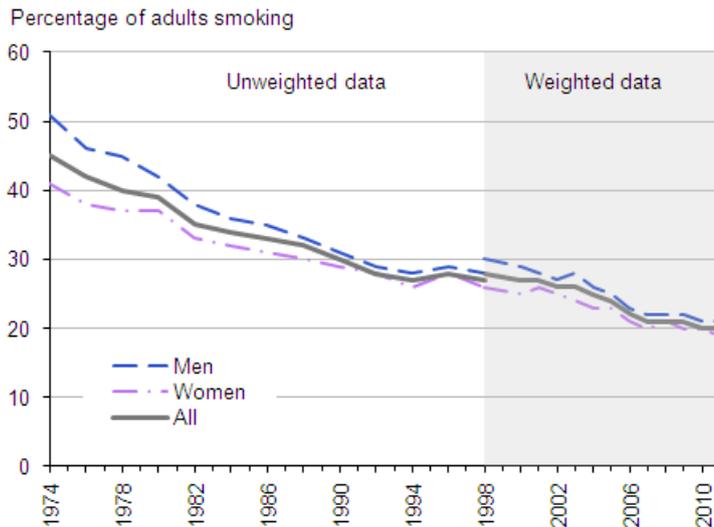
The prevalence of cigarette smoking has fallen over the last four decades. In 1974, 45% of the adult population of Great Britain were cigarette smokers compared with 20% of adults in 2011.

The difference in smoking prevalence between men and women has decreased considerably since the 1970s. In 1974 there was a ten point difference between men and women, 51% of men smoked cigarettes compared with 41% of women, whereas in 2011 there was only a two point difference between them (21% of men compared with 19% of women).

Over the last 30 years there have been falls in the prevalence of smoking in all age groups. Since the survey began, the GHS/GLF has shown considerable fluctuation in smoking prevalence among those aged 16 to 19, particularly if young men and young women are considered separately. However, this is mainly because of the relatively small sample size in this age group and occurs within a pattern of overall decline in smoking prevalence in this age group from 31% in 1998 to 18% in 2011.

[Table 1.1 \(485.5 Kb Excel sheet\)](#)

**Figure 1.1: Prevalence of cigarette smoking by sex, 1974 to 2011, Great Britain <1>,<2>**



Source: General Lifestyle Survey - Office for National Statistics

**Notes:**

1. For 1998 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.
2. The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

### Cigarette smoking and marital status

In 2011 the prevalence of cigarette smoking varied according to marital status. Smoking prevalence was lower among married people (15%) than among those who were single (25%); cohabiting (32%); widowed, divorced or separated (21%). This is not explained by the association between age and marital status, as in every age group (with the exception of those aged 16-24 years), married people were less likely to be smokers than other respondents.

[Table 1.4 \(485.5 Kb Excel sheet\)](#)

### Cigarette smoking, socio-economic classification and economic activity

The socio-economic status of the household reference person (HRP) is also a factor by which cigarette smoking varies. The socio-economic classification (NS-SEC) used in this report is based on information about people's occupation and employment status (please see Appendix A, Definitions and terms for further information). In 2011 smoking prevalence was highest in households where the HRP was in the routine occupation category (31%) and lowest in households where the HRP was in the large employers and higher managerial and the higher professional occupation categories (10%).

[Table 1.5 \(485.5 Kb Excel sheet\)](#)

Estimates comparing adults in employment with those who are unemployed and those who are economically inactive are shown in Table 1.22. Smoking prevalence among unemployed adults was 35 % compared with 18% of adults who were economically inactive and 19% of adults who were in employment. The low figure among the economically inactive is due to the high proportion of this group who are aged 60 or over. Among those aged less than 60 in this group, smoking prevalence was higher than it was among those in employment except for those aged 16-24.

[Table 1.22 \(485.5 Kb Excel sheet\)](#)

## Variation in cigarette smoking between countries and regions

Smoking was more common in Wales and in Scotland in 2011 than it was in England; prevalence in England was 19%; in both Wales and Scotland prevalence was 24%. Smoking also varied by region of England. For example, smoking prevalence was higher in Yorkshire and the Humber and the North West (both 21%) than it was in London (16 %).

[Table 1.6 \(485.5 Kb Excel sheet\)](#)

## 3 . Cigarette consumption

The overall fall in smoking prevalence in Great Britain since the mid 1970s has been due to a fall in the proportions of both light to moderate smokers (defined as fewer than 20 cigarettes per day) and heavy smokers (20 cigarettes or more per day). The proportion of adults smoking heavily fell between 1974 and 2011, from 26% to 6% among men and from 13% to 4% among women. Over the same period the proportion of light to moderate smokers fell from 25% to 15% for men and from 28% to 15% for women.

[Table 1.7 \(485.5 Kb Excel sheet\)](#)

In all age groups in 2011, respondents were much more likely to be light to moderate than heavy smokers, the difference was most pronounced among those aged under 35. For example, 22% of men and 18% of women aged 25 to 34 were light to moderate smokers in 2011 and only 4% and 3% respectively were heavy smokers.

[Table 1.8 \(485.5 Kb Excel sheet\)](#)

The average number of cigarettes smoked by men and women has changed little over the last 40 years. Consistently, men have smoked more cigarettes, on average, per day than women: in 2011 men smoked an average of 13 cigarettes a day compared with 12 for women. The average number of cigarettes smoked per day by men has slowly declined since the early 1980s, from 17 in 1982 to 13 in 2011. Among women the average number of cigarettes consumed per day has remained constant, since 1974, staying between 12 and 14 cigarettes. Among both men and women smokers, cigarette consumption varied by age. The highest average was 16 cigarettes per day among men in the 50 to 59 age group.

[Table 1.9 \(485.5 Kb Excel sheet\)](#)

In 2011 smokers in households where the HRP was in a routine or manual occupation smoked an average of 14 cigarettes per day compared with 11 per day for households where the HRP was in the managerial or professional occupation. This is unchanged from 2010.

[Table 1.10 \(485.5 Kb Excel sheet\)](#)

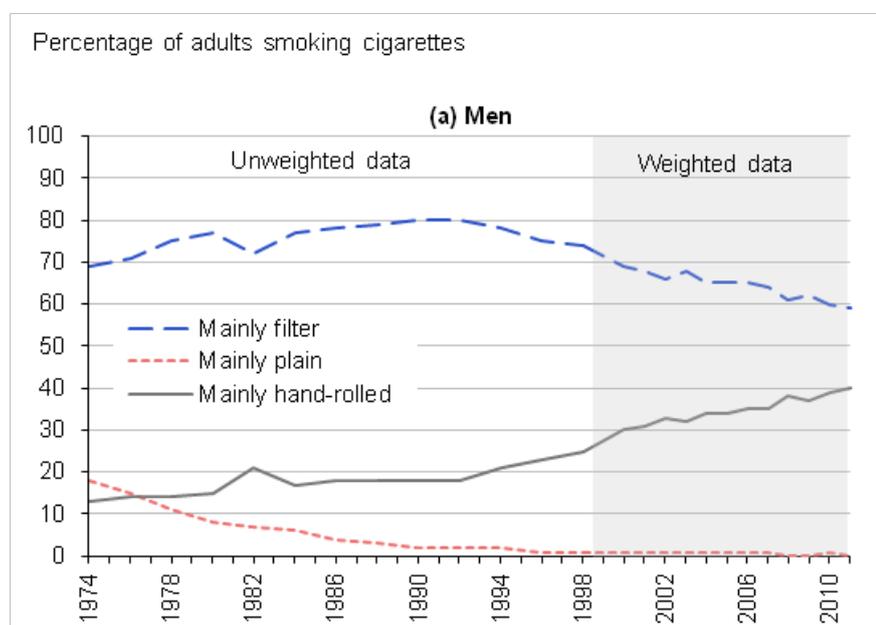
## Cigarette type

Cigarette smokers were asked whether they mainly smoked filter-tipped, plain or hand-rolled cigarettes. Filter cigarettes continue to be the most widely smoked type of cigarette, especially among women (74% of women and 59% of men smokers smoked filter-tipped cigarettes). There has been a marked increase since the early 1990s in the proportion of smokers who smoke mainly hand-rolled cigarettes. In 1990, 18% of men smokers and 2% of women smokers smoked hand-rolled cigarettes. In 2011, 40% of men and 26% of women smokers said they smoked mainly hand-rolled cigarettes, the highest levels recorded on the GHS/GLF.

It should be noted that this increase in the proportion of smokers smoking mainly hand-rolled tobacco coincides with a fall in the prevalence of cigarette smoking from 30% in 1990 to 20% in 2011. Therefore, the proportion of all adults who smoke hand-rolled tobacco has not increased quite so sharply: it rose from about 3% to about 6% over this period (no table shown).

[Table 1.11 \(485.5 Kb Excel sheet\)](#)

**Figure 1.2a: Type of cigarette smoked by sex, 1974 to 2011, Great Britain <1>,<2>**

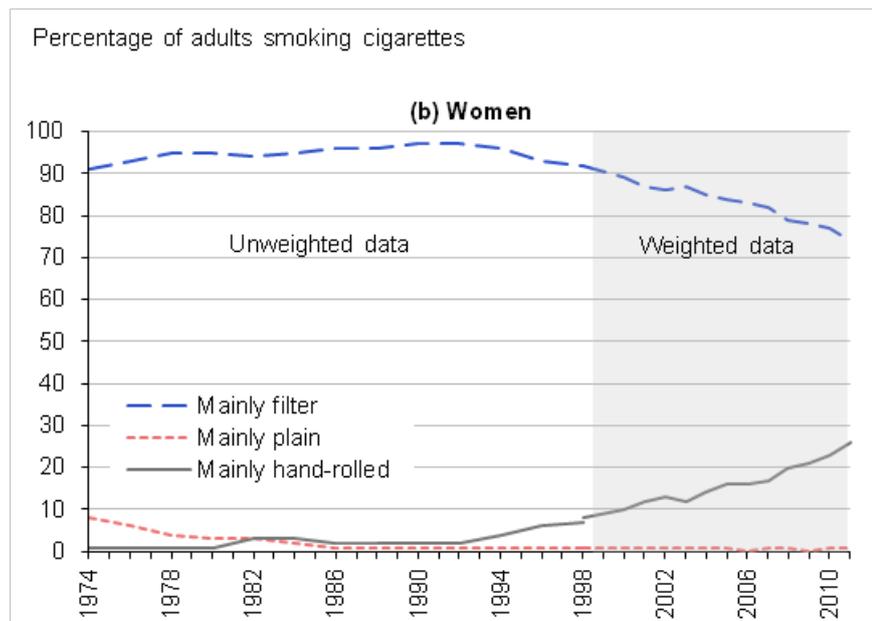


Source: General Lifestyle Survey - Office for National Statistics

**Notes:**

1. For 1998 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.
2. The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

**Figure 1.2b: Type of cigarette smoked by sex, 1974 to 2011, Great Britain <1>,<2>**



Source: General Lifestyle Survey - Office for National Statistics

**Notes:**

1. For 1998 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.
2. The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

[\(485.5 Kb Excel sheet\)](#)

## 4 . Age started smoking

The [White Paper Smoking Kills](#) noted that people who start smoking at an early age are more likely than other smokers to smoke for a long period of time and more likely to die from a smoking-related disease. Two-thirds (66%) of adults who were either current smokers or who had smoked regularly at some time in their lives had started smoking before they were 18 years of age. Two-fifths (40%) had started smoking regularly before the age of 16 even though it has been illegal to sell cigarettes to people aged under 16 since 1908 and has recently become illegal to sell cigarettes to people under 18 years of age. Men were more likely than women to have started smoking before they were 16 years of age (43% of men who had ever smoked regularly compared with 37% of women in 2011).

Since the early 1990s there has been an increase in the proportion of women taking up smoking before the age of 16. In 1992, 28% of women who had ever smoked started before they were 16 years of age; in 2011 the corresponding figure was 37%. Since 1992, the proportion of men who had ever smoked and had started smoking regularly before the age of 16, has stayed constant at approximately 40%.

[Table 1.13 \(485.5 Kb Excel sheet\)](#)

In 2011, as in previous years, there was an association between age started smoking regularly and the socio-economic classification of the HRP. In managerial and professional households, 31% of smokers started smoking before they were 16 years of age compared with 45% of those in routine and manual households.

[Table 1.14 \(485.5 Kb Excel sheet\)](#)

Current heavy smokers (20 or more cigarettes a day) were more likely than current moderate (10 to 19 cigarettes a day) or light smokers (fewer than 10 cigarettes a day<sup>1</sup>) or ex-smokers to have started smoking at an early age. Among current heavy smokers, 58% started smoking regularly before they were 16 years of age compared with 44% of current moderate smokers and 35% of current light smokers.

[Table 1.15 \(485.5 Kb Excel sheet\)](#)

## Notes for age started smoking

1. Tables 1.15 to 1.21 sub-divide the 'light to moderate' (0-19 cigarettes per day) smokers category (as used in Tables 1.7 and 1.8) into a 'light' smokers category (0-9 cigarettes) and a 'moderate' smokers category (10-19 cigarettes).

## 5 . Dependence on cigarette smoking

Since 1992, the GHS/GLF has asked three questions relevant to the likelihood of a smoker giving up. First, whether they would like to stop smoking, and then two indicators of dependence: whether they think they would find it easy or difficult not to smoke for a whole day and how soon after waking they smoke their first cigarette. There has been little change since 1992 in any of the three measures.

In 2011, 63% of smokers said they would like to stop smoking altogether and 60% of smokers felt that it would be either very or fairly difficult to go without smoking for a whole day. Not surprisingly, heavier smokers were more likely to say they would find it difficult; 81% of those smoking 20 or more cigarettes a day did so compared with only 32% of those smoking fewer than 10 cigarettes a day<sup>7</sup>.

[Table 1.16, 1.17 & 1.18 \(485.5 Kb Excel sheet\)](#)

Smokers in routine and manual households were more likely than those in managerial and professional households to say they would find it difficult to go without smoking for a whole day (63% compared with 52%). However, once amount smoked was taken into account (smokers in the routine and manual group smoke more on average than smokers in other social classes) the pattern of association is less clear.

[Table 1.20 \(485.5 Kb Excel sheet\)](#)

Among adult smokers, 16% had their first cigarette within five minutes of waking up. Heavy smokers were more likely than light smokers to smoke within five minutes of waking up: 35% of those smoking 20 or more cigarettes did so, compared with only 3% of those smoking fewer than 10 a day.

[Table 1.18 \(485.5 Kb Excel sheet\)](#)

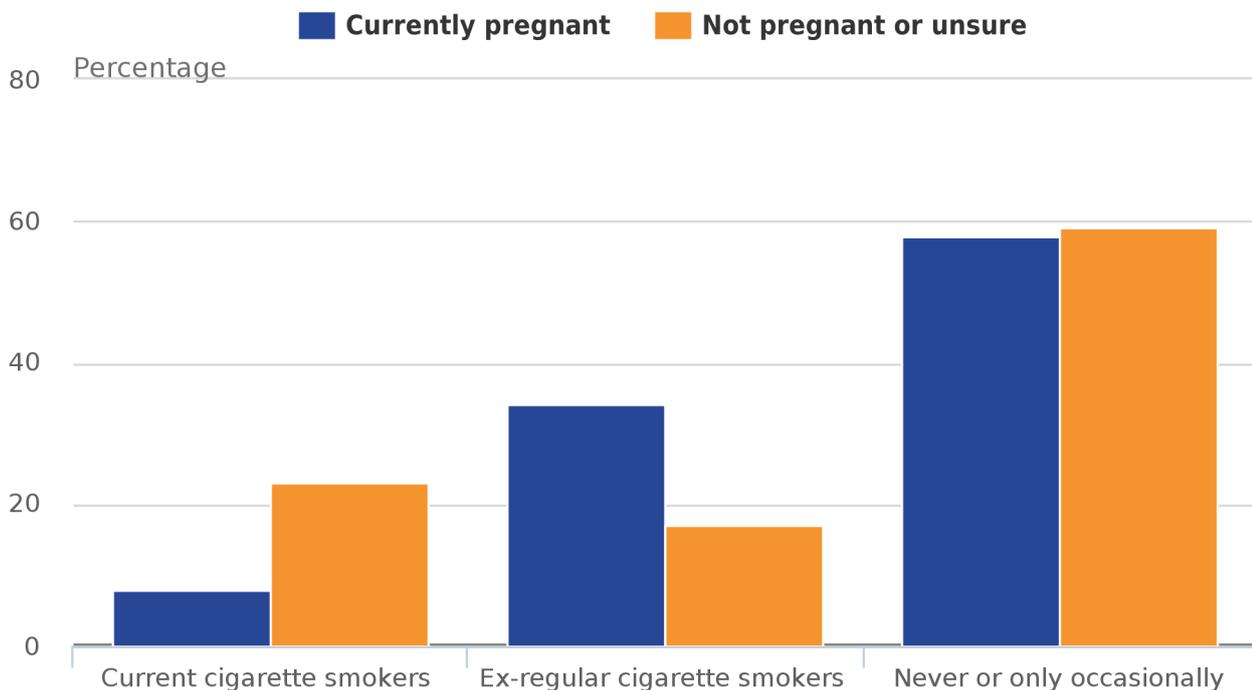
Overall, smokers in managerial and professional households were less likely than those in routine and manual households to have had their first cigarette within five minutes of waking than those in routine and manual households (10% compared with 18%).

## 6 . Cigarette smoking and pregnancy

Women aged 16 to 49 were asked whether or not they were pregnant at the time of interview. Pregnant women were less likely to be smokers than women who were not pregnant or unsure if they were pregnant. For example, among women aged 16 to 49, 8% of pregnant women were smokers compared with 23% of women who were not pregnant or unsure if they were pregnant. Among women aged 16 to 49, pregnant women were more likely than women who were not pregnant or unsure if they were pregnant, to be ex-smokers (34% compared with 17%) suggesting that many women give up smoking when pregnant.

[Table 1.23 \(485.5 Kb Excel sheet\)](#)

**Figure 1.3: Cigarette smoking status of women aged 16 to 49 by pregnancy status 2011, Great Britain**



Source: General Lifestyle Survey - Office for National Statistics

## 7. Background notes

1. Details of the policy governing the release of new data are available by visiting [www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html](http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html) or from the Media Relations Office email: [media.relations@ons.gsi.gov.uk](mailto:media.relations@ons.gsi.gov.uk)

# Drinking (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey)

Includes chapters on health, smoking, drinking, households, families and access to vehicles.



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# 1 . Drinking

The General Household Survey (GHS) and the General Lifestyle Survey (GLF) have, between them, been measuring drinking behaviour for over 30 years. This chapter presents information on recent trends over time in drinking behaviour and detailed data for the 2011 survey year.

## How the data are used and their importance

The Department of Health estimates that the [harmful use of alcohol costs the National Health Service around £2.7 bn a year](#) and 7% of all hospital admissions are alcohol related. Drinking can lead to over 40 medical conditions, including cancer, stroke, hypertension, liver disease and heart disease. Reducing the harm caused by alcohol is therefore a priority for the Government and the devolved administrations. Excessive consumption of alcohol is a major preventable cause of premature mortality with [alcohol-related deaths](#) accounting for almost 1.5% of all deaths in England and Wales in 2011. The GHS/GLF is an important source for monitoring trends in alcohol consumption.

The GHS/GLF drinking data are widely used by universities and health organisations. The [School of Health and Related Research \(SchARR\)](#) at the University of Sheffield has used GHS/GLF data to carry out alcohol-related public health research. The [Public Health Observatories \(PHOs\)](#) also use GLF data on drinking to produce model-based estimates of alcohol consumption at local authority level to inform local decision making.

The survey is one of the main sources for GB statistics on health determinants and is therefore often used for international comparison. For example, GHS/GLF drinking data were used in the Organisation for Economic Co-operation and Development's (OECD) [Health at a Glance publication](#). This publication looks at the factors that affect the health of EU populations and the performance of health systems in these countries.

## Measuring alcohol consumption

Obtaining reliable information about drinking behaviour is difficult, and social surveys consistently record lower levels of consumption than would be expected from data on alcohol sales. This is partly because people may consciously or unconsciously underestimate how much alcohol they consume. Drinking at home is particularly likely to be underestimated because the quantities consumed are not measured and are likely to be larger than those dispensed in licensed premises.

There are different methods for obtaining survey information on drinking behaviour. One approach is to ask people to recall all episodes of drinking during a set period<sup>1</sup>. However, this is time-consuming and is not suitable for the GLF, where drinking is only one of a number of subjects covered.

On the 2011 GLF, respondents were asked two sets of questions about their drinking behaviour resulting in the following two measures of alcohol consumption:

- maximum amount drunk on any one day in the previous seven days;
- average weekly alcohol consumption

Questions to establish average weekly alcohol consumption were included on the GHS from 1986 and on the GLF from 2008. These questions ask respondents about their drinking behaviour in the 12 months before interview. The measure was developed in response to earlier medical guidelines suggesting maximum recommended weekly amounts of alcohol of 21 units for men and 14 units for women. Those guidelines have now been replaced by daily alcohol limits, and consequentially, this chapter will only present data on the maximum daily amount drunk last week as mentioned below. Data on the average weekly alcohol consumption, however, are available on the GLF datasets.

## Maximum daily amount drunk last week

Following the publication in 1995 of an inter-departmental review of the effects of drinking<sup>2</sup>, the questions on drinking in the week before interview were included in the GHS/GLF from 1998 onwards. The report advised that it was more appropriate to set benchmarks for daily rather than weekly consumption of alcohol, partly because of concern about the health and social risks associated with single episodes of intoxication. The levels of the limits were set after consideration of evidence of associations between alcohol consumption and increased risk of haemorrhagic stroke, hypertension and some types of cancer. The report concluded that regular consumption of between three and four units of alcohol a day for men and two to three units a day for women does not carry a significant health risk, but that consistently drinking above these levels is not advisable because of the progressive health risk it carries.

These questions ask respondents about their drinking behaviour in the seven days before interview. Specifically, people responding to the GLF are asked on how many days they drank alcohol during the previous week. They are then asked how much of each of six different types of drink (normal strength beer; strong beer; wine; spirits; fortified wines; and alcopops) they drank on their heaviest drinking day during the previous week. These amounts are converted to units of alcohol and summed to give an estimate of the number of units the respondent consumed on their heaviest drinking day.

## Recent changes in methodology

The conversion of volumes of alcoholic drinks to units of alcohol is based on assumptions about the size of a given measure (for example, a glass of wine) and the alcohol content of the type of drink, that is, the percentage of alcohol by volume (ABV). In recent years there have been changes to both of these factors and these have been reflected in revisions to the conversion method. The survey does not ask about the specific ABV of every alcoholic drink consumed but assumes an average for each type of drink. The revised method changed the number of units assumed to be in drinks in the 'normal strength beer, lager and cider' and 'strong beer, lager and cider' categories but the main impact was on drinks in the 'wine' category.

The revised method had a large impact on the estimates of units of alcohol consumed from wine because it changed both the assumed ABV of wine (from 9 to 12%) and the size of a glass of wine. Until 2006 a glass of wine was assumed to be 125 ml. Respondents are now asked whether they have consumed small (125 ml), standard (175 ml) or large (250 ml) glasses of wine. It is now assumed that a small glass contains 1.5 units, a standard glass contains 2 units and a large glass contains 3 units. Discussion of the impact of these changes on the estimates of consumption can be found in the report on the [2009 data](#).

## The results

The report presents both trends over time and estimates for 2011 on the frequency of drinking alcohol and the amounts consumed in the week before the interview. Data are also provided on the association between consumption of alcohol and characteristics of individuals such as sex, age, and socio-economic classification.

## Notes for Drinking

1. Goddard E (2001) 'Obtaining information about drinking through surveys of the general population', National Statistics Methodology Series NSM 24
2. Department of Health (1995) Sensible drinking: the report of an inter-departmental group.

## 2 . Trends in alcohol consumption over time

This chapter discusses trends in alcohol consumption since 2005. The estimates given in the commentary and the associated tabular output are based on the revised methodology for converting volumes consumed into units

(as described in the earlier section). Data on trends under the old methodology and estimates prior to 2005 can be found in the 2009 [GLF Smoking and drinking among adults report](#).

## Trends in last week's drinking (2005-2011)

This section discusses the trend in the data that are based on the questions about drinking in the seven days before interview. Data for 2011 shows that the downward trend found in previous years has continued.

The proportion of men who reported drinking alcohol in the seven days before interview fell from 72% in 2005 to 66% in 2011. Similarly, the proportion of women who reported drinking alcohol in the seven days before interview fell from 57% to 54% over the same period. In addition, the proportion of men who reported drinking alcohol on at least five days in the week before interview fell from 22% in 2005 to 16% in 2011. The proportion of women reporting drinking alcohol on at least five days in the week before interview fell from 13% to 9% over the same period.

[Table 2.1 \(192 Kb Excel sheet\)](#)

There is a downward trend in the proportions of men exceeding four units and women exceeding three units on their heaviest drinking day in the week before interview. The proportion of men exceeding four units on their heaviest drinking day was 41% in 2005 and 34% in 2011. The proportion of women exceeding three units was 34% in 2005 and 28% in 2011.

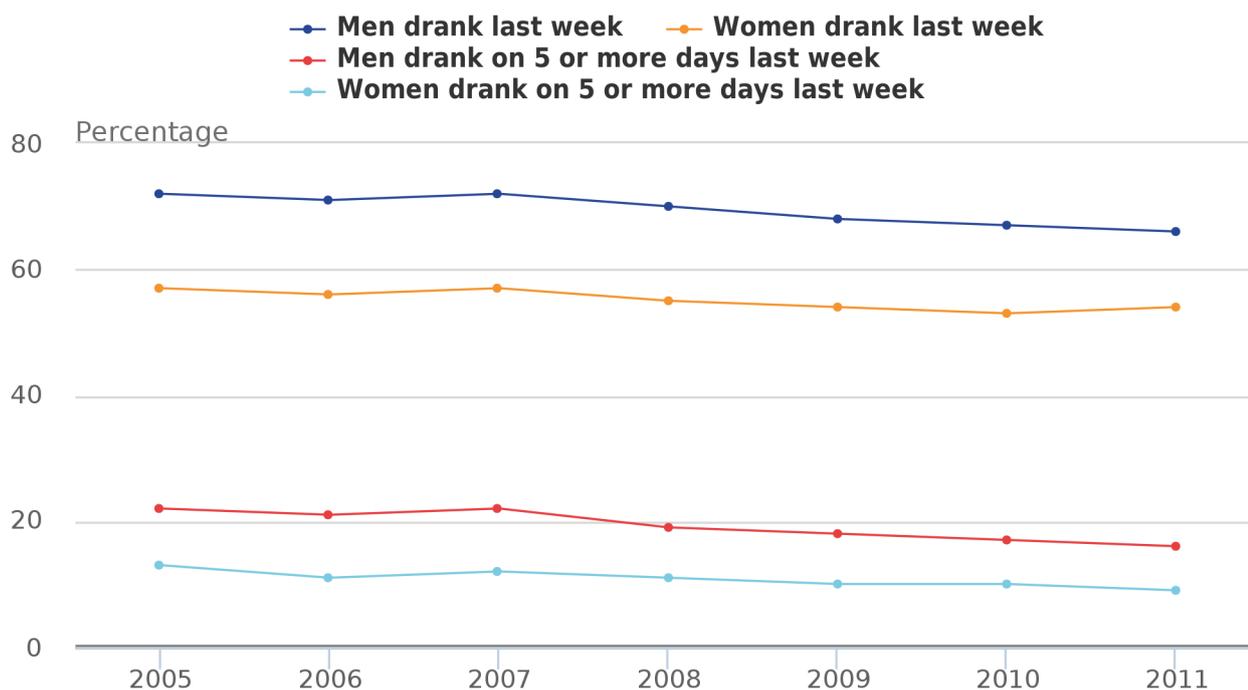
The estimates for heavy drinking follow a similar pattern. Heavy drinking is defined as exceeding twice the Government daily benchmarks on a single day: more than 8 units of alcohol on that day for men and consuming more than 6 units on that day for women. The proportion of men drinking more than 8 units on their heaviest drinking day fell from 23% in 2005 to 18% in 2011. The corresponding estimates for women drinking heavily (more than 6 units) were 15% in 2005 and 12% in 2011.

The most pronounced changes have occurred in the 16 to 24 age group. Among men in this age group, the proportion drinking more than 4 units on their heaviest drinking day fell from 46% in 2005 to 32% in 2011 and the proportion drinking more than 8 units decreased from 32% to 22% over the same period. There have also been marked falls for women in this age group with the proportion drinking more than 3 units on their heaviest drinking day falling from 41% in 2005 to 31% in 2011 and the proportion drinking more than 6 units falling from 27% to 18%.

[Table 2.2 \(192 Kb Excel sheet\)](#)

**Figure 2.1: Drinking in the last week by sex, 2005 to 2011**

Great Britain



Source: General Lifestyle Survey - Office for National Statistics

### 3 . Drinking in the week before interview in 2011

#### Frequency of drinking during the last week

Overall, 59% of adults reported that they had consumed alcohol in the seven days prior to interview. Men were more likely than women to have had an alcoholic drink in the week before interview: 66% of men and 54 % of women had had a drink on at least one day during the previous week. Men also drank on more days of the week than women: 16% of men and 9% of women had drunk on at least five of the preceding seven days. Also men were much more likely than women to have drunk alcohol every day during the previous week (9% compared with 5%).

The proportions of adults drinking during the last week also varied between age groups. Those in the youngest and oldest age groups (16 to 24 and 65 and over) were less likely than those in the other age groups to report drinking alcohol during the previous week. The proportion who had drunk alcohol in the previous week was lowest among women aged 65 and over; 42% of whom had done so, compared with 63% of men in that age group and 60% of women aged 45 to 64.

The age group with the highest proportion of people not drinking at all in the last week was the 16 to 24 group (50%). The proportion of adults who drank every day increased with each age group; just 1% of the 16 to 24 age group had drunk every day during the previous week. This increased to 4% in the 25 to 44 group and then to 9% in the 45 to 64 age group and 13% in the 65 and over age group.

[Table 2.3 \(192 Kb Excel sheet\)](#)

## Maximum daily amount drunk last week

In Table 2.4, three measures of maximum daily consumption are recorded. The first is the proportion of men exceeding four units and women exceeding three units of alcohol on their heaviest drinking day. This measure is based on the government recommendations that men should not regularly drink more than three to four units and women more than two to three units of alcohol a day. In the following sections this measure will be referred to as drinking more than '4/3 units'. The second measure is intended to indicate heavy drinking that would be likely to lead to intoxication (sometimes referred to as binge drinking<sup>13</sup>) and is set at more than eight units on one day for men and more than six units for women and is referred to as drinking more than '8/6 units'. The third measure indicates very heavy drinking and is set at more than 12 units for men and more than 9 units for women and is referred to as drinking more than '12/9 units'. Very heavy drinking is exceeding three times the government recommended benchmarks for men and women.

The proportion of adults who exceeded 4/3 units of alcohol on at least one day during the previous week was higher for men (34%) than it was for women (28%). Similarly, the proportion drinking heavily was also greater for men (18%) than for women (12%) as was the proportion drinking very heavily (9% of men and 6% of women).

It was noted earlier that older people tend to drink more frequently than younger people. However, among both men and women, those aged 65 and over were significantly less likely than respondents in other age groups to have exceeded 4/3 units of alcohol on at least one day. For example, 20% of men over 65 exceeded four units on at least one day during the previous week. The estimates for the younger three age groups were 32%, 39% and 38% (16 to 24, 25 to 44 and 45 to 64 respectively). Among women, 12% of those aged 65 and over exceeded three units on at least one day and 31%, 34% and 33% of the younger three age groups (16 to 24, 25 to 44 and 45 to 64 respectively) did so.

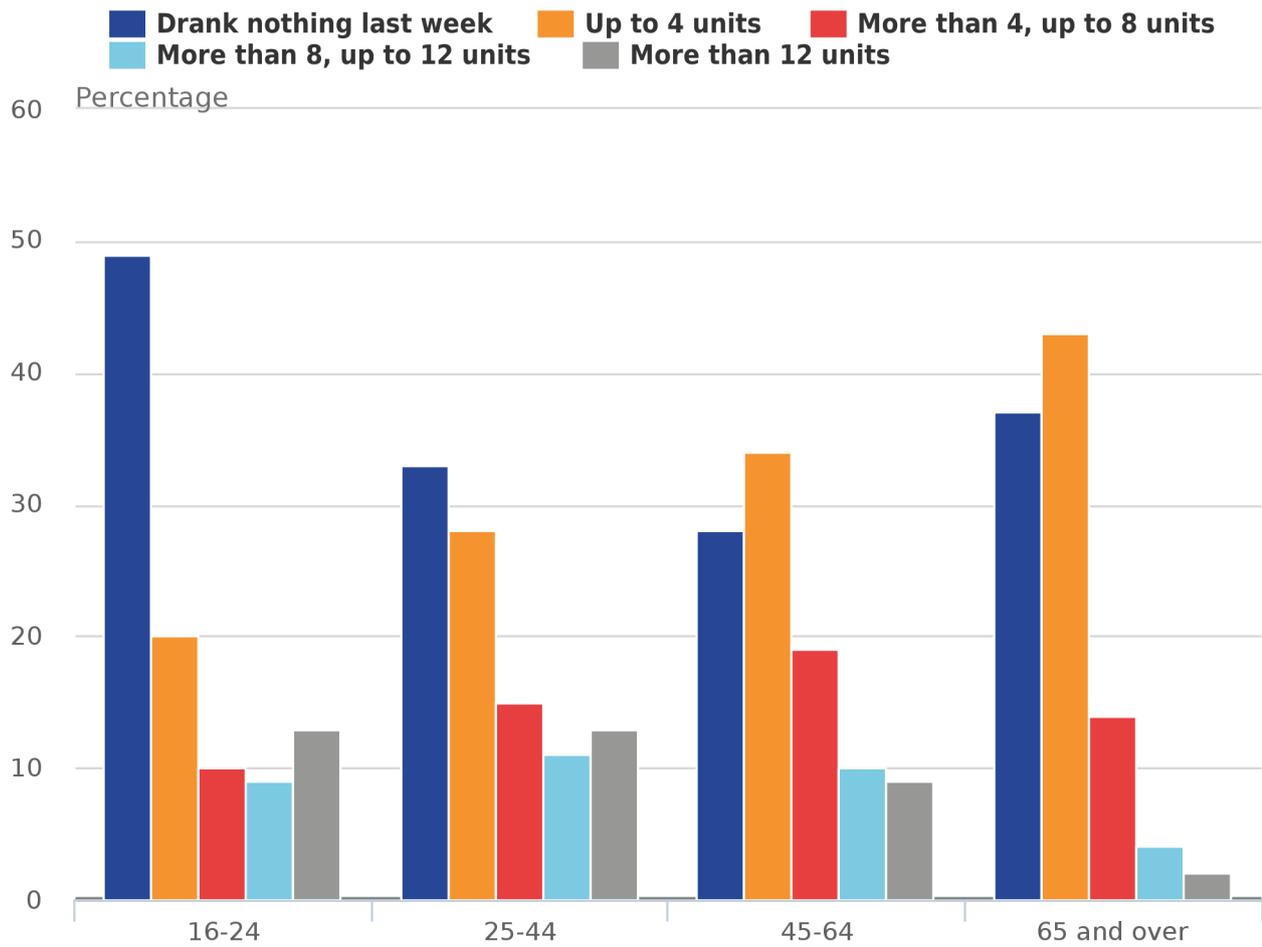
Similar patterns were evident for heavy drinking (exceeding 8/6 units) older people were less likely to drink heavily than younger people: 6% of men aged 65 and over had drunk heavily on at least one day during the previous week, compared with 19% of men aged 45 to 64, 24% of men aged 25 to 44 and 22% of men aged 16 to 24. Among women the estimates for the corresponding age groups were 2%, 12%, 16% and 18%.

Very heavy drinking (exceeding 12/9 units) was most prevalent in the 16 to 24 and 25 to 44 age groups. In the 16 to 24 age group, 13% of men and 12% of women drank more than 12/9 units, and 13% of men and 9% of women did so in the 25 to 44 group. In the 45 to 64 and 65 and over groups the estimates were 9% of men and 6% of women and 2% of men and 1% of women respectively. Overall, around half the people who drank heavily on at least one day in the week before interview (consumed more than twice the daily drinking benchmarks) drank very heavily on that day (consumed more than 3 times the benchmarks).

[Table 2.4 \(192 Kb Excel sheet\)](#)

Figure 2.2a: Men: Maximum amount drunk on any one day in the last week by age, 2011

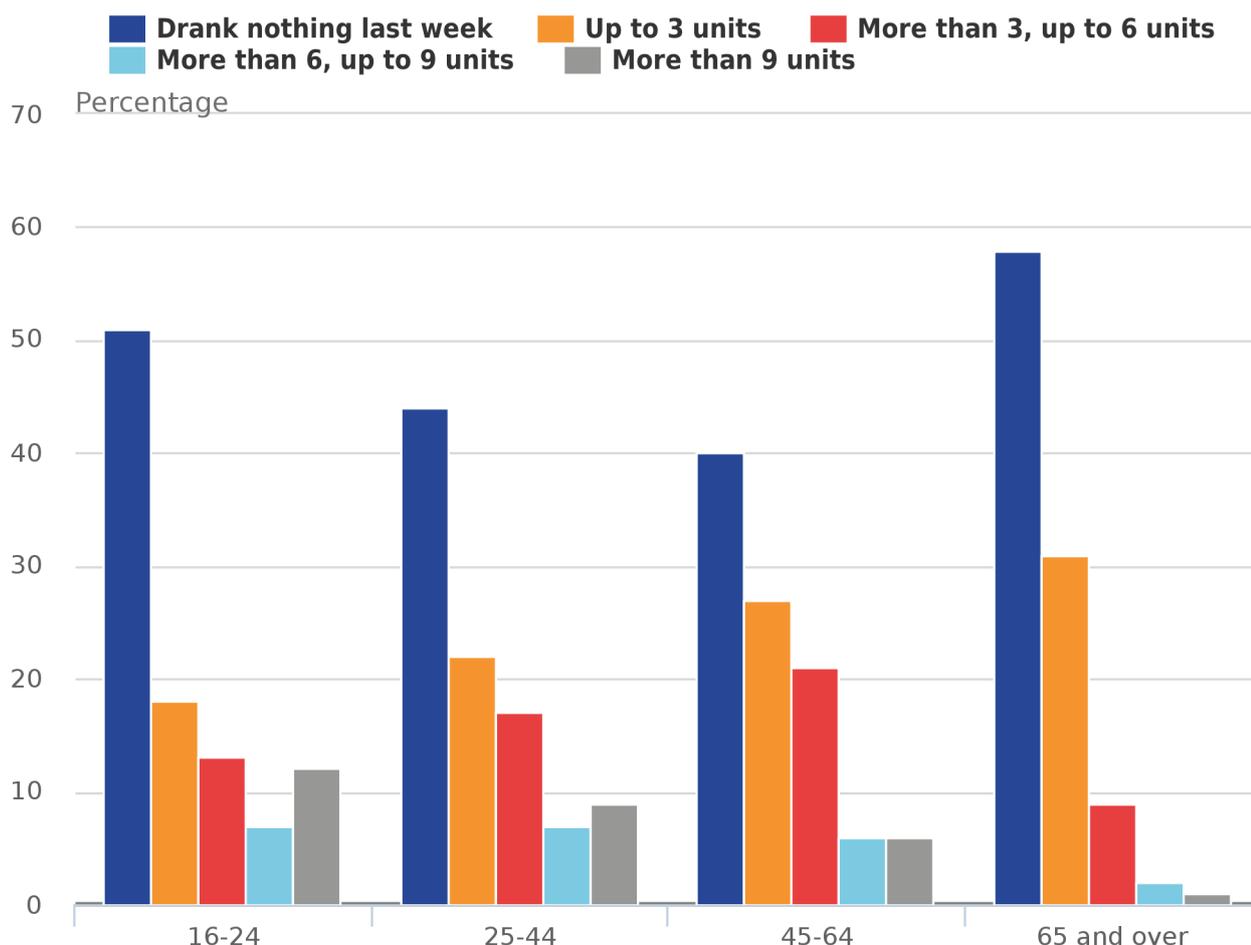
Great Britain



Source: General Lifestyle Survey - Office for National Statistics

**Figure 2.2b: Women: Maximum amount drunk on any one day in the last week by age, 2011**

Great Britain



Source: General Lifestyle Survey - Office for National Statistics

Table 2.5 shows the above analysis with those people who did not consume alcohol in the week before interview excluded. When looking only at those people who drank alcohol in the last week, over half (52%) consumed more than 4/3 units, a quarter (25%) consumed more than 8/6 units and 13% consumed more than 12/9 units on at least one day. The proportion exceeding 4/3 units varied with age group. In the 16 to 24 group, 62% of those who consumed alcohol in the last week consumed more than 4/3 units on their heaviest drinking day. In the 25 to 44 group 59% of adults exceeded 4/3 units, and 54% did so in the 45 to 64 age group. The proportion of drinkers exceeding 4/3 units was lowest, at 30%, in the 65 and over age group.

There were also differences between age groups in heavy drinking. In the 16 to 24 age group 40% of those who consumed alcohol in the last week consumed more than 8/6 units on their heaviest drinking day. The corresponding estimates for the other age groups were 32%, 23% and 8% (25 to 44, 45 to 64 and 65 and over respectively). These differences were largely due to differences in the proportions drinking very heavily in each age group. The corresponding estimates for proportion of adults consuming more than 12/9 units were 25%, 18%, 11% and 3% (16 to 24, 25 to 44, 45 to 64 and 65 and over age groups respectively).

For those who consumed alcohol in the week before interview, there was no statistically significant difference in the proportions of men and women who consumed more than 4/3 units on their heaviest drinking day (51% of men and 53% of women) but men were more likely than women to consume more than 8/6 units (27% compared with 22%) and more likely to consume more than 12/9 units on that day (14% compared with 12%). Differences between men and women varied with age group. In the 16 to 24 age group, there were no statistically significant differences between men and women in the proportion drinking more than 4/3 units or in the proportions drinking heavily. Within each of the other 3 age groups there was also no statistically significant difference between men and women in the proportions exceeding 4/3 units but men were more likely to drink heavily than women (36% of men and 29% of women drank heavily in the 25 to 44 age group, 26% of men and 21% of women in the 45 to 64 group, and 10% of men and 5% of women in the 65 and over group).

[Table 2.5 \(192 Kb Excel sheet\)](#)

## Drinking last week and socio-economic characteristics

Households where the household reference person was classified as managerial and professional had the highest proportions of both men and women who had an alcoholic drink in the last seven days (75% and 64% respectively). The lowest proportions were observed for men and women in households where the HRP was in a 'routine and manual' occupation (59% and 43%). There was a similar pattern in the proportions drinking on five or more days in the previous week. For example, 16% of adults who were living in a household where the HRP was in a 'managerial and professional' occupation had an alcoholic drink on five or more days in the previous week. In households where the reference person was in an occupation in the 'routine and manual' classification, this proportion was lowest, at 9%.

[Table 2.6 \(192 Kb Excel sheet\)](#)

The classifications mentioned above can be further subdivided as shown in Tables 2.6 and 2.7. Women in households where the HRP was in a 'large employer and higher managerial' occupation were nearly twice as likely as those in households where the HRP was in an occupation in the 'routine' group to have drunk more than three units of alcohol on any one day (39% compared with 20%). They were also twice as likely to have drunk heavily (more than 6 units of alcohol) on at least one day in the previous week (16% compared with 8%). A similar but less pronounced pattern was seen for men. Among men living in households where the HRP was in an occupation in the 'large employer and higher managerial' 43% exceeded four units of alcohol on their heaviest drinking day in the week before interview. Among men living in households where the HRP was in an occupation in the 'routine' group the estimate was 31%. Men who lived in a household where the HRP was in the 'large employer and higher managerial' group were also more likely to have drunk heavily (more than 8 units of alcohol) on at least one day in the previous week than those living in a household where the HRP was in the 'routine' group (24% compared with 16%).

Overall, the proportion of adults exceeding 4/3 units of alcohol was greater among those living in households where the HRP was in the 'managerial and professional' group (36%) than among those living in households where the HRP was in the 'routine and manual' group (26%); the proportion drinking heavily (exceeding 8/6 units) was also greater in households where the HRP was in the 'managerial and professional' group (18%) than in the 'routine and manual' group (13%).

[Table 2.7 \(192 Kb Excel sheet\)](#)

## Drinking last week and smoking status

Smokers were more likely than non-smokers to have consumed more than 4/3 units of alcohol on at least one day in the week before interview. Among men, 42% of smokers drank more than four units of alcohol on at least one day compared with 33% of non-smokers. For women, 38% of smokers and 26% of non-smokers drank more than 3 units of alcohol on at least one day. Smokers were also more likely than non-smokers to have had a heavy drinking day (exceeding 8/6 units of alcohol) in the week before interview. Among smokers, 25% of men and 21% of women drank heavily on at least one day and the corresponding estimates for non-smokers were lower at 17% of men and 10% of women.

[Table 2.8 \(192 Kb Excel sheet\)](#)

## Drinking last week in urban and rural areas

The Rural/Urban Definition, an Official National Statistic introduced in 2004, defines the rurality of very small census based geographies. Census Output Areas forming settlements with populations of over 10,000 are urban, while the remainder are defined as rural.

Adults living in rural areas were more likely to have consumed more than 4/3 units of alcohol on at least one day in the week before interview than those living in urban areas. The proportion of adults who exceeded 4/3 units was 33% in rural areas and 30% in urban areas. This difference was driven by the 25 to 44 age group. In this age group, 43% of adults in rural areas consumed more than 4/3 units of alcohol compared with 35% in urban areas.

[Table 2.9 \(192 Kb Excel sheet\)](#)

## Drinking last week and household income

The proportion of people who drank alcohol in the week before interview increased as household income increased. In households in the lowest 20% quintile, 45% of adults drank alcohol in the previous week and 9% did so on 5 or more days whereas in the highest income quintile, 77% of adults drank in the previous week and 18% did so on 5 or more days.

[Table 2.10 \(192 Kb Excel sheet\)](#)

The proportions of adults exceeding 4/3 units of alcohol and drinking heavily (exceeding 8/6 units) tended to rise with increasing gross weekly household income. In households in the lowest income quintile 22% of adults exceeded 4/3 units of alcohol and 10% drank heavily (exceeded 8/6 units) on at least one day in the previous week. Adults living in households in the highest income quintile were twice as likely to have exceeded 4/3 units of alcohol and were twice as likely to have drunk heavily as adults in households in the lowest income quintile (44% and 23% compared with 22% and 10%).

[Table 2.11 \(192 Kb Excel sheet\)](#)

## Drinking last week, economic activity and earnings from employment

Variations in alcohol consumption by economic status reflect differences in both the income and age profiles of the groups. Among men aged 16 to 64, those in employment were most likely to have drunk alcohol during the previous week – 73% had done so compared with 46% of the unemployed and 47% of those who were economically inactive. Working men were more likely than unemployed and economically inactive men to have drunk more than 4 units of alcohol on one day – 41%, compared with 25% and 26% respectively. Working men were also more likely than unemployed and economically inactive men to have drunk heavily (more than 8 units) on one day – 24% for working men in comparison to 14% for both unemployed and economically inactive men.

Among women aged 16 to 64, 61% of those who were working, 53% of those who were unemployed, and 46% of those who were economically inactive had drunk alcohol in the previous week. Working women were more likely than the economically inactive to have drunk more than 3 units of alcohol on one day - 36%, compared with 24%. Working women were also more likely than the economically inactive to have drunk heavily (more than 6 units) on one day - 16 %, compared with 10%.

[Tables 2.12 and 2.13 \(192 Kb Excel sheet\)](#)

Among those aged 16 to 64 and working full time, drinking behaviour showed a similar pattern of association with earnings from employment as it did with household income. The prevalence of alcohol consumption was highest among those earning the most. In the highest earnings quintile 82% of adults had consumed alcohol in the week before interview and 21% had consumed it on 5 or more days in that week. In the lowest earnings quintile 60% of adults had consumed alcohol in the week before interview and 13% had done so on 5 or more days.

[Table 2.14 \(192 Kb Excel sheet\)](#)

High earners were also more likely to exceed 4/3 units of alcohol than low earners. For example, 52% of adults in the highest earning quintile exceeded 4/3 units compared with 36% of those in the lowest quintile. The

relationship between earnings and heavy drinking is similar. In the highest earning quintile 29% of adults drank heavily (exceeding 8/6 units) on at least one day in the week before interview whereas in the lowest quintile this was much lower at 20%.

[Table 2.15 \(192 Kb Excel sheet\)](#)

## Variation in drinking last week between countries and regions

In 2011 a higher proportion of men (67%) and women (54%) in England consumed alcohol in the week before interview than in Scotland (56% and 48% respectively). Men in England and men in Wales (17% and 18% respectively) were more likely than men in Scotland (9%) to have had an alcoholic drink on at least five days in that week. There were, however, no significant differences between the countries in the proportions of adults consuming over 4/3 units on their heaviest drinking day or in the proportions drinking heavily. It should be noted, however, that the countries of Great Britain also conduct their own health surveys that include questions on drinking and that results between surveys can differ .

When comparing the regions of England, adults in London had the lowest prevalence of drinking in the week before interview (53%) and adults in the South West had the highest (66%). The highest proportions of adults exceeding 4/3 units of alcohol on their heaviest drinking day were found in the North West, North East and in Yorkshire and the Humber regions (36%, 35% and 35 % respectively of adults). The lowest proportions exceeding 4/3 units of alcohol respectively were in the West Midlands, the East Midlands and the East of England (25%, 27% and 28% of adults). Yorkshire and the Humber and the North West regions showed the highest levels of heavy drinking (20% and 18% of adults exceeded 8/6 units on their heaviest drinking day) while the West Midlands, East Midlands and the East of England regions showed the lowest at 10%, 12% and 12%.

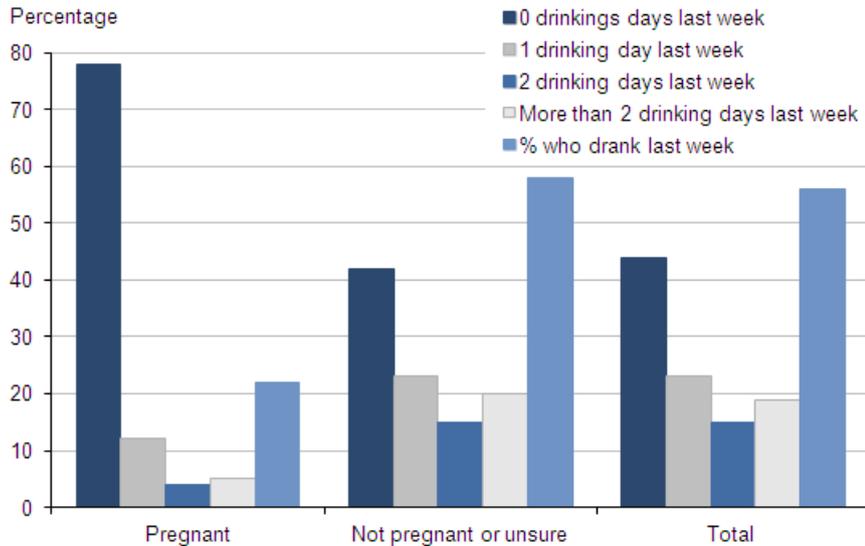
[Tables 2.16 and 2.17 \(192 Kb Excel sheet\)](#)

## 4 . Drinking during pregnancy

Current advice from the National Institute for Health and Clinical Excellence is that women should avoid drinking alcohol in the first 3 months of pregnancy if possible because it may be associated with an increased risk of miscarriage. If women choose to drink alcohol during pregnancy they are advised to drink no more than 1 to 2 units once or twice a week. It can be seen from Tables 2.25 and 2.26 that the vast majority of women heed this advice: 5% of pregnant women drank alcohol on more than 2 days in the week before interview (compared with 20% of women aged 16 to 49 who were not pregnant or unsure) and 9% of pregnant women consumed more than 2 units on their heaviest drinking day in that week (compared with 42% of women aged 16 to 49 who were not pregnant or unsure).

[Tables 2.18 and 2.19 \(192 Kb Excel sheet\)](#)

**Figure 2.3: Percentage whether drank in the last week and number of drinking days by pregnancy, 2011**



Source: General Lifestyle Survey - Office for National Statistics

## 5. Background notes

1. Details of the policy governing the release of new data are available by visiting [www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html](http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html) or from the Media Relations Office email: [media.relations@ons.gsi.gov.uk](mailto:media.relations@ons.gsi.gov.uk)

Compendium

# Households, families and people (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey)

Includes chapters on health, smoking, drinking, households, families and access to vehicles.



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1. [Households, Families and People](#)

2. [Household size](#)
3. [Households and families with dependent children](#)
4. [Background notes](#)

# 1 . Households, Families and People

The General Household Survey (GHS) has provided data about households, families and people since 1971. The General Lifestyle Survey (GLF) continues to collect these data. This chapter looks at how the composition of households and families has changed over the last 40 years.

## How the data are used and their importance

An understanding of households and families is crucial for those involved in planning and decision making at the national and local level. In addition, family and social relationships are one of the most important factors contributing to well-being. Users of the data include: journalists; charities; the private sector; students; researchers and academics; and members of the general public.

GHS and GLF data are combined with other ONS data sources to present a picture of households and families living in Great Britain. Information about the different data sources is provided in the ONS Information note [Comparing data sources on families and households \(171.1 Kb Pdf\)](#), which is available on the ONS website. The note highlights the Labour Force Survey (LFS) as the preferred source for estimates on these topics due to its large sample size, timeliness, and because it provides estimates on a consistent basis for the whole UK. This is reflected in the [ONS Statistical Bulletin on Families and Households](#) that uses LFS and not GLF data. However, the GLF and GHS provide a longer time-series of data than the LFS (LFS data are only available from 1997 onwards) and are therefore important sources for analysing changes over the last 40 years. The Population Trends article, [The changing demography of mid-life from the 1980s to 2000s](#), is an example of where historical GHS data has been used to understand changes over a number of decades.

An overview of population statistics more generally is provided on the [ONS website](#).

## The results

The analysis in this chapter looks at data from households, and the families and people who comprise households. In 2011 the definition of a household changed to reflect the change in the household definition used for the 2011 UK Census<sup>1</sup>. A household is defined as a person living alone, or a group of people (not necessarily related) living at the same address who have the address as their only or main residence, and either share cooking facilities and share a living room or sitting room or dining area. A household can consist of more than one family. A family is a married, civil partnered or cohabiting couple, or a lone parent, and their never married children (who may be adult), provided these children have no children of their own. Please see [Appendix A. Definitions and terms \(75.4 Kb Pdf\)](#) for further information.

## Notes for Households, Families and People

1. Prior to 2011 a household was defined as: “one person living alone or a group of people (not necessarily related) living at the same address with common housekeeping – that is sharing either a living room or sitting room or at least one meal a day”

## 2 . Household size

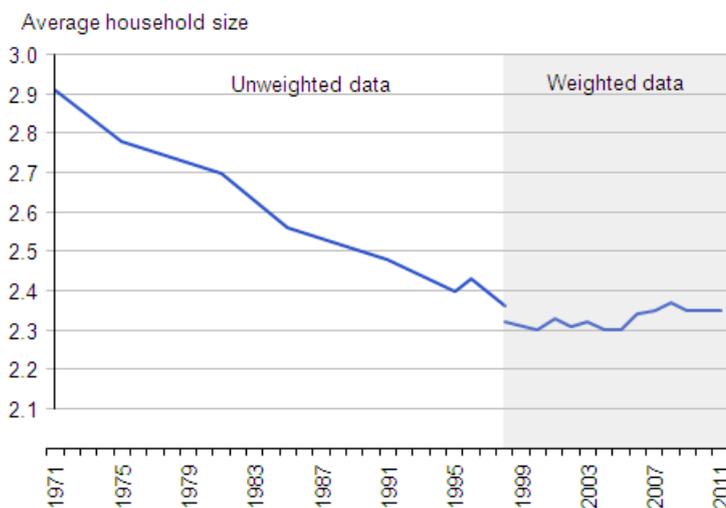
Over the 40 years between 1971 and 2011 the average size of a household in Great Britain has become smaller. In 1971 the average size of a household was 2.91 persons and in 2011 the average size was 2.35 persons. As Figure 3.1 shows average household size fell most rapidly between 1971 and 1991 (falling from 2.91 persons to 2.48 persons). The average household size continued to decline, though at a slower rate, throughout the 1990s falling to 2.32 by 1998, although it has changed little since then, the average household size has steadily increased, albeit slightly, since 2004.

The overall decline in average household size has resulted from a large increase in the proportion of one-person households, which almost doubled between 1971 and 1998 (increasing from 17% in 1971 to 29% in 1998). Since 1998 the proportion of one-person households has remained stable, with 31% of households in 2011 comprising of one-person. The increase in the proportion of households containing one adult is due to the increase of households containing one adult aged 16 to 59 years, which tripled from 5% in 1971 to 13% in 1998. Since 1998 there has been little change in this proportion, which has ranged between 13 and 16%; in 2011, 14% of households contained one adult aged 16 to 59 years. The proportion of households containing one adult aged 60 and over has remained stable over the forty years since 1971. In 2011 17% of households contained one adult aged 60 and over.

[Tables 3.1 and 3.2 \(394.5 Kb Excel sheet\)](#)

**Figure 3.1: Average household size, 1971 to 2011<1>,<2>,<3>**

**Great Britain**



**Source: General Lifestyle Survey - Office for National Statistics**

**Notes:**

1. 2005 data includes the last quarter of 2004/2005 data as the survey changed from a financial year to a calendar year. Results from 2006 onwards include longitudinal data.
2. For 1988 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.
3. The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

A single person household can be either a person living in the accommodation on their own or sharing accommodation with other household groups or individuals. For example, four unrelated people who live together but do not share one meal a day or share living accommodation would be classed as four single person households. Unsurprisingly, as the proportion of single person households increased so too has the proportion of adults living alone.

The proportion of adults (aged 16 and over) living alone in 2011 is almost double the proportion found in 1973 (16% compared with 9%). The increase in the proportion of adults living alone occurred between 1973 and 1998 (9% of adults lived alone in 1973, compared with 16% in 1998), and the proportion has remained stable since then. Across the 40 years of the survey the proportion of adults aged 75 or over who live alone has remained very stable, ranging between 47% and 51% and was 50% in 2011. However, adults aged 25 to 44 were five times more likely to live alone in 2011 (10%) than in 1973 (2%), again this increase occurred between 1973 and 1998 and then remained stable.

[Table 3.3 \(394.5 Kb Excel sheet\)](#)

### 3 . Households and families with dependent children

In families with children, the status of the children can be classed as being either dependent or non-dependent. Dependent children are those aged less than 16 living with at least one parent, or aged 16 to 18 in full-time education, excluding all children who have a spouse, partner or child living in the household.

In 1996 the household composition categories were extended to show married and cohabiting family groupings separately. Over the 15 year period between 1996 and 2011 there has been very little change in the proportions of households containing married couples and those containing cohabiting couples. For example, in 2011, 18% of all households consisted of a married couple and their dependent children, while 4% consisted of a cohabiting couple and their dependent children.

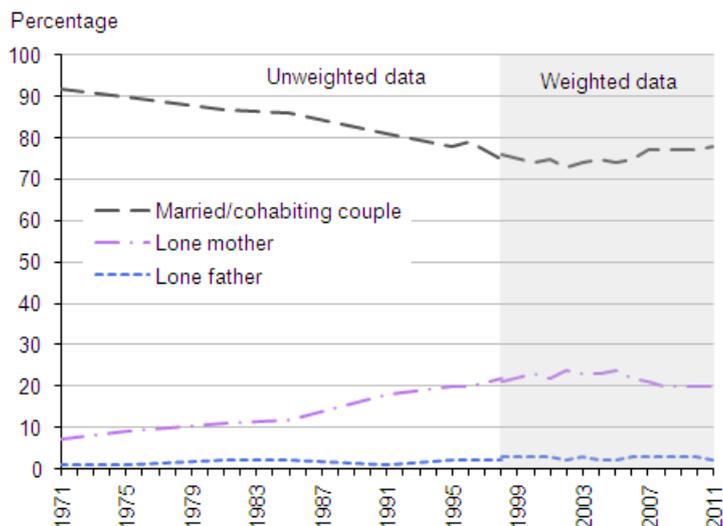
[Table 3.5 \(394.5 Kb Excel sheet\)](#)

The proportion of families with dependent children headed by a married or cohabiting couple has fallen over the 40 years between 1971 and 2011. In 1971 nine out of ten (92%) families with dependent children were headed by a married or cohabiting couple, by 2011 this proportion had fallen fewer than eight out of ten (78%) families. However, the decline in the proportion of these families headed by a married or cohabiting couple occurred between 1971 and 1998 and then remained stable until 2011. Over the same period, 1971 to 1998, there was a large increase in the proportion of lone parent families. Overall, the proportion of lone parent families tripled between 1971 to 1998, increasing from 8% to 25%. Again the proportion of lone parent families has remained relatively constant between 1998 and 2011, with 22% of families with dependent children being headed by a lone parent in 2011. The percentage of families with dependent children headed by a lone mother tripled between 1971 and 1998, increasing from 7% to 22% and this proportion has remained similar, ranging between 20% and 24% since then. In 2011, 20% of families with dependent children were headed by a lone mother. The rise in the proportion of this family type is mainly due to an increase in the proportion of lone mothers who have never married (single). In 1971 only 1% of families with dependent children were headed by a single lone mother, compared with 10% in 2011, again the increase in families headed by a single lone mother occurred between 1971 and 1998. The percentage of families headed by a lone father has remained very similar across the 40 years, increasing only slightly since the early 1970s from 1% to 2% in 2011.

[Table 3.6 \(394.5 Kb Excel sheet\)](#)

**Figure 3.2: Families with dependent children by family type, 1971 to 2011<1>,<2>,<3>**

## Great Britain



Source: General Lifestyle Survey - Office for National Statistics

### Notes:

1. 2005 data includes the last quarter of 2004/2005 data as the survey changed from a financial year to a calendar year. Results from 2006 onwards include longitudinal data.
2. For 1988 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.
3. The survey was not run in 1997/98 or 1999/00. A linear has been drawn between the data point before and after these years.

The proportion of dependent children who are the only dependent child in their family has risen steadily over the last 40 years. Among all dependent children, 26% were the only dependent child in their family in 2011, compared with just 18% in 1972. This increase is reflected in the fall in average number of dependent children in families, from 2.0 in 1971 to 1.7 in 2011. This fall is likely to be related to both changes in the average number of children born per woman and the increasing age at which women are having children.

[Tables 3.7 and 3.8 \(394.5 Kb Excel sheet\)](#)

## 4. Background notes

1. Details of the policy governing the release of new data are available by visiting [www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html](http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html) or from the Media Relations Office email: [media.relations@ons.gsi.gov.uk](mailto:media.relations@ons.gsi.gov.uk)

# Housing and Consumer Durables (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey)

Includes chapters on health, smoking, drinking, households, families and access to vehicles.



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1. [Housing and consumer durables](#)
2. [Housing](#)
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4. [Background notes](#)

# 1 . Housing and consumer durables

The General Household Survey (GHS) has included questions on housing and the availability of consumer durables since 1971. Periodically new consumer items have been added and some older items have been dropped. The General Lifestyle Survey (GLF) continued to ask housing and consumer durable questions in 2011.

## How the data are used and their importance

The GLF data are used to monitor housing conditions and material deprivation. Material deprivation refers to the inability of households to afford those consumer goods and activities that are typical in a society at a given point in time. Housing conditions and material deprivation are key factors in measuring poverty and all Member States of the European Union are required to collect these data.

Housing data collected from the GLF and GHS are presented in this report; however, data on housing are collated from a number of different sources, including the Census, the Labour Force Survey and the English Housing Survey. These data are used in a number of analyses and reports, such as Chapter 6 of [Social Trends 41](#).

## The results

This chapter looks at trends over time as well as data from the 2011 GLF on consumer durables and housing.

## 2 . Housing

Over the last 40 years home ownership has increased from just under half (49%) in 1971 to around two thirds (67%) of households owning their own home in 2011. The proportion of households owning their own home peaked at 71% in 2007 and 2008. Most of the increase occurred during the 1980s and was due to a marked increase in the proportion of households owning with a mortgage. From 2008 to 2011 the proportion of households owning their home has reduced to 67%. This fall is partly due to a drop in the proportion of households owning with a mortgage, this proportion fell by 4% between 2008 and 2011.

Over the last forty years, the proportion of households renting council homes has fallen from a third (31%) of all households in 1971 to one in ten (10%) of households in 2011. The proportion of households renting council homes increased slightly during the 1970s from 31% in 1971 to 34% in 1981, but since has declined steadily over the last three decades. The proportion of households renting from a housing association <sup>1</sup> has increased over the same period (from 1% in 1971 to 3% in 1991 and to 9% in 2011). The proportion of households renting privately fell by almost two-thirds between 1971 (20%) and 1991 (7%), then remained between 9% and 11% until 2008. The proportion of households renting privately has increased again over the past few years and was 15 % in 2011. This increase was offset by a decrease in the proportion of owner occupiers with a mortgage from 39 % in 2008 to 35 % in 2011. The housing market in Great Britain has suffered since the start of the recession in 2008. A smaller percentage of new households have successfully acquired mortgages and this is reflected in the decrease in the number of households owning with a mortgage and also in the increase in the number of households renting their accommodation.

[Table 4.1 \(488 Kb Excel sheet\)](#)

The type of tenure varied depending on the age of the Household Reference Person (HRP - please see Appendix A, Definitions and terms). In 2011, the likelihood of the household owning their accommodation, either outright or with a mortgage increased with the age of the HRP up until retirement age, after which it gradually declined: the proportion owning their own accommodation rose from 11% of households with an HRP aged under 25 to 60% of those with an HRP aged 30-44 and peaked at 81% among those households with an HRP aged 60-64 years. Overall, slightly more households owned their accommodation with a mortgage (35%) than owned their

accommodation outright (32%). The proportion of households owning their accommodation with a mortgage was the highest among households with an HRP aged between 30 and 59 (55% of households with an HRP aged 30-44 and 49% of households with an HRP aged 45-59). Households with an HRP aged 60 or over were more likely to own their accommodation outright than with a mortgage: for example, among households with an HRP aged 30-44 5% owned their accommodation outright and 55% owned their accommodation with a mortgage, compared with 60% and 21% respectively of households with an HRP aged 60-64 and 71% and 4% respectively of households with an HRP aged 70 to 79.

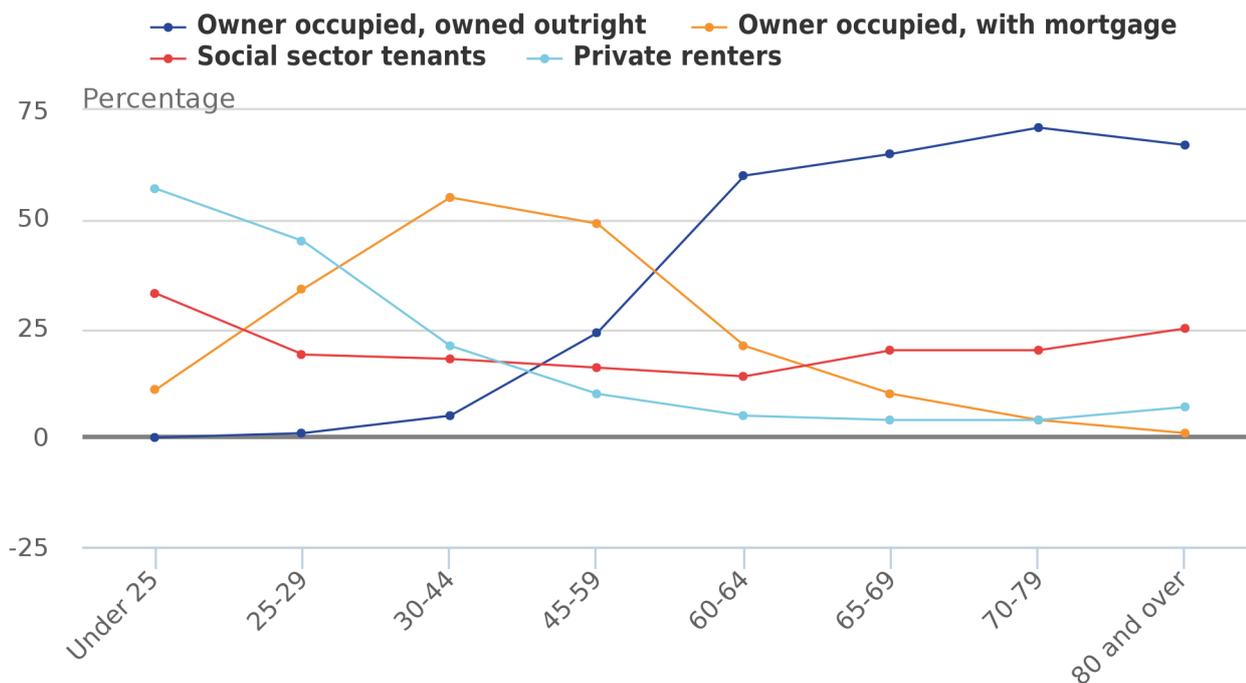
Private renting was most prevalent among households where the HRP was aged less than 25 years (57%). The proportion of households who privately rented their accommodation fell steeply with the increasing age of the HRP (falling from 45% of households with an HRP aged 25-29 to 21% of households with an HRP aged 30-44 and then one in ten households or fewer in all households with an HRP over 35 years of age).

Households with an HRP either in the youngest age group (aged under 25) or the eldest age group (aged 80 or over) were most likely to be social sector tenants: 33% of households with an HRP aged under 25 and 25% of households with an HRP aged 80 and over were social sector tenants. One in five households or fewer in all other HRP age groups were social sector tenants.

[Table 4.9 \(488 Kb Excel sheet\)](#)

**Figure 4.1: Tenure by age of household reference person, 2011 <1>**

Great Britain



Source: General Lifestyle Survey - Office for National Statistics

Notes:

1. Tenants whose accommodation goes with the job of someone in the household have been allocated to 'private renters'

In 2011 there were differences in the proportion of households in each tenure group depending on the sex of the HRP. Among households with a male HRP, around three-quarters (71%) owned their home compared with 58% of households with a female HRP. In contrast, households with a female HRP were almost twice as likely to be social sector tenants (renting from a council, housing association or Registered Social Landlord); 27% compared with 14% of households with a male HRP.

## Notes for Housing

1. Since 1996, housing associations are described as Registered Social Landlords (RSLs). RSLs are not-for-profit organisations which include: charitable housing associations; industrial and provident societies, and companies registered under the Companies Act 1985

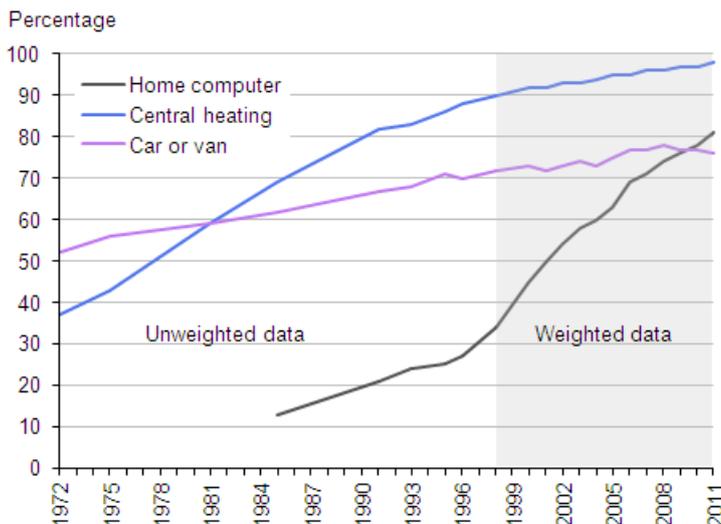
## 3 . Consumer durables

Since the early 1970s the survey has recorded a significant increase in the ownership of many consumer durables and household amenities. For example, almost all households (98%) had central heating in 2011 compared with only 37% in 1972. This proportion has risen throughout the period, but rose in the 1970s from 37% in 1972 to 59% in 1981 and then again through the 1980s and 1990s to 92% by 2000.

Access to a car or van has also risen since the questions were first asked in 1972; in 1972 at least one car or van was available to just over half (52%) of households, this increased to over three-quarters (76%) in 2011. However, the proportion of households with access to only one car or van has remained the same between 1972 and 2011: in 2011 44% of households had access to one car or van. Since 1972 the number of households with access to more than one car or van has more than trebled from around one in ten households (9%) to a third of all households (32%) in 2011.

**Figure 4.2: Percentage of households with central heating, cars and home computer 1972 to 2011 <1>,<2>,<3>**

### Great Britain



Source: General Lifestyle Survey - Office for National Statistics

Notes:

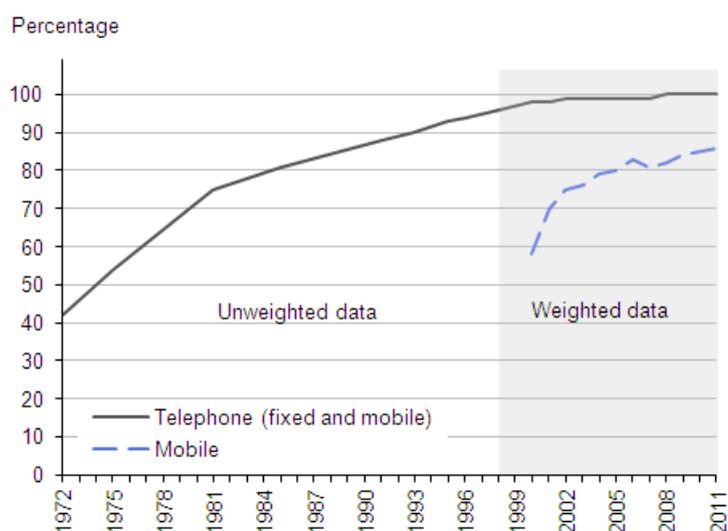
1. 2005 data includes the last quarter of 2004/5 data as the survey changed from a financial year to a calendar year. Results from 2006 onwards include longitudinal data.
2. Weighted data are shown from 1998 onwards.
3. The survey was not run in 1997/78 or 1999/00. A linear trend has been drawn between the data point before and after these years. The survey first asked about ownership of a home computer in 1984, and since then the proportion of households with a home computer has increased consistently from just over one in eight households (13%) in 1985 to eight in ten households (80%) in 2011.

In 1972 less than half of all households (42%) had a telephone; by 2011 almost all households had a phone (either landline or mobile). In 2000, when the GHS first asked about mobile phones, the proportion of households in which at least one person had a mobile phone was 58%; this increased to 86% in 2011. Over the same period, the proportion of households with a fixed telephone fell from 93% in 2000 to 90% in 2011.

[Table 4.19 \(488 Kb Excel sheet\)](#)

**Figure 4.3: Percentage of households with fixed and mobile telephones 1972 to 2011 <1>, <2>, <3>**

#### Great Britain



**Source: General Lifestyle Survey - Office for National Statistics**

#### Notes:

1. 2005 data includes the last quarter of 2004/5 data as the survey changed from a financial year to a calendar year. Results from 2006 onwards include longitudinal data.
2. Weighted data are shown from 1998 onwards.
3. The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

In 2011 there were differences in ownership of consumer durables by family type. Lone-parent families were less likely than other families with dependent children to have a home computer (88% compared with 97%) or have access to a car or van (55% compared with 92%). Lone parent families were also less likely to have a fixed telephone (76% compared with 93% for other families with dependent children); however, the proportions for mobile telephone ownership were the same at 92%.

[Table 4.23 \(488 Kb Excel sheet\)](#)

## 4. Background notes

1. Details of the policy governing the release of new data are available by visiting [www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html](http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html) or from the Media Relations Office email: [media.relations@ons.gsi.gov.uk](mailto:media.relations@ons.gsi.gov.uk)

Compendium

# Marriage and cohabitation (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey)

Includes chapters on health, smoking, drinking, households, families and access to vehicles.



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# 1 . Marriage and cohabitation

The family information section within the General Lifestyle Survey (GLF) and the General Household Survey (GHS) provides the longest running time series of reliable statistics on partnerships and relationships in Great Britain. It is one of the only government surveys that collects data on family history, which is vital for understanding partnership transitions and partnership stability. Data have been collected since 1979, allowing us to look at changes in relationship patterns over 32 years.

In 1979 questions on marital history were introduced on the GHS for both men and women. Questions were also introduced for women aged 18 to 49 relating to pre-marital cohabitation before the current or most recent marriage. In 1986 these questions were extended to both men and women aged 16 to 59 and every marriage past and present. In 1998 a further question was added to find out the number of past cohabitations not ending in marriage and in 2000 new questions were included on the length of past cohabitations not ending in marriage. The 2011 GLF continued to collect information about marital history and periods of cohabitation from adults aged 16 to 59.

## How the data are used and their importance

GLF and GHS data on family formation have been extremely valuable for understanding the changes that have occurred in society over the last four decades. For example, changes in the proportion of cohabiting partners and in the stability of relationships have highlighted policy issues, such as the rights of cohabiting couples and the welfare of children. For these reasons, the GLF and GHS are widely used by researchers working within and outside Government. An example is the [Population Trends](#) research article, Cohabitation and marriage in Britain since the 1970s, written by the Centre for Population Change (CPC). The article uses GHS and GLF data to provide an overview of trends in marriages and relationships over several decades and emphasises the importance of good information on family trends.

The GLF estimates of the England and Wales population by partnership status are used to inform and quality assure cohabitation estimates, which themselves feed the assumptions made for cohabitation projections. Estimates and projections of the cohabiting population are made alongside the publication of marital status projections and are used by government departments for statistical modelling relating to housing policy and benefits policy. The [cohabitation](#) and [marital status](#) estimates for England and Wales are published on the ONS website.

## The results

Information about the marital status of all adults aged 16 or over in the household is collected in two stages. First, the marital status of all adults aged 16 and over is collected from the person answering the household questionnaire (usually the Household Reference Person (HRP) or their partner). At the second stage, each household member aged 16 to 59 is asked detailed questions about their marriage and cohabitation history. For this stage, respondents are given the option of self-completion, particularly if the interviewer judges that a lack of privacy might affect reporting. In 2011, around 17% of respondents chose to self-complete the questions.

For the 2009 and 2010 survey years, if a respondent was in the longitudinal sample of the GLF, but had not answered the second stage section of the questionnaire in the previous year, their full marriage and cohabitation history was not collected. As a consequence, the proportion of full responses to the marriage and cohabitation sections of the questionnaire is lower for these years.

# 2 . De facto marital status

De facto marital status (that is, including cohabitation) is the legal marital status of the respondent unless the respondent was currently cohabiting with someone else; in which case cohabiting is the de facto status. Cohabiting couples are people who live together as a couple in a household without being married to each other. Respondents who were single, widowed, divorced or separated but who were cohabiting are here classified as

cohabiting, rather than by their legal marital status. Those who were not cohabiting have been classified by their legal marital status.

Table 5.1 shows the de facto marital status of men aged 16 and over in 2011: 52% were married, 1% were in a civil partnership, 11% were cohabiting, 27% were single, 3% were widowed and 6% were either divorced or separated. Among women aged 16 and over the estimates are: 49% were married, less than 1% were in a civil partnership, 11% were cohabiting, 21% were single, 9% were widowed and 10% were either divorced or separated. The proportions of men and women who were married and cohabiting were very similar but due to differences in life expectancy a larger proportion of women were widowed or divorced/separated.

[Table 5.1 \(237.5 Kb Excel sheet\)](#)

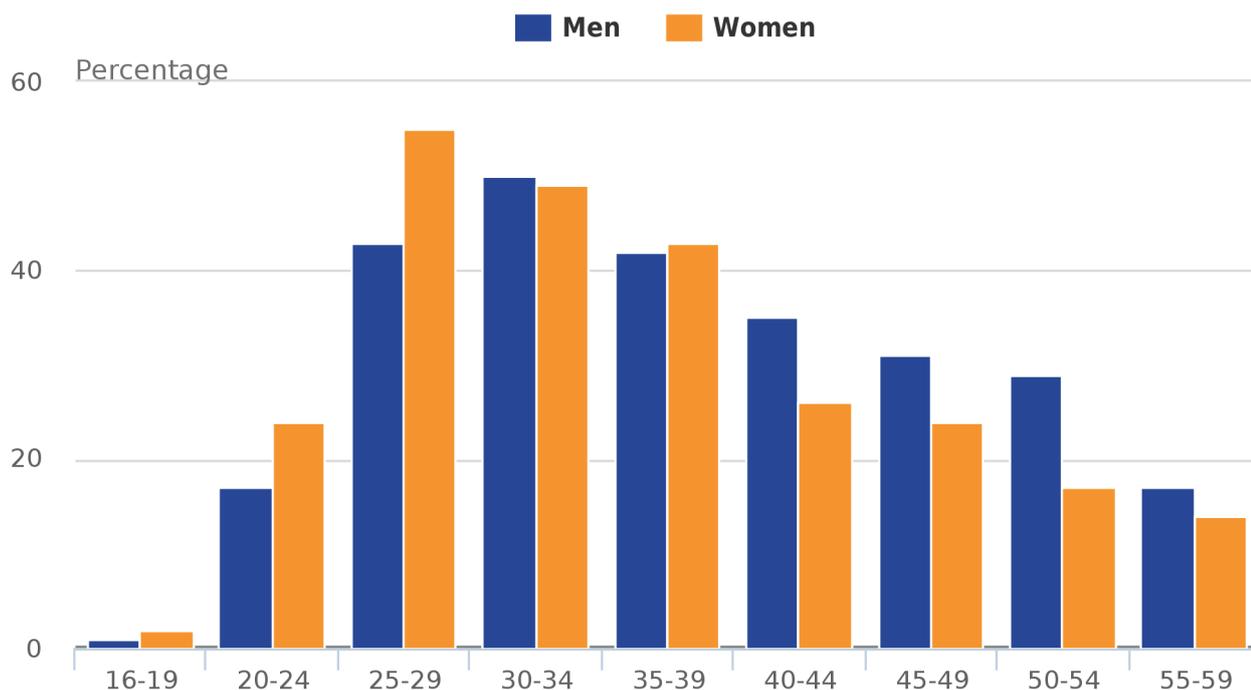
### 3 . Current cohabitation

In 2011, 15% of both men and women aged 16 to 59 were currently cohabiting. Among men, those aged 25 to 29 were more likely to be currently cohabitating than any other age group (33%), this difference is not statistically significant when compared with men aged 30 to 34 (25%). Within all other age groups fewer than 20% of men were cohabiting. Similarly, among women aged 16 to 59, those aged 25 to 29 were also more likely to be cohabitating than any other age group (37% of women aged 25 to 29 were cohabiting compared with 2% to 22% in the other age groups). Among adults aged 16 to 59 who were not married, around three in ten men and women were currently cohabiting (28% of men and 29% of women). A higher proportion of younger women (aged under 30) were currently cohabiting than men in each age group. For example, 55% of non-married women aged 25 to 29 were cohabiting compared with 43% of men in this age group. This is likely to be because men form relationships with women younger than themselves on average. For example, the [average age at first marriage](#) for women was 30.0 in 2010 but 32.1 for men. The percentage of men and women cohabiting falls after the ages 30-34 as more people get married. Previous research shows that younger people cohabiting tend to have not been married, whereas [older people cohabiting tend to be either divorced or widowed](#).

[Table 5.3 \(237.5 Kb Excel sheet\)](#)

**Figure 5.1: Percentage of non-married men and women aged 16 to 59 currently cohabiting by age, 2011**

Great Britain



Notes:

1. Men and women describing themselves as 'separated' were in a legal sense still married. However, because the separated can cohabit, they have been included in the 'non-married' category
2. 'Cohabiting' includes same sex couples

Data from 2010 and 2011 have been combined to provide a large enough sample to analyse current cohabitation by age and legal marital status. Among non-married men aged 16 to 59, those who were divorced and those who were single were the most likely to be currently cohabiting; 31% of divorced men and 27% of single men compared with 13% of separated men and 3% of widowed men. Among non-married women aged 16 to 59, those who were single were most likely to be currently cohabiting (31%), followed by those who were divorced (24%), separated (9%) and widowed (3%).

[Table 5.4 \(237.5 Kb Excel sheet\)](#)

## 4 . Current cohabitation and trends over time among women

As noted earlier, women aged 18 to 49 were the first to be asked questions on cohabitation in the GHS. This section looks at the trends over time for this age group.

Over the 32 years that this data have been collected, the proportion of women aged 18 to 49 who were married has fallen from around three-quarters in 1979 (74%) to slightly fewer than half in 2011 (47%). There was a steady decline between 1979 and 2003 and since then the proportion has changed little. Over the same period, the proportion of women who were single (that is, who had never been married) has increased steadily from 18% in 1979 to 43% in 2011.

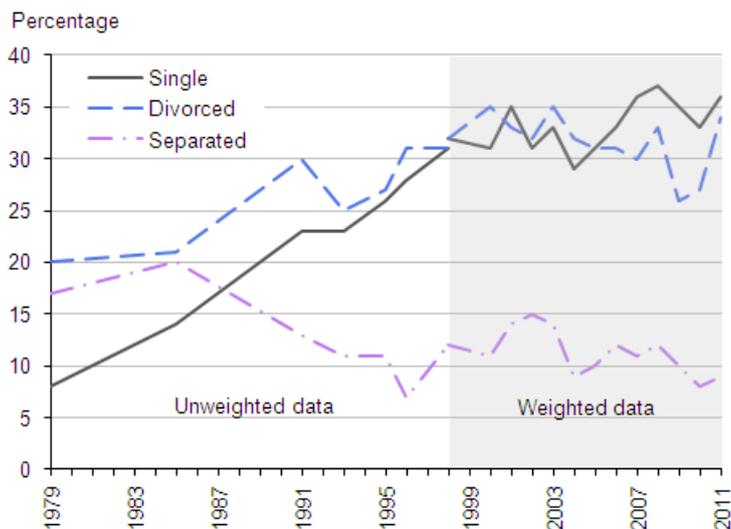
[Table 5.7 \(237.5 Kb Excel sheet\)](#)

The decline in proportion of women who were married contrasts with the increase in the proportion of non-married women aged 18 to 49 who were cohabiting between 1979 and 2011. The proportion of non-married women aged 18 to 49 who were cohabiting increased from one in ten (11%) in 1979 to one third (34%) in 2011. This increase occurred between 1979 and 2001, with the proportion rising steadily from 11% to 32% over that time period. Since 2001 the proportion of non-married women aged 18 to 49 who were cohabiting has ranged between 28% and 35%. A contributing factor to the increase in the proportion of cohabiting non-married women since 1979 has been the increase in the proportion of single women cohabiting. Among single women aged 18 to 49, the proportion cohabiting more than quadrupled from 8% in 1979 to 36% in 2011. Again this increase was steepest between 1979 and 1998, rising from 8% to 31%, and since then the proportion has remained between 29% and 37%.

[Table 5.8 \(237.5 Kb Excel sheet\)](#)

**Figure 5.2: Percentage of single, divorced and separated women aged 18 to 49 cohabiting by legal marital status, 1979 to 2011 <1>,<2>,<3>,<4>,<5>**

## Great Britain



Source: General Lifestyle Survey - Office for National Statistics

### Notes:

1. Widows have not been included because of the sample size.
2. 2005 data includes the last quarter of 2004/05 data as the survey changed from a financial year to a calendar year. Results from 2006 onwards include longitudinal data.
3. For 1998 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.
4. The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.
5. The volatility in the 'separated' time-series reflects the small sample size for this group of women.

## Dependent children in the household and current cohabitation among women

In households with children, children may be dependent or non-dependent. Dependent children are defined as those aged less than 16 living with at least one parent, or aged 16 to 18 in full-time education, excluding all children who have a spouse, partner or child living in the household.

In 2011, among women aged 16 to 59, 57% of married women had at least one dependent child in their household compared with 45% of cohabitating women, 20% of single women, 30% of divorced women and 60% of separated women (the difference between the proportions found for married and separated not statistically significant).

[Table 5.9 \(237.5 Kb Excel sheet\)](#)

In 2011, as in previous years, non-married women aged 16 to 59 who had dependent children in their household were more likely than those without dependent children to be cohabiting. 44% of non-married women who had at least one dependent child living with them were cohabiting, compared with 22% of non-married women without dependent children. This difference is largely due to the proportions of single women in each group; over half

(54%) of single women who had dependent children living with them were cohabiting, compared with slightly fewer than a quarter (23%) of single women without dependent children.

[Table 5.10 \(237.5 Kb Excel sheet\)](#)

## 5 . Past cohabitations not ending in marriage or civil partnership

Since 1998, the GHS/GLF has asked a question to find out the number of past cohabitations not ending in marriage. Since 2000, questions have also been included to establish the length of past cohabitations not ending in marriage. These periods of completed cohabitation do not include the current relationship of a respondent living as a couple at the time of interview.

With the exception of those who chose the self-completion option, married and cohabiting respondents might have been interviewed in the presence of their partner. Therefore, it is possible that previous cohabitations may be under-reported for these groups.

In 2011 among adults aged 16-59, 16% had had at least one completed cohabitation that did not end in marriage; the majority had only one completed cohabitation not ending in marriage; (12 %of adults aged 16-59); 3% had two; and 1% had three or more.

As in previous years, the proportions reporting past cohabitations not ending in marriage varied by current marital status for both men and women. Married people were less likely than other respondents to report these kinds of relationships (12% of men and 11% of women) compared with those who were cohabiting (26% of men and 23% of women), single (16% of men and 25% of women) or divorced (23% of men and 22% of women).

[Tables 5.12 and 5.13 \(237.5 Kb Excel sheet\)](#)

### Duration of past cohabitations not ending in marriage

First cohabitations that did not end in marriage tended to be longer than second cohabitations. Among adults aged 16 to 59, 36% of first cohabitations lasted for less than two years compared with 46% of second cohabitations. The difference was more marked among women (33% of first cohabitations lasted for less than two years compared with 46% of second cohabitations) than among men (40% compared with 45%).

Among adults aged 16 to 59 who have cohabited, the average length of time for the first cohabitation not ending in marriage was 46 months compared with 34 months for the second cohabitation.

[Table 5.15 \(237.5 Kb Excel sheet\)](#)

## 6. Background notes

1. Details of the policy governing the release of new data are available by visiting [www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html](http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html) or from the Media Relations Office email: [media.relations@ons.gsi.gov.uk](mailto:media.relations@ons.gsi.gov.uk)

# Occupational and Personal Pension Schemes (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey)

Includes chapters on health, smoking, drinking, households, families and access to vehicles.



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# 1 . Occupational and personal pension schemes

The General Household Survey (GHS) has included questions on occupational pensions on a regular basis for 30 years since 1981 and on personal pensions since the late 1980s. The General Lifestyle Survey (GLF) continued to include these questions in 2011. This chapter provides information on occupational and personal pensions for employees and also considers the pension arrangements of the self-employed. The chapter presents both trends over time and detailed data for the 2011 survey year.

## How the data are used and their importance

GLF and GHS data on pension participation are used by a number of policy departments, including the Department for Work and Pensions (DWP), HM Treasury (HMT) and HM Revenue and Customs (HMRC). The departments use the GLF to monitor and evaluate current policy and policy reforms, and to assist future policy development. Recent policy developments, for which the GLF has been one of a number of important sources, include the [Government's review of the 2012 workplace pension reforms](#), as set out in the [Pensions Act 2008](#). Data collection for the 2011 GLF took place between January and December 2011 which was before the implementation of the workplace pension reforms in October 2012.

The wealth of information collected on the GLF gives pensions analysts and policy makers information about the groups of the population who are not making adequate pension provisions. For example, the survey provides pension participation rates by age, sex, income band, employment status and employment sector.

## Other sources for pension statistics

This chapter aims to provide a summary of the results from the GLF and GHS. However, the GLF is just one of many sources for pension statistics. A more comprehensive picture of pensions is given in the ONS publication Pension Trends. Pension Trends brings together information from a variety of different sources and reports on the many complex issues that shape trends in pension provision in the UK. Such issues include: population change; life expectancy and healthy ageing; the labour market and retirement; and saving for retirement.

## The results

The analysis in this chapter shows results broken down by sex and employment status (full or part-time employment). However, few of the tables and figures show data for men working part time. This is because the sample sizes for men working part time are generally not large enough to provide reliable estimates.

Data are presented for both occupational and personal pension schemes. An occupational pension is an arrangement organised by an employer (or group of employers) to provide benefits for employees on their retirement and for their dependants on their death. A personal pension scheme, such as a stakeholder pension or a self-invested personal pension, is a contract to provide contributions in return for retirement benefits between an individual and an insurance firm, rather than with an employer or the state. Individuals may join such contracts under their own volition – for example, to provide a primary source of retirement income for the self-employed, or to provide a secondary income to employees who are members of occupational schemes – or they may be facilitated (but not provided) by an employer such as group personal pensions (GPPs), group stakeholder pensions or group self-invested personal pensions<sup>1</sup>.

## Notes for Occupational and personal pension schemes

1. More information about occupational and personal pension schemes is available in the Office for National Statistics (ONS, 2012) Pensions Trends glossary.

## 2 . Pension arrangements for employees

In 2011 around three-fifths of full-time employees (60% of men and 61% of women) were currently members of a pension scheme. Among part-time women employees, 41% were currently members of a pension scheme. Younger employees (those under the age of 25) were the least likely to be a member of a current pension scheme. Among male employees aged 18 to 24 working full-time, 29% were in a current pension scheme compared with 51% of 25-34 year olds and more than 60% in each of the older age groups. A similar pattern is true for women working full-time, 28% of 18-24 year olds; 58% of 25-34 year olds were in a current pension scheme and more than 60% in each of the older age groups.

[Table 6.1 \(190.5 Kb Excel sheet\)](#)

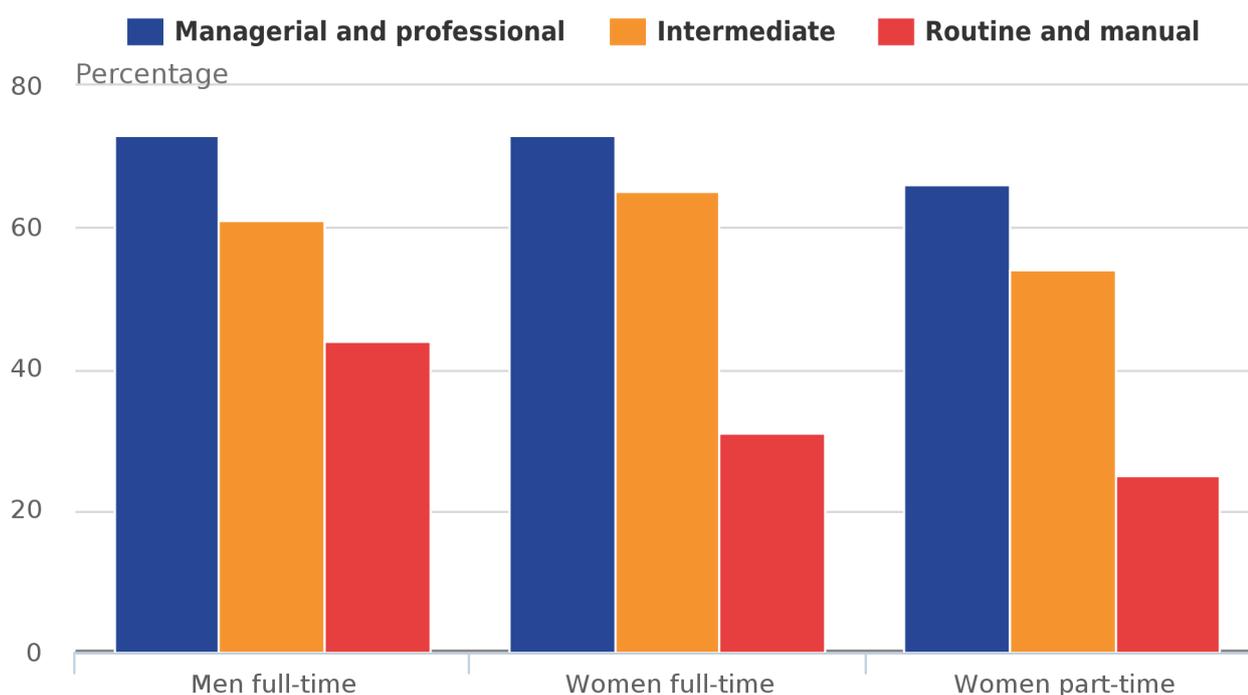
Pension scheme membership also varies by socio-economic status. The socio-economic classification (NS-SEC) used in this report is based on information about people's occupation and employment status (please see Appendix A, Definitions and terms for further information). Employees in the managerial and professional group were most likely to be current members of a pension scheme, with those in the routine and manual group least likely to be a member of a scheme. Among men working full-time, 73% of those in the managerial and professional group belonged to a pension scheme compared with 61% in the intermediate group and 44% in the routine and manual group. For women working full-time the figures were: 73% in the managerial and professional group; 65% in the intermediate group; and 31% in the routine and manual group. Similarly, for women working part-time the figures were: 66%; 54%; and 25% respectively.

[Table 6.2 \(190.5 Kb Excel sheet\)](#)

Employees with higher usual gross weekly earnings were generally more likely to belong to a pension scheme than employees with lower earnings. Among employees working full-time, 79% of men and 81% of women with usual gross weekly earnings of more than £600 belonged to a pension scheme. In contrast, for male and female full-time employees earning between £100 and £200 per week, only 23% and 25% respectively belonged to a pension scheme.

[Table 6.3 \(190.5 Kb Excel sheet\)](#)

**Figure 6.1: Current pension scheme membership by sex and socio-economic classification, 2011, Great Britain<1>**



Notes:

1. Employees aged 16 and over, excluding Youth Trainees and Employment Trainees. Membership includes a few people who were not sure if they were in a scheme but thought it possible

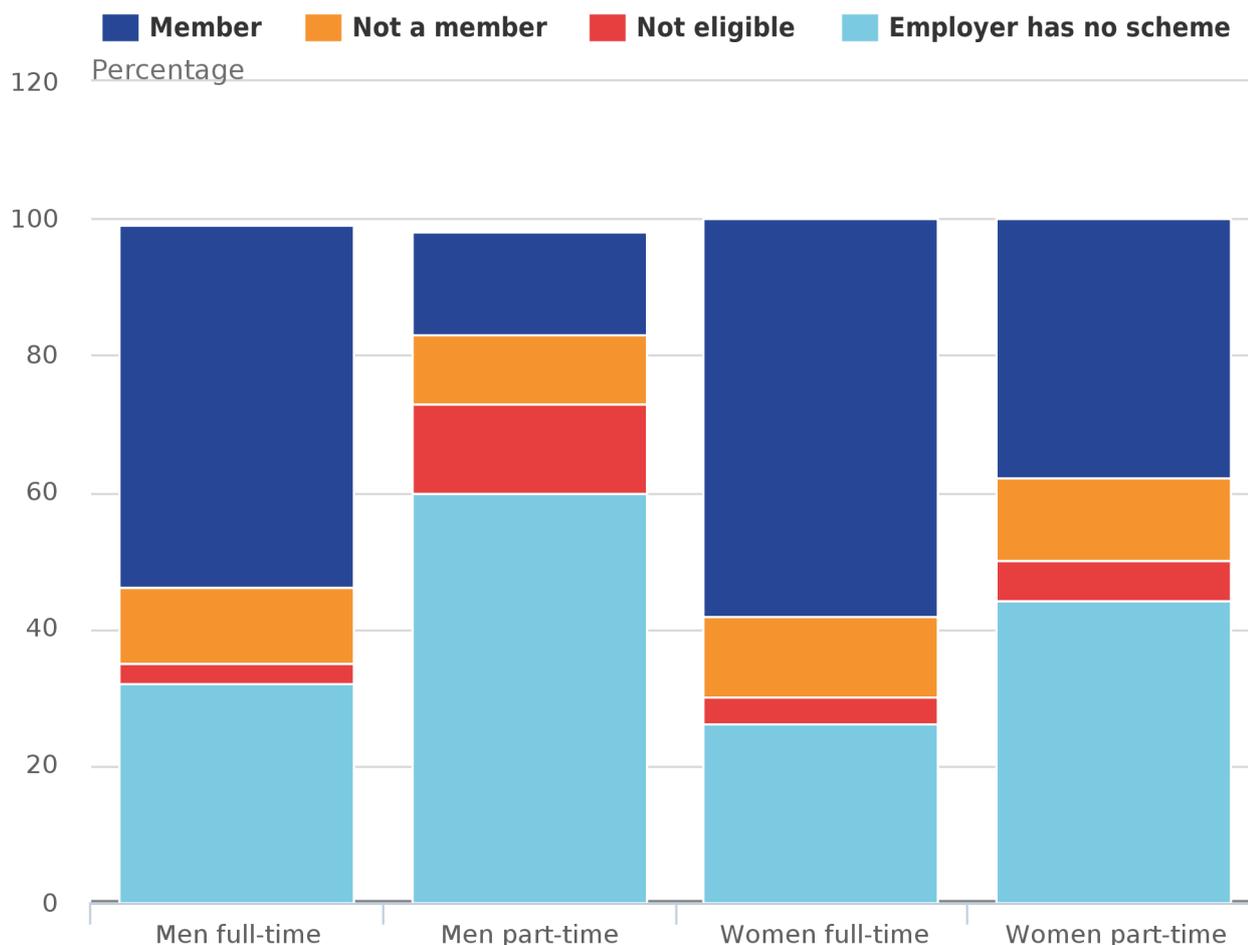
### 3 . Membership of occupational pensions

Occupational pensions are the most common type of pension arrangement for employees and are the focus of this section. They do not include group personal pensions, group stakeholder pensions or group self-invested personal pensions which are based on individuals entering into a contract with an external pension provider in the form of an insurance company.

In 2011, 64% of men and 66% of women said that their current employer had an occupational pension scheme. Membership of such schemes varied by sex and work status (full-time or part-time employment). Employees who worked full-time were more likely than those working part-time to say that their present employer had a pension scheme; 68% of men working full-time compared with 38% of men working part-time, and 74% of women working full-time compared with 56% of women working part-time.

[Table 6.4 \(190.5 Kb Excel sheet\)](#)

**Figure 6.2: Membership of current employer's occupational pension scheme by sex and whether working full time or part time, 2011, Great Britain<1>**



Notes:

1. Employees aged 16 and over, excluding Youth Trainees and Employment Trainees. Membership includes a few people who were not sure if they were in a scheme but thought it possible

## 4 . Trends in membership of occupational pension schemes

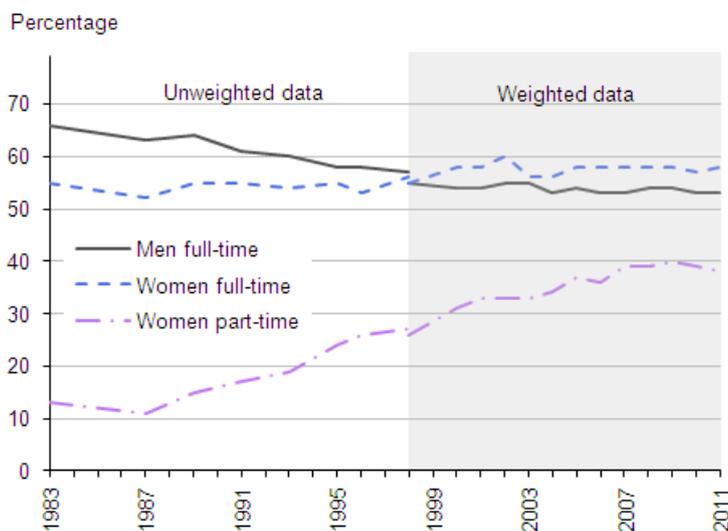
Trends in participation in occupational pension schemes have differed for men and women and for those working part-time and full-time.

The proportion of men working full-time who were members of their current employer's occupational pension scheme decreased from 66% in 1983 to 54% in 2000 and has remained at a similar level every year since then. In 2011, 53% of men working full-time were members of their current employer's occupational pension scheme. The percentage of women working full-time who were members of their current employer's occupational pension scheme showed a different pattern, rising from 52% in 1987 to 60% in 2002. In 2011, 58% of women working full-time were members of their current employer's occupational pension scheme.

Among women working part-time, the proportion who were members of their current employer's occupational pension scheme increased from 11% in 1987 to 40% in 2009. In 2011, 38% of women working part-time were members of their current employer's occupational pension scheme. The longer trend over time may be partly explained by changes following a European Court of Justice ruling in 1995 that made it illegal for pension schemes to exclude part-time workers.

[Table 6.5 \(190.5 Kb Excel sheet\)](#)

**Figure 6.3: Employee membership of current employer's occupational pension scheme: by sex and whether working full time or part time, 1983 to 2011, Great Britain<1>,<2>,<3>,<4>**



**Source: General Lifestyle Survey - Office for National Statistics**

### Notes:

1. Employees aged 16 and over, excluding Youth Trainees and Employment Trainees. Membership includes a few people who were not sure if they were in a scheme but thought it possible.
2. 2005 data includes the last quarter of 2004/05 data as the survey changed from a financial year to a calendar year. Results from 2006 onwards include longitudinal data.

3. For 1998 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.
4. The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

## 5. Personal pension arrangements among the self-employed

Personal pensions, in their current form, were first introduced in July 1988, with self-invested personal pensions starting in the early 1990s and stakeholder pensions in April 2001. At the time of the survey, these were the only form of private pension that the self-employed could take out, although some self-employed people were still investing in retirement annuity contracts set up before 1988. The analysis in this section defines a personal pension to include stakeholder, self invested personal pensions and retirement annuities.

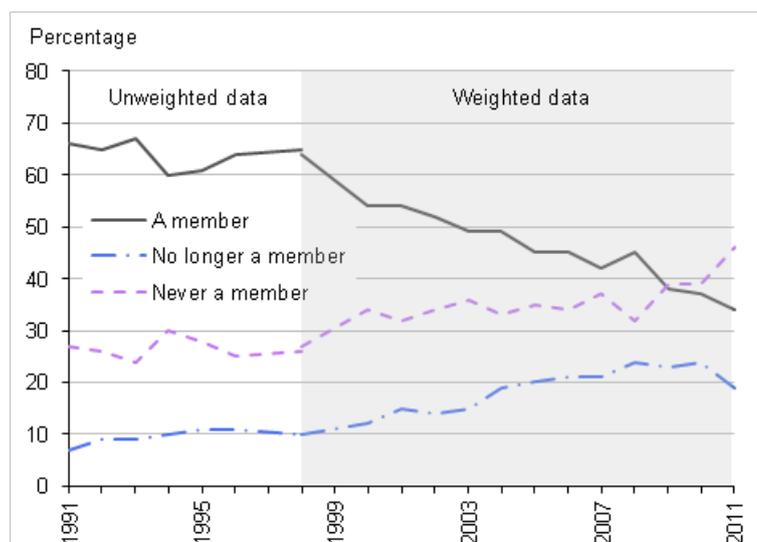
In 2011, self-employed men were more likely than self-employed women to contribute to a personal pension (31% of self-employed men compared with 20% of self-employed women). Nearly half (46%) of self-employed men had never had a personal pension compared with three-fifths (60%) of women.

[Table 6.9 \(190.5 Kb Excel sheet\)](#)

Since 1991 the survey has provided trend data on personal pension arrangements among self-employed men. The possession of a current personal pension among self-employed men working full-time remained fairly stable between 1991 and 1998 at around two-thirds. Between 1998 and 2011 the proportion with a current personal pension decreased from 64% to 34%.

[Table 6.10 \(190.5 Kb Excel sheet\)](#)

**Figure 6.4: Membership of a personal pension scheme for self-employed men working full time, 1991 to 2011, Great Britain<1>,<2>,<3>,<4>**



Source: General Lifestyle Survey - Office for National Statistics

Notes:

1. A personal pension is defined to include personal pensions, stakeholder pensions and retirement annuities; personal pensions may include SIPPs.
2. 2005 data includes the last quarter of 2004/05 data as the survey changed from a financial year to a calendar year. Results from 2006 onwards include longitudinal data.
3. For 1998 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.
4. The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

## 6. Background notes

1. Details of the policy governing the release of new data are available by visiting [www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html](http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html) or from the Media Relations Office email: [media.relations@ons.gsi.gov.uk](mailto:media.relations@ons.gsi.gov.uk)

Compendium

# General health (General Lifestyle Survey Overview - a report on the 2011 General Lifestyle Survey)

Includes chapters on health, smoking, drinking, households, families and access to vehicles.



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# 1 . General health

The General Lifestyle Survey (GLF) and its predecessor the General Household Survey (GHS) have included a series of questions on health since 1971. Although periodic changes have been made to the content of the health section, it is possible to monitor changes in health over a 40 year period. This chapter presents information on recent trends over time in self-reported health and data for the 2011 survey year.

## How the data are used and their importance

GLF health data are used by government departments, health organisations and charities to make informed decisions on policies and related programmes and projects. ONS and academic institutes also use the data to conduct research on different aspects of health including: health expectancy; health related risk factors and inequalities in health. The Economic and Social Data Service (ESDS) publish information on the various research projects that have used GLF data. This information can be downloaded from the [ESDS website](#).

This report includes statistics produced directly from the GLF. However, GLF data are combined with other sources in the computation of key health indicators. For example, self-assessed general health and limiting long-standing illness statistics from the GLF are used in the calculation of official healthy life expectancies, and experimental health expectancy statistics.

[Healthy life expectancies](#) have been calculated since 1981 and are updated annually; these data are freely accessible via the ONS website. Experimental health expectancy statistics using GLF survey data are produced on an ad-hoc basis and focus on issues such as health inequalities across areas experiencing differing levels of deprivation. These experimental statistics have featured as published peer-reviewed articles in [Health Statistics Quarterly \(HSQ\)](#). The final edition of HSQ was published in February 2012 but these peer-reviewed experimental statistics will continue to be published directly on the [ONS website](#).

Trends and comparisons of national health expectancies feature routinely in ONS publications such as [Social Trends](#), [Pension Trends](#), and [Focus on Older People](#). Health expectancies are used by the Department of Health (DH), Department for Work and Pensions (DWP) and the Department for Environment Food and Rural Affairs (DEFRA). DH uses the statistics in monitoring health inequalities and in targeting health resources. DEFRA uses the health expectancy indicators for monitoring progress in Sustainable Development (SD 50) in the UK. DWP uses the statistics as indicators for healthy active living beyond retirement; the data are an important source for understanding life expectancy in the context of healthy aging and inform options for pension reform.

## The results

The analysis in this chapter shows results for self-assessed general health, long-standing illness or disability, acute sickness and details of long-standing health conditions. The results are based on responses from adults aged 16 and over living in private households in Great Britain (excluding institutions, such as nursing homes). Health information is also collected from a responsible adult about all children in the household.

# 2 . Self-assessed general health

Self-assessed general health is used as a measure for estimating future health outcomes and is therefore an important source for planning health services.

In 2008 the former self-assessed general health question relating to health over the previous 12 months, which had three possible responses; 'Good', 'Fairly good' or 'Not good', was replaced with a new question. The new question asks respondents how their health is in general and has five possible responses; 'Very good', 'Good', 'Fair', 'Bad' or 'Very bad'. The new question was first added to the survey in 2005 and is harmonised with national surveys across the European Union. This section reports on the responses to this question.

It should be noted that to allow comparisons between the two general health questions, both were included on the GHS (and asked of all adults) between 2005 and 2007 with the three-category question asked first. This means that responses during this period may be subject to bias caused by question exposure/order effects, for example adults who might have otherwise responded 'Very good' to the five-category question could have responded 'Good' in line with the highest category of the three-category question. This might explain the notable change in the percentages between the 'Very good' and 'Good' categories between 2007 and 2008. Therefore, care should be taken if drawing conclusions concerning this change.

Between 2005 and 2008, the proportion of adults aged 16 and over reporting 'Very good' or 'Good' general health increased from 75 % to 79 % and remained at this level until 2010 before falling back to 77 % in 2011. The proportion of adults reporting 'Bad' or 'Very bad' general health ranged from 5 % to 7 % between 2005 and 2011. In 2011, 34 % of adults said their health was 'Very good', 43% reported 'Good' health, 18 % reported they had 'Fair' health, 5 % reported they had 'Bad' health and 1 % said their health was 'Very bad'.

[Table 7.1 \(351 Kb Excel sheet\)](#)

### **3 . Long-standing and limiting long-standing illness or disability**

Respondents to the GLF are asked whether they have a long-standing illness, disability or infirmity. Those who report a long-standing illness (which includes any disability or infirmity) are then asked if this limits their activities in any way. Data on long-standing illness and limiting long-standing illness include both adults and children. It should be noted that the estimates are based on the respondents own assessment of their health or the health of children in their care. Therefore changes over time may reflect changes in people's expectations of their health as well as changes in incidence or duration of sickness. In addition, different sub-groups of the population may have varying expectations, activities and capacities for adaptation.

Overall the proportion of people reporting a long-standing illness or disability has increased over time, from 21% in 1972 to 32% in 2011. This increase occurred between 1972 and 1991 and the proportion reporting a long-standing illness or disability has remained similar since then. A reason for this could be the increase in life expectancy and decrease in family size which has resulted in a much higher proportion of individuals in older age groups where long-standing illness or disability is likely to be more common.

The proportion of people reporting a limiting long-standing illness or disability has changed very little since it was first asked on the survey in 1975: the proportion of people reporting a limiting long-standing illness or disability in 1975 was 15% and in 2011 this proportion was 19%.

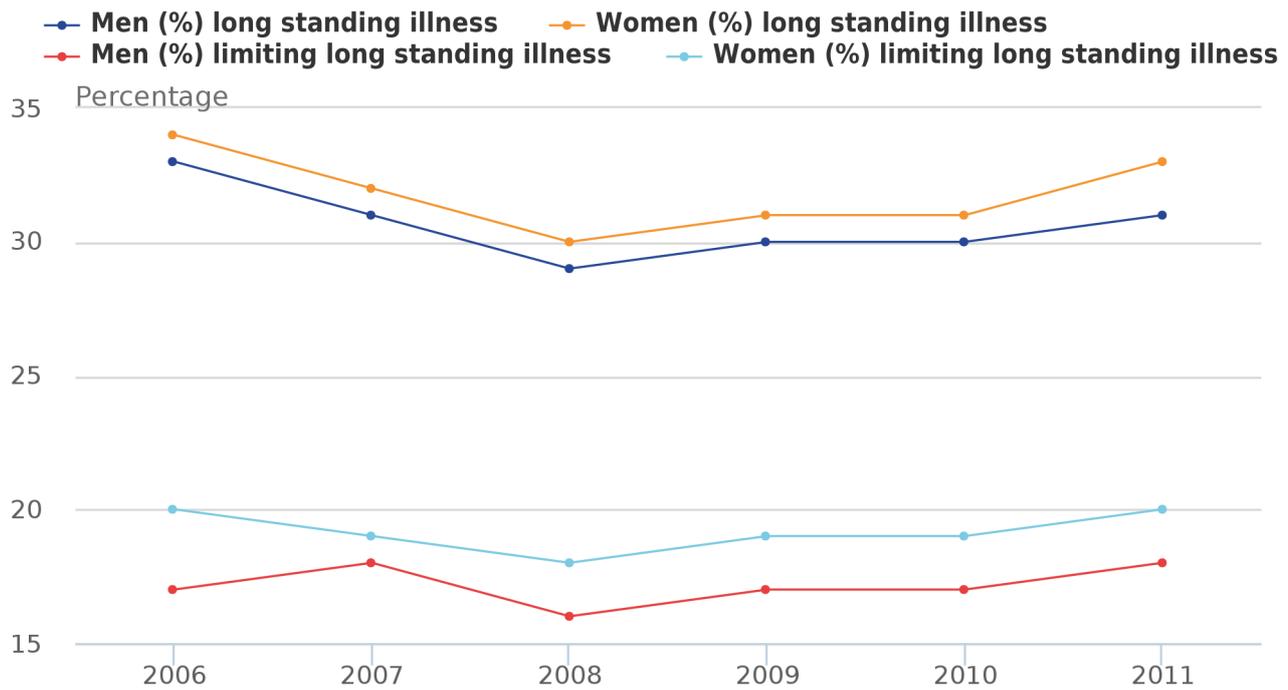
The commentary in this section focuses on results since 2006, reflecting the first year of the longitudinal component of the survey. Discussion of trends prior to 2006 can be found in earlier editions of the GLF/GHS reports (available on the ONS website).

Over the six year period from 2006 to 2011 the proportion of males and females reporting a long-standing illness or disability has remained fairly consistent. The proportion of males reporting a long-standing illness has fallen two percentage points over this period (from 33% in 2006 to 31% in 2011) and among females the proportion has fallen by one percentage point (from 34% in 2006 to 33% in 2011).

In 2011, as in all previous years, the prevalence of both long-standing and limiting long-standing illness increased with age. The increase was particularly marked among those aged 45 and over. The 45 to 64 age group were almost twice as likely (42%) to report a long-standing illness than those aged 16 to 44 (22%). Among those aged 65 to 74, 58% reported a long-standing illness compared with 68 % of those aged 75 and over. The proportions reporting a limiting long-standing illness similarly rose with age: 12% (aged 16 to 44); 25% (aged 45 to 64); 36% (aged 65 to 74); and 47% (aged 75 and over).

[Table 7.2 \(351 Kb Excel sheet\)](#)

**Figure 7.1: Percentage of males and females reporting (a) long-standing illness (b) limiting long-standing illness 2006 to 2011, Great Britain**



Source: General Lifestyle Survey - Office for National Statistics

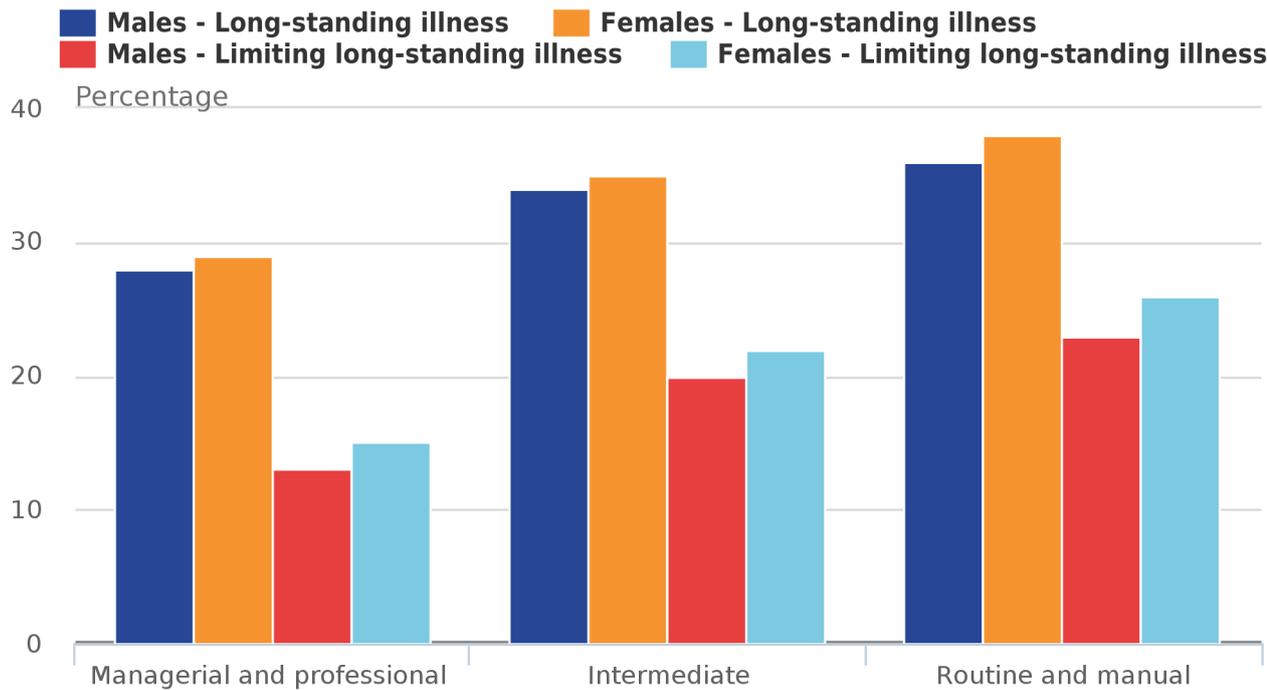
The socio-economic classification (NS-SEC) used in this report is based on information about occupation and employment status (see [Appendix A. Definitions and terms](#) for further information). [Tables 7.4 to 7.6 \(351 Kb Excel sheet\)](#) present data using NS-SEC shown in three main groupings: managerial and professional, intermediate, and routine and manual occupations.

Prevalence of both long-standing and limiting long-standing illness varies by the socio-economic status of the Household Reference Person (HRP). In 2011 people living in households where the HRP was in a routine or manual occupation group had the highest prevalence of long-standing illness (36% of males and 38% of females). They were followed by the intermediate group (34% of males and 35% of females) and the managerial and professional group (28% of males and 29% of females).

A similar trend was evident among people who reported a limiting long-standing illness. Males and females living in households where the HRP was in a routine and manual occupation group were most likely to report a limiting long-standing illness (23% of males and 26% of females); followed by the intermediate group (20% of males and 22% of females); and the managerial and professional group (13% of males and 15% of females).

[Tables 7.4 and 7.5 \(351 Kb Excel sheet\)](#)

**Figure 7.2: Prevalence of long-standing and limiting long-standing illness by sex and socio-economic classification of household reference person, 2011, Great Britain**



Source: General Lifestyle Survey - Office for National Statistics

**Notes:**

1. Results for 2006 to 2011 include longitudinal data

## 4 . Acute sickness

Acute sickness is defined as any illness or injury that has caused a person to cut down on their normal activities in the last two weeks. Data on acute sickness were collected for both adults and children.

Over the most recent five year period, the proportion of all people reporting acute sickness remained similar at 12%. As in previous years, the prevalence of acute sickness in 2011 was greater for females (13%) than for males (10%). Those in households where the HRP was in a routine or manual occupation group were more likely to report acute sickness (11% of males and 14% females) than those in households where the HRP was in the managerial and professional group (9% of males and 12% of females).

[Tables 7.2 and 7.6 \(351 Kb Excel sheet\)](#)

Respondents who reported an acute sickness were also asked how many days their activities were restricted for. The average number of restricted activity days per person per year due to illness or injury generally increased with age. In 2011 people aged 65 to 74 had (on average) more than twice as many restricted activity days per year (41 days) than those aged 16 to 44 (18 days). Working men and women had (on average) fewer days restricted activity per year (14 days for men and 21 days for women) than men and women who were economically inactive (47 days for men and 47 days for women).

[Tables 7.3 and 7.9 \(351 Kb Excel sheet\)](#)

## 5 . Details of long-standing conditions

Respondents aged 16 and over who reported a long-standing illness or condition were asked to provide further details in order that their illness and/or condition could be classified according to chapter headings of the International Classification of Diseases (ICD-10). This classification is based on the symptoms of the illness or condition, rather than the cause.

Similar to previous years of the survey, the most common conditions reported in 2011 were musculoskeletal problems (139 per 1,000 people) and conditions of the heart and circulatory system (101 per 1,000 people). Women were more likely than men to report musculoskeletal problems (164 per 1,000 women compared with 112 per 1,000 men). This was largely due to differences in rates of arthritis and rheumatism (85 per 1,000 for women and 46 per 1,000 for men).

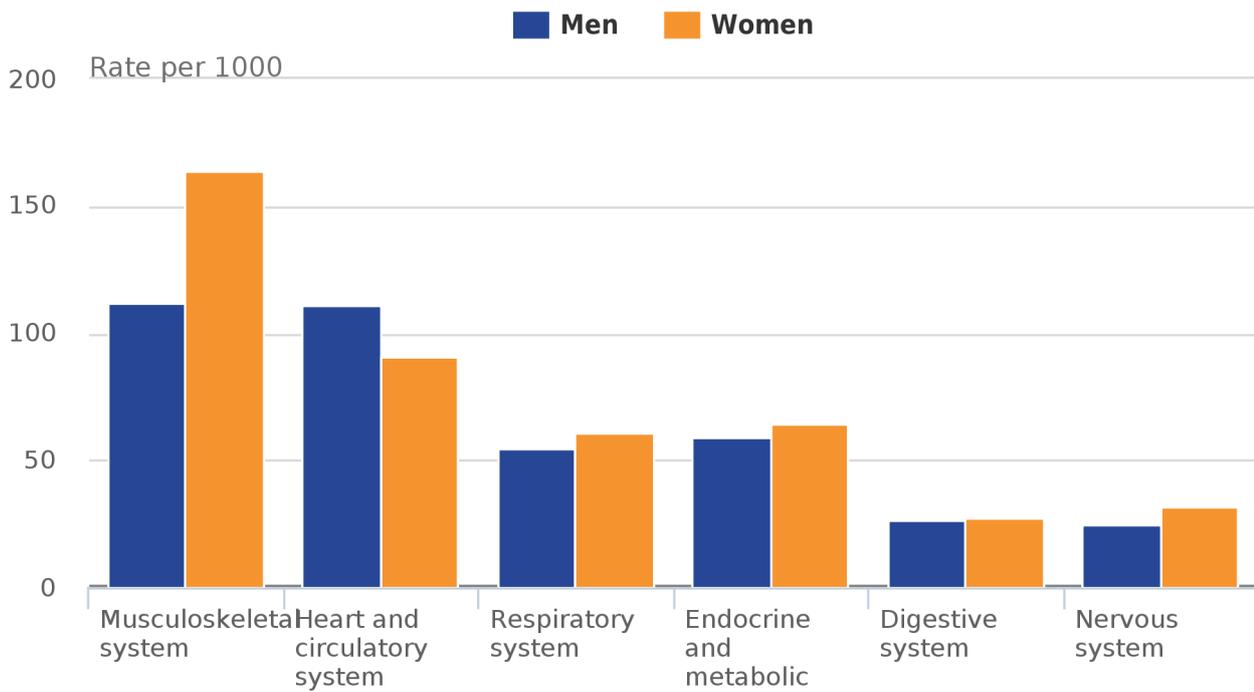
For the majority of long-standing conditions there was a higher prevalence amongst older people compared to younger people. A condition of the musculoskeletal system was reported at a rate of 51 per 1,000 people aged 16 to 44, compared with a rate of 304 per 1,000 people aged 75 and over. While 17 per 1,000 people aged 16 to 44 reported a heart and circulatory system condition, the corresponding rate among those aged 75 and over was 316 per 1,000 people. The notable exceptions were mental disorders – a rate of 47 and 42 per 1,000 people aged 16 to 44 and 45 to 64 compared with a rate of 17 and 26 per 1,000 people aged 65 to 74 and 75 and over respectively. Other conditions which showed no relation with age include skin complaints and infectious diseases.

[Tables 7.11 ,7.12, and 7.14 \(351 Kb Excel sheet\)](#)

The prevalence of long-standing conditions varied by the socio-economic status of the Household Reference Person (HRP). Adults in households where the HRP was in the managerial and professional occupational grouping had the lowest rates for all health conditions and those in households where the HRP was in the semi-routine and routine occupational grouping had the highest rating. For example, adults in households where the HRP was in the managerial and professional occupational group had a rate of 111 per 1,000 people for musculoskeletal conditions and 81 per 1,000 people for heart and circulatory problems, whereas the corresponding rates for adults in households where the HRP was in semi-routine and routine occupational groupings were 187 per 1,000 people and 138 per 1,000 people respectively. Consequently, of all those reporting a long-standing illness, adults in households where the HRP was in the managerial and professional group reported the lowest average number of conditions (1.12 conditions), and those adults in households where the HRP was in the semi-routine and routine group reported the highest average number of conditions (1.72 conditions).

[Tables 7.13 and 7.15 \(351 Kb Excel sheet\)](#)

Figure 7.3: Rate per 1000 reporting long-standing condition groups, by sex, 2011, Great Britain



Source: General Lifestyle Survey - Office for National Statistics

## 6. Background notes

1. Details of the policy governing the release of new data are available by visiting [www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html](http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html) or from the Media Relations Office email: [media.relations@ons.gsi.gov.uk](mailto:media.relations@ons.gsi.gov.uk)