Study of Health and Development (NSHD) born in 1946, the National Child Development Study (NCDS) born in 1958, the 1970 British Cohort Study (BCS70). Work-family typologies will be constructed using longitudinal data on employment status and hours worked, marital and partnership status (including cohabitation) and the number and ages of children (in and out of the household) from each adult data sweep. Information on responsibility for household chores and childcare were collected at ages 33 and 42 in the NCDS and ages 30 and 34 in the BCS70. Reflecting the dramatic changes in this area, this information was not collected in the NSHD. Socioeconomic position is measured using educational qualifications, household income and occupational class in childhood and adulthood. Optimal matching analysis will be used to assess observed individual work-family histories in relation to their distance from pre-determined ideal-type sequences.

Results: It is hypothesized that results will show increasing individual diversity, and decreasing gender differences, in work-family life courses across cohorts. It is hypothesized that decreases in gender differences will be greater in socioeconomically advantaged households.

Keywords: Family, Gender, Health

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P8 HEALTH PROTECTIVE EFFECTS OF PRACTICING RELIGION IN A POST-COMMUNIST COUNTRY
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The relationship between religiosity and health has been investigated in the western world for decades. However, very little data are available from the post-communist region of Europe, where religion was suppressed both at the individual and institutional levels for decades. The aim of the present study was to lessen this gap.

In 2002 in the frame of a national representative study of the population above 18 years of age 12,643 persons (Mage=47.6 yrs; SD=17.9yrs; 44.8% male) were interviewed in Hungary thirteen years after the regime change. The relationship of mental and physical health indicators with religious worship and personal importance of religion - controlling for gender, age, and education - were analyzed using logistic regression and general linear model procedures. In 2002 in the total adult population 25% percent of the respondents considered themselves as non-believers, 18% did not practice their religion, 27% were believers in their own way, 17% practiced rarely, and 13% regularly practiced their religion in their own church. Our results showed that being religious and the higher personal importance of religion were largely associated with better mental health (e.g., better well-being and more meaning in life) and more favorable physical health status (better self-rated health, less health-damaging behaviors, less days on sick leave). Persons being religious in their own way, tended to show more unfavourable results across several variables when compared to those practicing religion regularly in a religious community or even to those considering themselves as non-religious.

We can conclude that after an anti-religious totalitarian political system practicing religion remained a very significant health protecting factor in the Hungarian population.

Keywords: religious worship, importance of religion, physical health, mental health, Central- Eastern Europe

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P9 FEMALE CIRCUMCISION (FC) IN MALAYSIA: MEDICALIZATION OF A RELIGIOUS PRACTICE
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Female genital mutilation/FC causes serious and irreversible damage to the physical, psychological and sexual health of many women and girls. FGM/FC is one of the most devastating human rights violations against female infants, adolescent girls, and women who are incapable of giving consent due to age or coercion. The increasing trend of trained health providers (HP) carrying out FGM/FC is maintaining high prevalence of FGM/FC despite these negative consequences. WHO has thus been advocating for the prohibition of medicalization of FGM/FC. In Malaysia, FC is practised among Muslims. Malaysia has ratified WHO resolution to eliminate FGM/FC. This paper presents findings of a study to determine the extent of FC being conducted by trained HP, latter’s perceptions/beliefs, FC procedures, and impact on FC prevalence. Mixed methods were used: a cross sectional survey of 307 HP (269 trained and 38 traditional HP) and in-depth interviews with selected sample on perceptions/beliefs about FC. All FC practitioners were Malay Muslim and female, viz. 56 general practitioners (GP) in private clinics and 32 traditional midwives (TM). FC procedures involved braising and minute cutting of the prepuce (tip of clitoris). Both GP and TM used small knives and scissors but only GP applied sterilization. No adverse effects or long term complications were reported. HP cited reasons given by clients for performing FC as religious obligation, to control female’s sexual desire and hygienic purposes. Malay Muslim FC practitioners agreed that FC for Muslim females is an honourable Islamic practice and it probably has a role in controlling female sexual desire. Majority believed that FC should be done although more TM than GP perceived so. Medicalization of FC is thus apparent in Malaysia although comparatively FC is a minor procedure with no adverse side effects. Yet, medicalization of FC constitutes a misuse of professional medical role and may wrongly legitimize FC as medically safe/beneficial. As there is no such medical benefit, medicalization of FC should be abandoned to facilitate elimination of FC practice.

Keywords: religion, beliefs, female circumcision, medicalization, Malaysia

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