University College London

Health and wellbeing

Initial findings from the 1970 British Cohort Study at Age 51

This briefing paper provides new evidence about the state of the nation's health and wellbeing in midlife. Members of generation X taking part in the 1970 British Cohort Study have tended to have worse physical and mental health across adulthood than earlier born generations, such as the baby boomers[1].

With study participants now in their early 50s, these new findings show how this generation's health is faring and also highlights if health inequalities between gen X and the baby boomers still persist. As many long-term[2] chronic health issues begin in midlife, understanding levels of physical and mental health problems among people in their 50s may help health policy and NHS planning for the later years.

Using nationally representative data from around 8,000 BCS70 study participants in their early 50s, the report uses descriptive statistics to examine people's general health, physical functioning, obesity and diabetes. We also examine data on levels of psychological distress, mental wellbeing and life satisfaction as well as information about what aspects of life matter most to them. The analyses also highlight how physical and mental health vary by sex and household income.

The report draws comparisons with a group of baby boomers taking part in the 1958 National Child Development Study (NCDS), who were age 50 in 2008, to highlight the changing circumstances of a segment of the adult population today.

ABOUT THE DATA

1970 British Cohort Study Age 51 Sweep

The 1970 British Cohort Study (BCS70) is following the lives of around 17,000 people born in England, Scotland and Wales in a single week of 1970. The Age 51 Sweep took place between summer 2021 and January 2024. Around 8,000 study members took part in a 75-minute survey, either online or with an interviewer. Data from this and previous sweeps of BCS70 are available to download from the UK Data Service.

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Key findings

- For people born in 1970, health was rated as the most important aspect of their life, with money the least important.
- Four in ten people rated their health as 'excellent' or 'very good' while a quarter reported it was 'fair' or 'poor'.
- The most well-off were more than twice as likely to report being in excellent or very good health compared to the least well-off (59% v 24%).
- A higher proportion of individuals born in 1970 than in 1958 reported ever having diabetes (9% v 6%) and were obese (32% v 26%) in midlife.
- One in four women (26%) and one in seven men (15%) born in 1970 reported symptoms of psychological distress.
- People with the lowest household income were four times more likely to report mental health difficulties than those in the most well-off households (37% v 9%).
- 10% more women born in 1970 had reached out to a doctor about their mental health in midlife than women born in 1958 (42% v 32%).

Results

Most important aspects of life

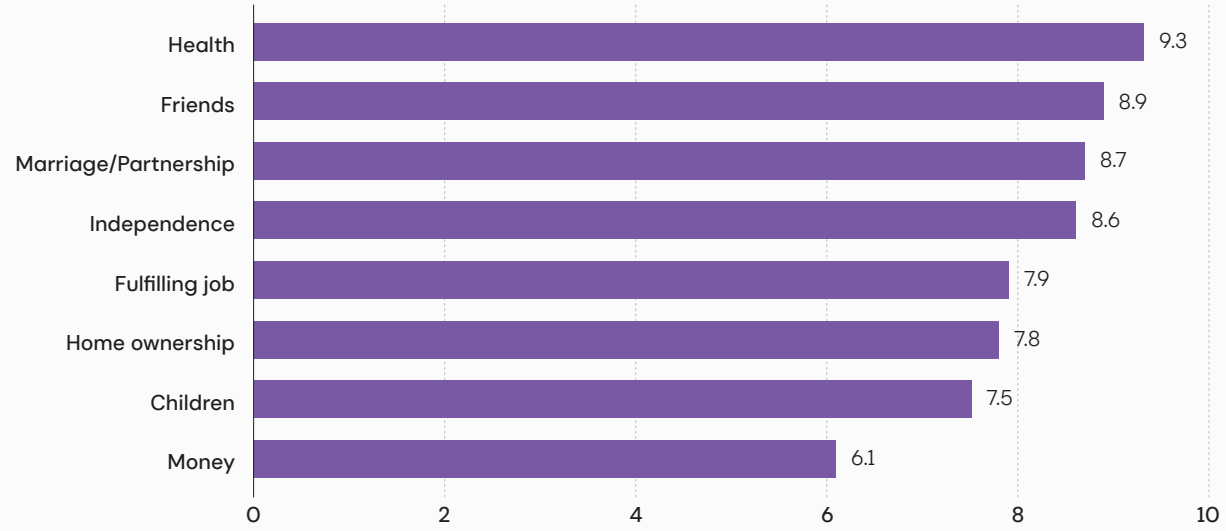
Cohort members were asked how important certain aspects of life were to them on a scale of 1–10. Overall, the most important was health (9.3) and the least was having money (6.1). For both men and women and across income groups, health was consistently rated the most important.

Health is the most important aspect of life, but only

4 in 10

of the 1970 cohort rated their health as excellent or very good.

FIGURE 1: WHICH ASPECTS OF LIFE ARE MOST IMPORTANT AT AGE 51 IN THE 1970 COHORT



Physical health measures

Measures of physical health in this analysis include self-reported health, which compares people with 'excellent' or 'very good' health in general with those with 'average', 'fair' or 'poor' health. Three different aspects of health were taken from the Short-Form 36 questionnaire (SF36), a 36-item survey that measures health status and quality of life, including physical functioning, daily physical capability, and energy or vitality[3]. For each scale a higher score is more positive (ranging between 0–100).

Self-reported levels of obesity and diabetes were also included. An obesity measure was constructed using the most recent height and weight measures to calculate Body Mass Index (BMI). Obesity was defined as having a BMI of 30 or more. Diabetes was defined as 'ever' reported up to and including the age 50 sweeps using the data from the harmonised self-reported diabetes datasets[4].

24%

of people from the lowest income backgrounds reported being in excellent or very good health

compared to

59%

in the top income group.

Physical health

Overall, only four in 10 (41%) of the 1970 cohort rated their health as excellent or very good, with no differences by sex.

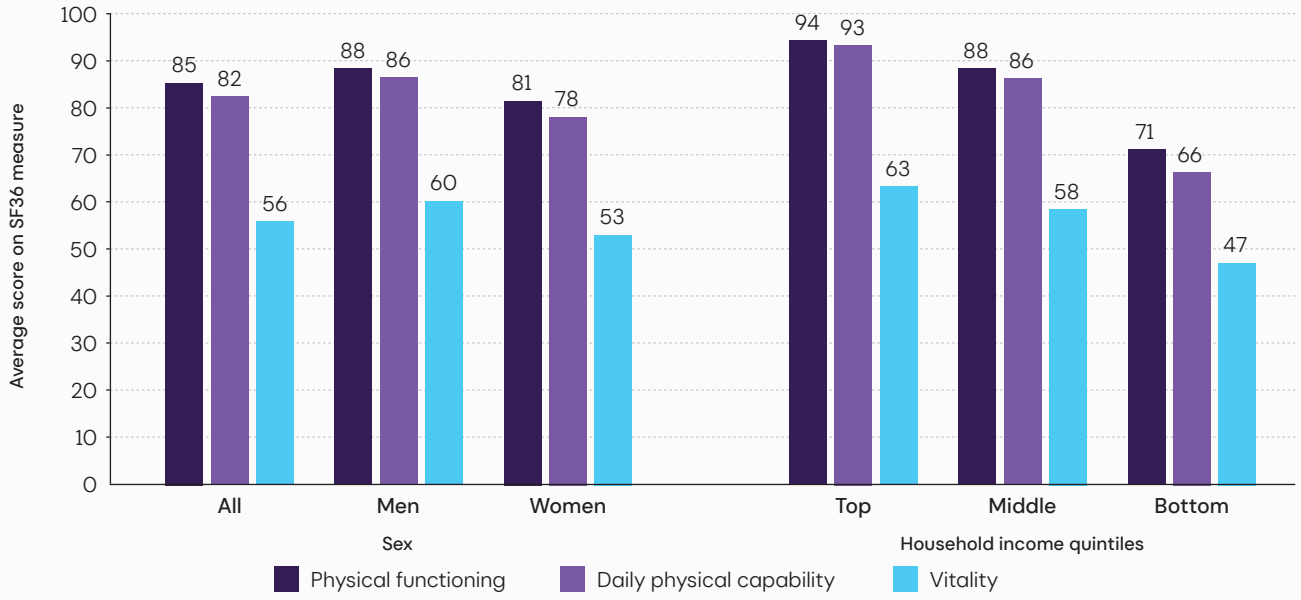
However, there were differences by income, with just one in four (24%) men and women from the lowest income backgrounds reporting to be in excellent or very good health compared to more than half (59%) in the top income group and two fifths (44%) in the middle income group.

Men reported, on average, better physical functioning, daily physical capability and more vitality than women. Compared to both the middle- and top-income groups, people from the lowest income households had, on average, poorer scores across these measures.

Just under a third of all study members were obese (32%) with there being little difference by sex (31% men v 34% women). Fewer (24%) people from the highest income households were obese compared to around one in three in both the bottom (37%) and middle (33%) income groups.

Around one in 11 (9%) of the 1970 cohort reported ever having diabetes, with minimal differences by sex (10% men v 9% women). However, levels increased as household income decreased with those in the lowest income households being nearly three times more likely to report ever being diabetic than their peers in higher income households (13% v 5%).

FIGURE 2: **1970 COHORT: PHYSICAL FUNCTIONING, DAILY PHYSICAL CAPABILITY AND VITALITY**



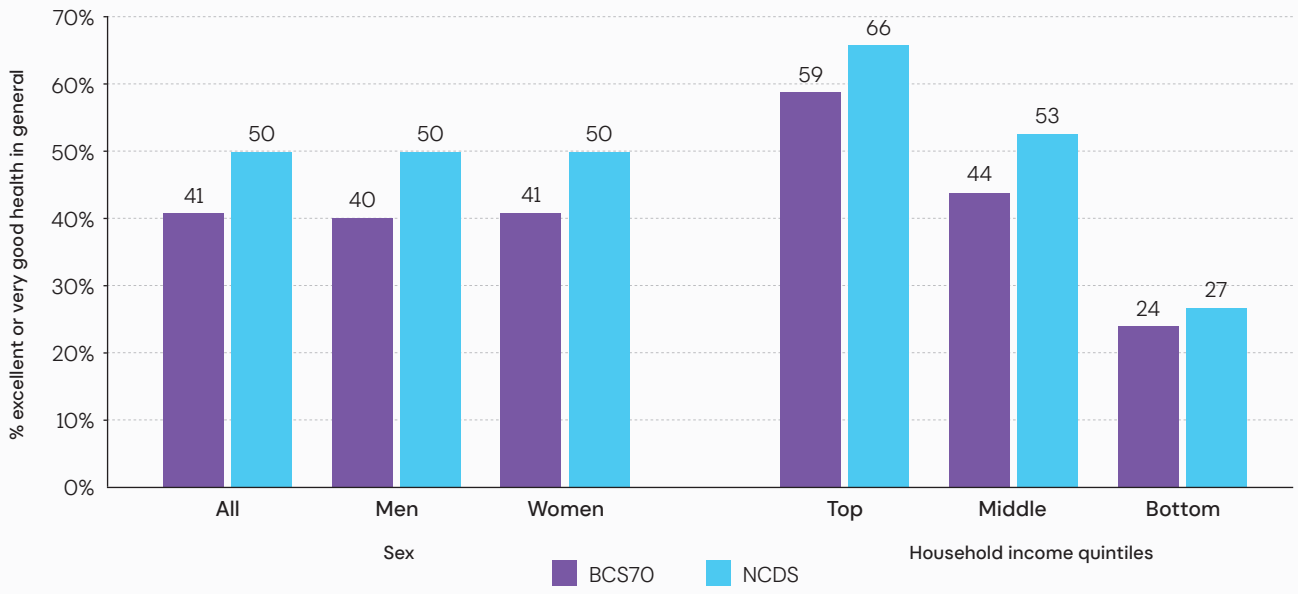
Comparisons with the 1958 generation

The proportion of 50-year-olds reporting excellent or very good general health was lower among the 1970 cohort than among the 1958 generation when they were age 50 in 2008 (41% v 50%). This was the case for both men and women.

A similar percentage of men and women reported excellent or very good health in the lowest income households in both cohorts (24% v 27%). However, the proportion reporting better health in middle (44% v 53%) and higher (59% v 66%) income households was lower in the 1970 cohort. Overall, on average there was no difference in the physical functioning of 50-year-olds born in 1970 or 1958. However, average vitality scores were lower in the 1970 cohort (56 v 60), overall, and among both men (60 v 63) and women (53 v 57) and across all income groups. While, the average score for individuals' daily physical capacity was similar in both cohorts (82 v 81), it was higher among men (86 v 83), than women (78 v 78) in the most recent cohort.

Compared to 50-year-olds born in 1958, a higher proportion of people born in 1970 reported having diabetes (9% v 6%) and were obese (32% v 26%). These increases were found for both men and women and across income groups. Higher obesity levels were most apparent for women (34% v 25%), and for people from middle (33% v 27%) and lower (37% v 31%) income households. An increased level of diabetes in the 1970 cohort was most notable in the lowest income households (13% v 9%) and least likely in high-income households (5% v 3%).

FIGURE 3: SELF-REPORTED HEALTH AT AGE 51 IN THE 1970 AND 1958 COHORTS



Mental health and wellbeing measures

Four measures of mental health and wellbeing were included – two positive and two negative indicators. The positive indicators measure life satisfaction and mental wellbeing. Life satisfaction was measured on a scale from 0-10, where '0' means that you are completely dissatisfied and '10' means that you are completely satisfied with the way life has turned out so far.

The (shortened) 7-question Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (range: 7-35) was developed to enable the monitoring of mental wellbeing in the general population where higher average scores are more favourable. There are five response options to each question ranging from 'none of the time' to 'all of the time'.

The 7-item scale covers questions such as feeling optimistic about the future, thinking clearly and feeling close to other people. For more information: [https://warwick.ac.uk/services/innovations/wemwbs/].

The two negative indicators of mental wellbeing are the (shortened) 9-question malaise inventory[5,6] and whether a study member has seen a doctor, specialist or been to a hospital regarding a mental health concern.

The malaise inventory has a score range of 0-9 with 0-3 indicating few symptoms and 4 or more indicating a high number of symptoms associated with psychological distress. The nine questions cover different aspects of anxiety and depression.

Mental health and wellbeing

One in five study members (20%) had a high number of symptoms associated with psychological distress, being higher at one in four (26%) for women than one in seven (15%) for men.

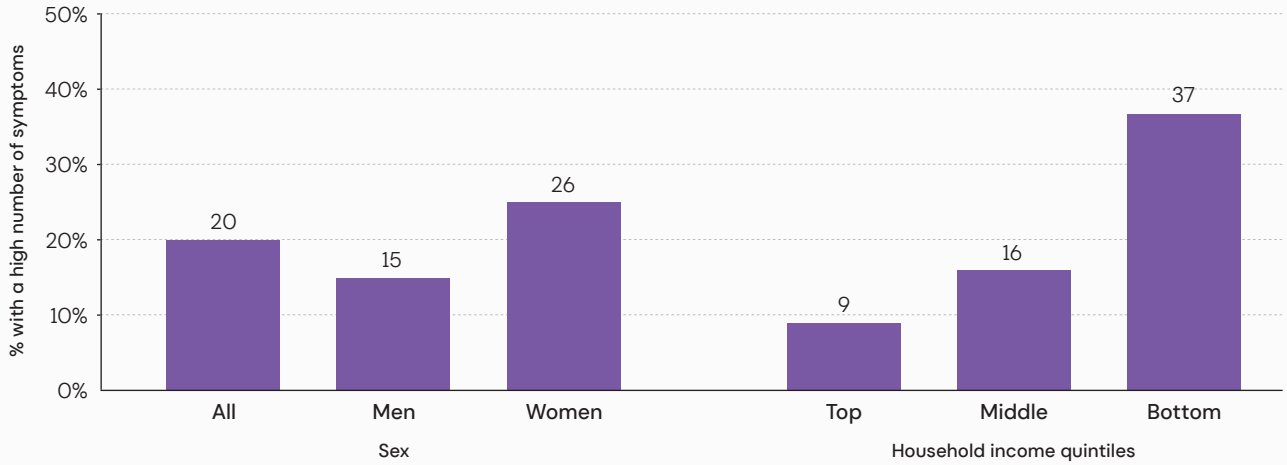
Differences by income were stark, with people from the lowest income households being four times more likely as individuals in the most affluent homes to have a high number of symptoms associated with psychological distress (37% v 9%).

In terms of seeking help for a mental health concern, one in three (33%) reported they had seen a doctor, increasing among women (42%) compared to men (23%).

Those living in the lowest income households were more than twice as likely to have reached out to a doctor over a mental health concern compared to study members in the highest income households (48% v 21%).

The overall wellbeing score (WEMWBS) was 25.4 and was similar for men and women. Reflecting the picture observed with our mental health measures, those in the lowest income households had on average a lower wellbeing score (23.4), compared to men and women in the highest income households (26.7). The overall mean score for life satisfaction was 7.1 and did not differ by sex, but study members in the lowest income households had the lowest average life satisfaction score (6.1), compared to middle-income (7.3) and high-income households (7.9).

FIGURE 4: PSYCHOLOGICAL DISTRESS AT AGE 51 IN THE 1970 COHORT



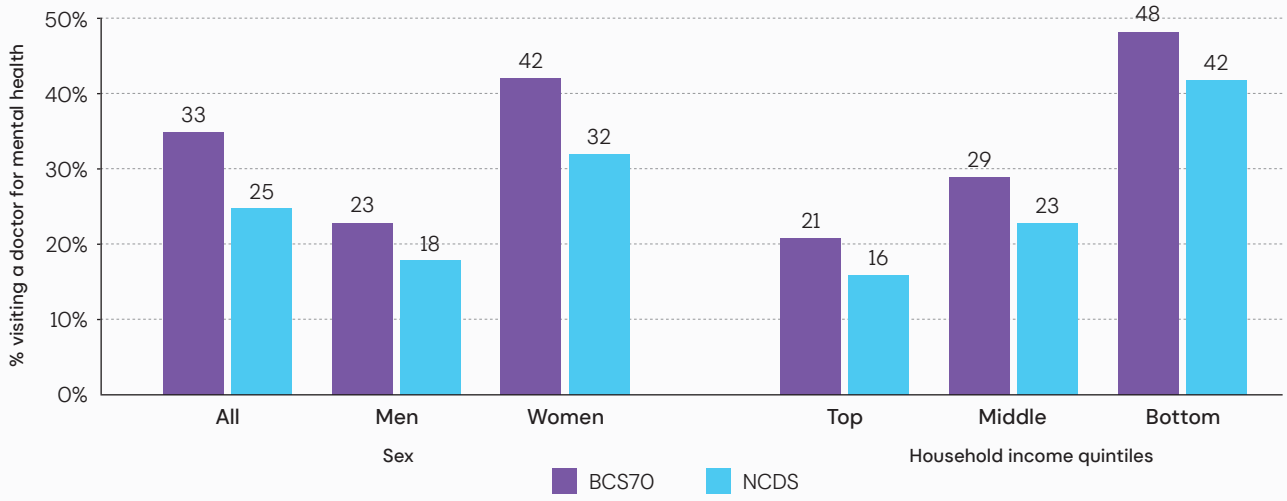
Psychological distress is measured by the 9-item malaise questionnaire. Questions include: whether feels tired most of the time; whether often feels miserable and depressed; whether often gets worried about things; whether often gets into a violent rage; whether often suddenly scared for no good reason; whether is easily upset or irritated; whether is constantly keyed up and jittery; whether every little thing gets on nerves; whether heart often races like mad.

Comparisons with the 1958 generation

Compared to 50-year-olds in 2008, more men (15% v 13%) and women (26% v 20%) in the 1970 cohort had a high number of symptoms of psychological distress. A similar pattern across income groups was observed in both generations. Fewer 1958 study members had seen a doctor regarding a mental health concern (33% v 25%), with differences being much larger for women (42% v 32%) than for men (23% v 18%).

Despite poorer physical and mental health among the 1970 study members, average life satisfaction scores were similar across all groups in the two cohorts, while average mental wellbeing scores (WEMWBS) were also slightly lower in the 1958 cohort across all groups.

FIGURE 5: VISITING A DOCTOR FOR MENTAL HEALTH CONCERNS IN THE 1970 AND 1958 COHORTS



The mental health concerns are: feeling low, depressed or sad; feeling generally anxious or jittery; feeling anxious or scared about objects or situations; feeling compelled to repeat certain actions or thoughts; hearing or seeing things, that other people haven't; or had other problems affecting your mood, emotions or behaviour. In the BCS70 at age 51 this question was self-reported, while in the NCDS it was administered by an interviewer.

Considerations for policymaking

This latest evidence from BCS70 shows deep inequalities in the health of gen X in midlife, with women and those from the lowest income households at greater risk of physical and mental health difficulties. The findings show that members of gen X are in worse health in their early 50s than their baby boomer peers were at a similar age. A higher proportion of the 1970 cohort are obese and have diabetes and are more likely to report reaching out to a doctor about their mental health.

These findings can help inform public health policy and guidance for people navigating their 50s. Given the critical importance of midlife health and the rising demand for mental health support, physical and mental health resources must be targeted more effectively. Providing accessible, practical advice can help individuals improve their health in midlife, allowing them to age better, remain economically active, and lead fulfilling lives.[7]

Opportunities for future research

Researchers interested in the study of midlife can examine a wide range of data collected at the BCS70 Age 51 Sweep as well as the extensive data collected from birth and across the lives of study participants.

Future research could explore a wider range of outcomes, using linked administrative data to show how physical and mental health are related to employment and finances. It could examine how early life factors impact people's health and wellbeing as they get older and also shed light on which groups of people have better or poorer health as they reach midlife.

Comparisons with studies of later born generations, such as gen Z and millennials, who are currently in their 20s and 30s, may help to build a more complete picture of the health and wellbeing of different generations.[8]

About the 1970 British Cohort Study

The 1970 British Cohort Study (BCS70) is following the lives of around 17,000 people born in England, Scotland and Wales in a single week of 1970. Over the course of participants' lives, BCS70 has collected information on health, physical, educational and social development, and economic circumstances among other factors. The study is managed by the UCL Centre for Longitudinal Studies and funded by the Economic and Social Research Council.

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