

Conclusion: By elucidating the mediating effect of sleep quality on the link between personal socioeconomic status and increased BMI values, improving sleep quality may play an important role in curbing the global trend of obesity.

OT14-3

Gender Differences in Smoking among Adolescents in Malaysia

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The aim of this study was to explore gender differences in smoking among adolescents in Malaysia. A combination of quantitative and qualitative studies was conducted among male and female adolescents aged 14-16 years. The study showed that there are gender differences in the factors that were related to smoking. The factors that seem to influence smoking initiation in boys are friends and siblings smoking, urban locality, living with others, poor family closeness/bonding, moderate religiosity and higher sensation seeking characteristics. While for the girls, the predictors other than friend and sibling smoking were age and higher risk characteristics. For both boys and girls the interaction between school connectedness and parental smoking behavior was statistically insignificant. However, among girls, an association between school connectedness and smoking existed only when they had smoking parents. Low school connectedness constituted a risk factor among girls only in combination with parental smoking status while in boys, low school connectedness without any parental involvement will lead them to initiate smoking. Girls seem to be more influenced by happenings at home while boys are more susceptible to happenings at school. Subsequently, this may cause gender differences in norm internalization. The above gender differences may be explained by the different social worlds in which boys and girls live, and by the different roles of boys and girls in society. Therefore smoking plays an important role in the social lives of adolescent girls and boys alike, but the functions and meanings of smoking differ for both sexes.

OT14-4

Has Social Disparity in Mortality Become Widened in Korea Since the Economic Crisis in the Late 1990S?

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Introduction: South Korea experienced serious economic recession during the late 1990s due to a foreign currency

crisis and accepted the neo-liberal market oriented economic policies. It is general that social inequality in health and mortality increases with the advent of neo-liberalism. To date, there have been few attempts to examine whether social disparity in mortality has worsened in Korea since it has adopted economic policies based on the neo-liberalism. Methods: We estimate educational inequalities in life expectancy and age-specific death rates for three different time points: before the economic crisis (1995), in the middle of the economic crisis (2000), and after the economic crisis (2005). Results: Life expectancy at age 40 has gradually increased in all levels of education for both sexes during the study period. However, the gradient by the level of education persisted. Relative disadvantage of women with low education over their counterparts with higher education became slightly wider. Regarding age-specific death rates, the relative disadvantage by the levels of education was the highest in 2005, followed by 2000 and 1995 among working aged men. Discussion: Findings suggest that social disparity in mortality did not become notably worse in both sexes in terms of life expectancy at age 40. However, age-specific mortality rates showed that relative disparity certainly became worse during the study period only among working age adults. Since the neo-liberalism is mainly about the market system and more flexible employment conditions, socially deprived working aged population became the victim of worsening mortality profiles in Korea.

OT14-5

Urbanisation and Non-Communicable Disease Risk in Sri Lanka

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Non communicable diseases (NCD) make a major contribution to the burden of diseases in developing and developed countries with marked differences between urban and rural populations mainly in the developing countries. We aimed to evaluate the patterns and distribution of common NCDs and risk factors using a objective tool (Allender et al). It is important to understand the relationship between urbanisation and NCDs to adopt preventive policies. Urbanisation was quantified using the tool comprising seven components. This scale was administered in all 100 comprising the Sri Lanka Diabetes and Cardiovascular study. The area level score for each cluster was assigned to 4485 participants. Mean urbanicity score was 22.08 (SD= 8.4). Clusters were allocated into 3 groups according to the urbanicity score; low, middle and high. For males higher body mass index (BMI) (ANOVA test $F = 38.454$, $sig < 0.05$) lower level of physical activity ($F=52.022$, $sig < 0.05$) and raised LDL cholesterol ($F=8.808$, $sig < 0.05$) was observed with increased exposure to urbanisation. Similar findings were observed for females with