POSTER PRESENTATIONS

Posters will be displayed in the **Upper Junior Common Room in Derwent College** for the duration of the conference. There is a designated poster viewing time: Wednesday 11 September 2013 18:00 - 19:00. Presenters will be available during this time to discuss their work.

Posters are listed in alphabetical order by first named author.

Alongside the poster session we are pleased to announce there will be a drinks reception kindly hosted by the Sociology of Health and Illness.

SOCIOLOGY OF HEALTH & ILLNESS

Poster Presentation Prize

Please don't forget to vote for the best poster. Each poster has been allocated a number; please refer to this number when completing your ballot slip. You will find the ballot slip behind your name badge and the ballot box will be placed near to the poster display area. Voting will close at 18:15 on Thursday 12 September, and the winning poster will be announced at the conference dinner. The winner will receive £100 worth of SAGE book vouchers.

Alcock, E., Sanders, T., Wynne-Jones, G., Ong, B. N. ***Poster 1***

Primary Care Consultations, Work and Musculoskeletal Problems: A Qualitative Study

Common health complaints such as mental health problems and musculoskeletal disorders now account for approximately two-thirds of sickness absence, long-term incapacity and early retirement. However, the differing and complex work issues of older adults (50 +) living with musculoskeletal (MSK) disorders are insufficiently explored. Similarly, research on how MSK disorders in relation to work are managed in primary care is scarce. Moreover, the wider context with the recent changes that have seen a symbolic shift from 'sickness' certification to 'fit'' notes, as well as welfare and healthcare reforms, shape primary care management and patient experiences of work-related MSK consultations.

This research aims to examine the co-construction of work problems within the primary care consultation for those who have MSK disorders. Strategies of negotiation and legitimisation of such problems, patient experiences and contextual factors will also be investigated.

Analysis of 196 video-recorded consultations will be conducted using thematic analysis initially, with a coding frame constructed through careful viewing of the videos. Examination will focus upon identifying the style and content of the discourse, discussions between General Practitioners (GP's) and patients when 'work' is mentioned in the consultation and GPs' strategies for addressing work issues.

Approximately twenty patients will be purposively selected from an existing study having indicated some form of MSK problem and experience of work-related issues. In-depth interviews regarding consultations will be conducted. A comparative analysis of the observations and interviews will then be undertaken.

Analysis of the consultations and interviews has commenced and preliminary findings will be presented.

Alo, O., Olayinka, A. ***Poster 2***

Economic and Health Benefits of Delayed Childbearing and Reduced Family Size in Southwest Nigeria

Population growth and socioeconomic change have become increasingly rapid in Nigeria in the course of the last two centuries and this has been a cause and effect of African reproductive behaviours. Delayed childbearing as a fertility depressing mechanism has attracted the attention of researchers and policy makers alike considering the importance attached to children in Africa due to lack of old age security in most countries of the continent. This study explored the association between the timing of child bearing, completed family size and measures of economic well-being of women aged 60 and above in 2012. It also investigated the relationship between family size and the well-being of these children once these children have grown up and left home. Methodology was quantitative and qualitative while conclusion was drawn using bivariate and multivariate analysis on a sample of 300 women age 60 years and above from the six states in the southwest geo-political zone in Nigeria. Results indicated that women who bore their first child at age 30 or older and who have a family size of two or less are significantly better off economically and they are healthier. The study recommended massive and compulsory girl child education up to university level and legislation against women employment discrimination in formal sector.

Arieli, D. ***Poster 3***

'Falling into the Depths of His Mind: Action Research as a Way of Maintaining a Relationship with a Loved One with Dementia'

Maintaining meaningful relationships with a loved one who is diagnosed with dementia and hospitalized is significant, both for the person with dementia and for his/ her relatives and friends. Nevertheless, the process of dementia poses great challenges and obstacles for communication. This paper is based on the researcher's personal experience of using action research cycles of action-reflection-action as a way of continuing relationship with a loved one with dementia. The study presents four cycles of action-reflection-action: 1. negotiating the diagnosis; 2. sliding between reality and delusion; 3. reflecting on the mental experiences of dementia; 4. positioning myself in relation to the loved one and the institutional setting.

Baddeley, A. ***Poster 4***

Intrathecal Baclofen: A Personal Experience of Medical Technological Advances and the Politics of Health Care Provision

In recent years there have been significant advances in healthcare and medicine. Medical breakthroughs, once only reported in professional journals, have now become routinely included in the mainstream news media. Medicine and its infinite possibilities have, it seems, become integrated into public life.

The last decade has seen major developments in medical treatment, some such developments, whilst considered positive, have had unforeseen consequences as an increasing number of individuals survive a health crisis but with significant disability as a result. Cerebral palsy is one such example. Historically this condition has been constructed and resourced as a childhood problem; here I examine, in light of my own experience, the social and personal expectations of physical function and functional loss and restoration in adults through drug therapy and medical technology within the context of lifelong disability. This raises fundamental questions about how health and disability are defined in a climate of ever dwindling resources and increasingly expensive treatments. How do we as a society define need, success and cost effectiveness?

Barstad, J., Osdal, S.R., Osdal, S., Stokken, R. ***Poster 5***

Left Hanging in Midair: Patients Experiencing Complex Return Journeys from Hospital

Background and objective of the paper

Modern healthcare centralises complex treatment procedures to larger regional and national hospitals. The transfer generally involves long distances; still the patient is continuously in the care of qualified personnel. Returning to home becomes a long and complex journey, generally involving several means of transportation and having to travel by themselves, at best accompanied by a traveling companion.

Methods - In 2006-08 we performed a local study regarding information to patients experiencing cardiac arrest, including a transfer to regional hospital for treatment, through a survey (N 99, reply 72%) to all patients in this group at two local hospitals, and 6 in-depth interviews to a sample of the surveyed patients. The survey analysed using SPSS (Chi-square tests) and the interviews transcribed, categorized and analysed using Hyperresearch.

Findings - Patients who experienced inadequate information regarding the return journey had negative experiences of the journey. Patients, who experienced information adequate, generally reported more positive experiences. The positive effect of a traveling companion was significant. Returning home the patients crosses between two care systems. Information between the two care-system levels was inadequate. This has direct implications to current policy-development in Norway, where issues of coordination between the two levels are primary target.

Implications - No results show any adverse healthcare effects from lacking information. Negative experiences influence the general experience of the healthcare system. This might easily be remedied through better information routines. We conclude that more focus on information about the homeward journey may contribute positively to the general trust in the Norwegian healthcare system.

Birch, M. ***Poster 6***

Constructing Creative Measures of Wellbeing

Recent research indicates that group community singing promotes well-being, supports mental health recovery and enhances quality of life measures, especially for older adults (Clift and Morrison 2011, Skingley et al 2011). The physiology of singing, the concentration, the potential of using familiar, well-known songs as well as learning new ones, the psychosocial benefits of community-based participation form key bio-psychosocial indicators in promoting personal well-being and improving health outcomes. Extending the evidence base on well-being outcomes from community singing groups could underpin future decisions from Well-being Boards and other funders to continue the provision of singing groups, particularly in disadvantaged areas. This paper explores complex discourses and associated measurements of well-being in the hope to move beyond the more commonly used survey technique of self-reporting scales. Many older people currently involved in community singing groups in a southern English county also experience complex long-term conditions. When the facilitators evaluate the groups these singers already report personal benefits but would find participating in formal systems of measurement complex. The aim to evidence outcomes without constructing inaccessible and alien impositions on the participants involves creative research methods. It is proposed here that such research creativity can still meet the demands of building a systematic, robust evidence base.

Bracher, M. ***Poster 7***

Living Without a Diagnosis: Formations of Pre-diagnostic Identity in the Lives of AS People Diagnosed in Adulthood

Asperger Syndrome (AS) is a currently understood as a neurodevelopmental condition associated with difficulties in social communication, social interaction, and social imagination. Many AS people also experience differences in sensory sensitivities and perceptions of the surrounding world. Most diagnoses are now made in childhood; however, there remain a number of people who are diagnosed in adulthood. Within this group, there are a number who, born before 1980, grew up in an era before the condition had been identified and diagnosed, and therefore spent a substantial part of their lives living either without a diagnosis or with an incorrect diagnosis. This is an under-researched group, whose pre-diagnostic experiences have thus far not been subject to detailed investigation and as such are often poorly or inconsistently understood both academically and by service providers. This presentation explores the findings of my PhD thesis in relation to three research questions:

1. How do AS people understand their dispositional selves in the pre-diagnostic phase of life?
2. How do AS people negotiate self-other relations in pre-diagnostic life?
3. How are everyday insecurities understood and managed in the pre-diagnostic phase of life?

Methodological and theoretical issues will be discussed, as well as implications for future research.

Bunn, C., Wyke, S., Gray, C., Maclean A., Hunt, K. ***Poster 8***

''Coz Football is What We All Have': Men's Experiences of a Gender-sensitised Weight-loss Programme Hosted by Scottish Premier League Clubs

Fewer than half of Scottish men (45%) meet national physical activity (PA) recommendations and over 69% are overweight or obese. This may be partly because only around 30% of participants in most health promotion programmes are men. Football Fans in Training (FFIT) harnesses men's symbolic attachment to Scotland's professional football clubs to engage them in losing weight, increasing PA and improving their diet. FFIT is designed to be delivered to groups of men by club community coaches at their home stadia.

In this paper, we explore men's experience of FFIT, focusing particularly on their experience of the group and its operation within football club cultures. We conducted 13 focus group discussions with FFIT participants after programme completion. All groups discussed the importance of interacting with peers ('blokes like yourself'). The group interactions were supportive of individual change ('but the bunch that we had, they were really good and mixed well, and we… all supported [...] and encouraged one another') but were also enjoyable and fun ('I really enjoyed it and it was something I'd look forward to each week… the whole thing, the group, the coaches, being at [the club], the stuff we were doing, everything meant that it was a pleasurable thing to do').

Through these data, we examine the role of social support in making and maintaining lifestyle changes. Our analyses suggest that group programmes held in settings that men ascribe cultural value to allow them to renegotiate norms and practices that can otherwise remain doxic and habitual.

Byrne, G., Moore, R., Daly, L. ***Poster 9***

Mental Health of Polish Migrants Living in Ireland

Background and Methods - Migration is a stressful experience and research has shown that many migrants experience psychological distress. This study aims to ascertain the self-reported mental health of a convenience sample of Polish people living in Ireland. Polish people who were over 18 years of age and were living in Ireland for at least a year were invited to complete a questionnaire in Polish either online or in paper format. Paper questionnaires were distributed to Polish people after attending Polish masses in Ireland. Links to the questionnaire on surveymonkey were posted on Polish forums. Data was collected between April 2012 and September 2012. The Mental Health Inventory (MH1-5) a subscale from the Rand SF 36 was used to measure psychological distress. MHI-5 = 52 was the cut-off for a case of psychological distress.

Results - 903 participants completed the questionnaire. The majority were female (67.7%) and 82% have lived in Ireland since 2007. A small minority (n= 94, 10.4%) directly said they had anxiety or depression while 25.9% were classed as having psychological distress. Participants, who rated their ability to speak English as 'Very Good' or 'Good' had a lower risk of psychological distress than those with poorer English(OR= 0.77 95% CI 0.49 to 0.93). Poor social support and experiences of loneliness, discrimination and financial difficulties were predictors of psychological distress.

Conclusion - Details of nationality need to be included in the monitoring of suicide and deliberate self-harm rates. Mental health promotion services need to be culturally and linguistically competent.

Capstick, S. ***Poster 10***

Rise in Abortions from Women of South Asian Heritage

Since 2004 and 2011 there has been a 75% rise in the number of abortions from women of South Asian heritage. In 2003, there were 10,084 abortions from women of South Asian heritage, in 2011 there were 17,665. Abortions performed on women of South Asian heritage as a percentage of the total number of abortions has risen from 7% in 2003 to 10% in 2011 (DoH 2012). Nationally the total number of abortions has increased by 7.7% between 2003 and 2011.

There is limited research carried out in the United Kingdom on women of South Asian heritage regarding their sexual and reproductive health. (Griffiths 2007; Lowe et al 2007; Moses 2010)

Understanding factors that contribute to the increase in abortion could avoid any further rise and influence the development of appropriate public health initiatives relating to contraception; abortion and reproductive health.

This paper will present a quantitative analysis of the abortion data recorded from 2004-2011 inclusive. The data is collected within a variety of fields captured from the HSA4 form. The HSA4 form is the legal return all registered abortion providers are required to complete following an abortion procedure.

This quantitative analysis will illustrate the social and personal characteristics of women who have attended for an abortion and understand the statistical differences between ethnic groups with the focus being on women from South Asian heritage.

Caswell, G. ***Poster 11***

Unaccompanied Dying: Examining the Case for Further Research

Policy and practice in the UK both suggest that one factor of what constitutes a good death is that the dying person should be accompanied. Ideally, this will be by family or close friends, but in their absence an empathetic health or social care professional is deemed a suitable proxy. Unaccompanied dying can occur in a variety of different ways. An individual may live in a single person household and then die alone in their own home, but it is also possible for someone to die alone when they are in a collective setting such as a hospital or care home. Hospital staff interviewed about their care of the dying sometimes emphasise that they try and ensure someone will sit with a dying patient who does not have family available, but they also tell stories about patients who die as soon as their relatives have left the bedside. Whatever professionals and family members believe about the nature of the dying experience, it is unclear whether the person who is dying wishes to be accompanied or not and it is possible to argue that everyone ultimately dies alone. This paper will explore the literature on unaccompanied dying and examine whether there is a need for research which explores this topic further, before asking what such research might look like.

Chatwin, J., Sanders, C., Povey, A., Firth, A., Kennedy, A., Rogers, A. ***Poster 12***

How Potentially Serious Symptom Changes are Talked About and Managed in COPD Clinical Review Consultations: A Micro-analysis

People with Chronic Obstructive Pulmonary Disease (COPD) are at heightened risk of developing lung cancer and recent research has suggested that in people who have the disease, the time between symptom onset and consultation can be long enough to significantly affect prognosis. The regular and routine clinical encounters that people with COPD engage in provide an opportunity for them to highlight new symptoms which may be of concern, and for clinicians to be watchful for new symptomatic indicators. We present a micro-interactional analysis of naturalistic data from a corpus of such encounters.

Two settings were examined; those that were GP led, and those led by practice nurses. We describe three interactional formats by which patients chose to present new symptomatic concerns; 'direct', 'embedded', and 'oblique'. Both settings offered interactional 'slots' for patients to talk about new and concerning symptomatic information. However, the structure of nurse led encounters, with their emphasis on the completion of technical tasks to collect condition monitoring data, tended to limit opportunities for patients to offer the extended symptom narratives which facilitate 'oblique' formats.

The influence of underlying structural expectations relating to established consultation forms were also observed.

We suggest that the attenuation of the 'oblique' format in this particular clinical setting has significant implications relating to the psycho-social idiosyncrasies of lung cancer and the maintenance of interactional conditions that encourage patients to disclose new symptomatic concerns.

Dawson, P. ***Poster 13***

Querying Erectile Disorder: Stigmatization and Possibilities

The gender ideal of biologised 'man' with male sociodicy is an important aspect of secondary erectile dysfunction. The strength of male sociodicy and biologised 'man' is seen the mobilisation of resources against erectile dysfunction. Drawing from mental health research which proposes that the stigmatization of a condition is worse than the mental illness itself, the stigmatization of secondary erectile dysfunction may be an extremely important factor in the condition. Gender ideals of heteronormativity and reproductive reductionism can be balanced by queer theory as way of thinking beyond the gender ideal of biologised 'man' as a factor in secondary erectile dysfunction.

Donnachie, C., Hunt, K., Wyke, S. ***Poster 14***

'God I Dinnae Dae Much… Maybe That's Why I'm Overweight': Men's Perceptions of Receiving Objective Physical Activity and Health-related Feedback (Evidence from Men Participating in Football Fan's in Training (FFIT))

Growing levels of obesity and physical inactivity contribute towards rising morbidity and mortality worldwide. Scotland has the highest rates of male obesity in Europe. Gender-sensitisation is required to draw overweight/obese men to weight management and physical activity (PA) interventions. Previous findings demonstrate ways in which professional sports settings can be utilised to appeal to 'high-risk' men.

We report on findings of a mixed-methods study investigating: changes in self-reported and objectively measured PA (pre- and post-programme); and perceptions of receiving personalised feedback on objectively measured PA and health-related information (i.e., weight, waist, BMI and blood pressure) in overweight/obese men, aged 35-65 taking part in Football Fan’s in Training (FFIT), a 12-week, gender-sensitised group intervention, delivered via Scottish Premier League (SPL) clubs.

11 SPL clubs delivered FFIT to 203 overweight/obese men in February-April 2012. At 4 clubs, men were invited to wear objective PA monitors (activPALs) for one week prior to starting FFIT and given personalised feedback on their activity patterns at the beginning and end of the 12-week programme. Semi-structured telephone interviews (N=28) were conducted (post-programme) to explore perceptions of receiving personalised objective PA and health-related feedback. Men's initial reactions to feedback (given at the beginning of the programme) included shame, self-blame, fear and shock. Most men reported overestimating their activity levels and felt motivated to lose weight and become more active. Receiving post-programme feedback was described as ‘proof’ of their efforts during the 12-week programme (i.e., successful lifestyle changes) with several men expressing motivation to sustain these changes long-term.

Ehiwe, E., Mcgee, P., Filby, M., Thompson, K. ***Poster 15***

Black African Migrants Perceptions of Cancer: Are they Different from those of Other Ethnicity, Cultures and Races?

Background: Cancer discussion is perceived as a taboo subject among different cultures and societies including Africans. This perception has caused limited knowledge about the disease and prevented some from seeking early diagnosis and treatment. With West Africans now living in western societies where cancer is openly discussed, this study explored how black Africans perceive the disease and the implications for healthcare.

Method: Five focus groups of 53 persons from Ghanaian and Nigerian migrant communities in Luton participated in this study

Results: Perceptions of fear, shame and denial were identified as key elements of how people perceive and react to cancer among the study population.

Conclusion: Secrecy and apprehension were identified as major barriers and have prevented some from adequately accessing and utilizing cancer facilities in the country. The feelings of fear, secrecy and stigma associated with the disease across different ethnic groups, culture and nations also exist among the study population. These outcomes are similar and chime with published findings of limited cancer perception research among other ethnic groups and races here in the UK and across the globe.

Eriksen, H. H. ***Poster 16***

Co-configuration: How do Health Technologies Contribute to Health Improvement? The Use of Health Technologies in a STS Perspective

There are numerous studies on the impact of technological use within medical care, for example about fetal surgery (Blizzard 2007; Casper1998), magnetic resonance imaging (MRI) (Joyce 2008), new reproductive technologies (Strickler 2008; Thompson 2005; Franklin 2008, 2011) and genetic profiling (Roden et al. 2008).

This paper discusses how health technologies contribute to how people improve their health. I draw on an artefactual definition of technology (Faulkner 2009), and reflect on a selective review of studies of medical and health technologies used in relation with common diseases and conditions like cardio-vascular disease (Mol 1998, 2000; Pols 2010; Oxholm 2010), diabetes (Mol 2002), cancer (Kaufert 2000; Keating and Cambrosio 2000), asthma and respiratory disorders (Langstrup-Nielsen, 2005; Willems, 1998, 2010; Pols, 2009, 2010), overweight, gastrointestinal disorders, or used with the purpose of health improvement (Copelton 2010) or in relation with ageing at home (Pols and Moser 2009; Loe 2010; Lopez et al. 2010).

I use a STS perspective as the analytical framework and start the analysis with the shift from 'the modern' to 'the postmodern' reflecting on a move from 'technologies of control' to 'technologies of transformation' (Clark 1995; Casper and Morrison 2010). In the paper I discuss key findings from the literature, noting a (new) shift from technologies of health stabilisation to technologies of health improvement – and towards technologies of health enhancement. The paper concludes with some thoughts on co-configurations of health through a mutual, adaptive and ongoing exchange between user, technology and society.

Foster, S., Gerodetti, N. ***Poster 17***

'I'm Doing Something to Delight our Community': Migrant Families, Food, Allotments and Wellbeing

The poster arises from research exploring diasporic migrant identities and the place of allotments, food production and consumption in relation to such identities. A key theme that emerged in the findings was the contribution of allotment gardening practices to the physical and emotional wellbeing of migrant families, and the poster explores the particular ways in which growing food was felt by participants to impact on their health and wellbeing. Both produce and place were seen to be important, as the produce was seen as healthy and the allotment itself was a place to relax. But another important issue that emerged was sociability, food and the 'gift relationship', and these social dimensions of allotment life are the central focus of this exploration of health and wellbeing.

Gray, C. ***Poster 18***

A Question of Communication: Does Chronic Illness Cause Muteness in Medics?

It is my, and many other chronic illness sufferers, experience that once you have been labelled with having a chronic illness members involved in the NHS fail to hear you when you speak on another topic. Other symptoms, concerns or illnesses presented become dismissed, understood as part of the existing malady or in worse case scenarios referred to as being in the patients' imagination.

This paper aims to put forward examples of such occasions in order that an examination can take place to try and explain why this communication between patient and doctor breaks down and how, if possible, it can be rectified.

The research is autobiographical in character, first person insight into the communication problems which can surround chronic illnesses of all types. The data is primarily from my own experience but it is supplemented with examples from other chronically ill members who 'talk' in a support group forum. This is pure data, not a researchers' account of what happened. The data displays occasions where a lack of listening, understanding or of disbelieving the patient results in misdiagnosis and treatment which will at best do nothing, at worse exacerbate the condition.

Why does this happen? What occurs in the conversation where, what is being said, translates into something different? Do medics within the NHS simply switch off? How can we help the medics hear us?

Green, R. **Poster 19**

Understanding How Men Construct and Experience the Risks of Prostate Cancer

Men's experiences of prostate cancer are heavily-laden with risks at every stage of their illness trajectories. Yet there has hitherto been little sociological research which takes an explicitly risk-based approach to prostate cancer.

This paper proposes a risk-based approach to prostate cancer that builds on Bloor's (1999) phenomenological model for conceptualising how risk perception is socially constructed. Bloor explains how a social phenomenon will only be constructed as a 'risk' by someone when it becomes relevant to their own lives and they are subsequently motivated to interpret that phenomenon through their own interpretative framework of existing knowledge and previous life experiences. This process can occur habitually in everyday life or calculatedly through conscious thought, and can also be volitional or constrained in its outcomes by external social pressures.

Bloor's model, however, is inadequate in addressing some of the risk experiences of prostate cancer. Firstly, his model does not account for risks that can be constructed as embodied and recalcitrant or by contrast as external, lifestyle choices. Secondly, Bloor’s model is a temporal process and provides little insight into the long term impacts of risk perception that progressively increase throughout men's illness trajectories and later life more broadly. There are a scarcity of studies on prostate cancer and risk which critically address the body and ageing.

In-depth qualitative interviews with prostate cancer survivors are proposed to examine how Bloor's model might be adapted. This model may then be applied more widely to researching risk experiences in later life.

Hall, M., Murray, J., Robinson, P., Douglas, G., Hartman, J., Gibson, B.J. **Poster 20**

Temporalities and Oral Health

This paper presents the findings of a grounded theory study on the experiences of dental professionals and patients in accessing oral health. Data were collected via non-participant observations of 29 dental appointments and interviews with patients (18 participants) and dental teams (19 participants). Analysis of accounts of oral health care and experiences of providing and receiving care indicated that time acted as a latent construct in the encounters and concerns of dentists and patients. Various types of 'temporalities' which exist in relation to oral health and health care interact with one another. For example, 'clock time' involves time as a resource to be managed within the context of dental practices as businesses with a labour force. It is also the context within which oral health care is performed. The existence of 'bodily time' acknowledges the manner in which disease develops over time. The concept of 'biographical time' highlights that dental care professionals' career trajectories and patient's biographies influence the delivery and receipt of oral health. Each temporality interacts with one another to produce conflicts, problems and resolutions in relation to the delivery and receipt of oral health. This paper will discuss the conundrums related to the sequencing of time, conflicts of time and the compression of time. The results of this study highlight that in order to overcome some of the challenges of delivering oral health, temporalities cannot be taken for granted.

Henderson, K. **Poster 21**

eHealth: A Health Information Seeking Tool for African and Chinese Populations

Our social world is increasingly connected and information laden, yet there are continued whispers of a digital divide. This poster showcases a small part of wider PhD research undertaken with Black and Minority Ethnic (BME) populations, specifically African and Chinese populations living in Scotland. This portion of research considers the impact of technology as a means of channelling health information. In this study eHealth information pathways comprise of health information websites, telehealth, mHealth and health information kiosks. A mixed methods approach was adopted for this study, including self-completion questionnaires, semi-structured interviews and participant observations. The works of Sociologist Goffman (1963) and Information Scientist Chatman (1996) provide solid theoretical frameworks for data analysis. Research findings spotlight socio-economic and cultural barriers to health information seeking and sharing activities via eHealth pathways. Findings propose eHealth has the ability to support BME populations in their health information seeking and sharing activities because it offers language tools, has adaptability and the capacity to be customised. However, to achieve greater up-take eHealth developers need to work in conjunction with grass-root community organisations to raise awareness, build trust and relevance whilst encouraging the development of eHealth literacy skills. Rather than waiting until eHealth is an integral part of NHS services, tailoring eHealth to the needs of BME communities now would allow the NHS to make improvements in service provision aiding the fight to reduce health inequalities for BME populations.

Idemili-Aronu, Ngozi., Oyeneho, N. **Poster 22**

Ante-Natal Care Practices and Use of Malaria Preventions Among Pregnant Women in Enugu Urban, South-Eastern Nigeria

Inspite of the efforts to curb malaria in pregnancy in Nigeria, malaria is still the leading cause of maternal and infant morbidity and mortality. Using qualitative and quantitative data from a survey on use of preventive methods; Intermittent Preventive Treatment (IPT) and Insecticide Treated Nets (ITNs) among pregnant women, this article analyses the impact ante-natal care (ANC) practices have on use of malaria prevention methods among these pregnant women in Enugu Urban, South-Eastern Nigeria. The results show that though all the women surveyed indicated that they attended ANC, it did not have a significant impact on their malaria preventive behavior especially in the use of ITNs. The results of the survey also revealed deep rooted socio-cultural factors alongside crucial institutional problems that thwart use of malaria prevention methods by pregnant women in Enugu urban.

Iley, K., Caress, A., Walshe, C. **Poster 23**

Acute to Palliative Care Management of COPD: Exploring the Older Patient, Carer and Health Professionals' Treatment Decisions

This paper discusses preliminary findings from a study examining decision making in relation to acute and palliative care for older patients with Chronic Obstructive Pulmonary Disease (COPD). The aims of the study are to identify factors underlying different orientations towards the provision of care (such as the involvement of patients, emphasis on cure or palliation) and factors that facilitate or impede access to palliative care.

The sample consists of patients with moderate to severe COPD who are currently receiving acute care, but who may be anticipated to be moving to a palliative phase of illness within the next 18 months. Also key staff in acute secondary care services are included in the sample. Data were collected from in-depth interviews with patients and their carers' and health professionals and observations in hospitals and patients' homes. Data were analysed using NVIVO Framework. Themes identified showed marked differences between healthcare professionals and the patients they care for. The focus on medical management was considered as being the main purpose for meeting with a nurse, doctor or physiotherapist by patients. In contrast healthcare staff considered decision making and information giving as a regular part of the interactions they had with their patients. Preliminary findings from this study suggest healthcare professionals are willing to discuss difficult issues but patients and carers are not. How this links to effective decision making for future care preferences from a patient and professional perspectives will be discussed.

Kapadia, D. **Poster 24**

Pakistani Women in the UK, Use of Mental Health Services & the Nature of Social Networks: A Mixed-methods Systematic Review

It is thought that Pakistani women in the UK have high levels of mental illness but low levels of mental health service use. Possible explanations for apparent low rates of access in this group have referred to individual and systemic factors: at the individual level, it has been suggested that Pakistani women are unaware where to seek help for mental health problems and can lack language abilities with which to navigate services. At the systemic level, it has been theorised that Pakistani women are less likely to show symptoms of depression as defined by 'Western' medical models and are subsequently less likely to be referred to mental health services.

These findings are largely drawn from localised small studies and display an over-reliance on culture as a reason for under-utilisation of mental health services; hence the true nature and extent of Pakistani women’s utilisation remains uncertain. The social element of seeking help for mental health problems has not gained sufficient attention; more specifically Pakistani women's social networks (which can deter or encourage help-seeking) have not been investigated. This social network 'meso-level' along with the resources that these networks contain may shape women's use of mental health services.

This paper presents the results of a mixed-methods systematic review which establishes new findings in four areas in relation to Pakistani women: patterns of mental health service utilisation, the nature of usage, characteristics of social networks & their role in accessing mental health services.

Kavanagh, B. ***Poster 25***

The Utilization of the Internet Survey in Examining Sensitive Topics with MSM

This paper sets out to explore how the new developments with the internet can be employed by researchers in medical sociology. While not suited to all research, recent technological advances mean that online methods provide particular design techniques and opportunities not available in traditional surveys. Saving on cost, they present researchers with the potential for national coverage, providing a snapshot of what is happening with respondents over a very short space of time. In addition, the anonymous nature of responding to an online survey is also particularly suited to researching sensitive topics and may capture hidden populations who are unlikely to engage with qualitative interviewing.

Taking my own PhD. research as an example (which questions MSM about intimate details of their sex lives and condom usage), this paper will explore how online methods can be utilised for researching sensitive topics while acknowledging some of the difficulties and challenges faced by researchers attempting to construct an online survey. We will also see how open questions in these surveys can generate data that is amenable to qualitative analysis, which has the potential to bridge the distinction between the qualitative and quantitative approaches.

Lotto, R., Armstrong, N., Smith, L., Draper, E. ***Poster 26***

An Exploration of Experiences of Care in Pregnancies Affected by a Severe Congenital Anomaly

BACKGROUND - Around 2-3% of pregnancies are affected by a congenital anomaly. These anomalies, in turn, account for around 30% of neonatal and infant mortality in the UK. Whilst rates of detection are similar for all socio-economic groups, rates of termination for congenital anomalies are lower in more deprived socio-economic areas. This variation explains a quarter of the widening socioeconomic gap in neonatal mortality.

AIMS -This study aims to explore the decision-making processes of prospective parents faced with a decision to continue or terminate a pregnancy associated with a severe congenital anomaly. Special consideration will be given to the influence of socio-economic deprivation on this process.

METHODS - This is a qualitative study, relying mainly on data gathered from interviews and observation of parents and clinicians and informed by a systematic examination of the available literature. Purposive sampling will be used in order to ensure a heterogeneous sample including women from a range of socioeconomic and ethnic groups, gestation, and diagnoses (or suspected anomalies) with poor prognostic outcomes.

EXPECTED CONTRIBUTION TO KNOWLEDGE

Exploration of the factors leading to a decision to terminate or continue a pregnancy will result in a more detailed and nuanced understanding of parental decision-making. Particular attention will be paid to better understanding the socioeconomic variation in decisions about termination. This evidence base will help to ensure that future health policy and practice in this area best supports individual parents and does not inadvertently lead to an increase in socioeconomic inequalities in neonatal mortality.

Mason, G. ***Poster 27***

Stigma, Family Carers and Social Isolation in Mental Health

1 in 8 adults (around six million people) are carers. By 2037, it's anticipated that the number of carers will increase to 9 million. 58% of carers are women and 42% are men (Carers UK, 2013). Schizophrenia, especially, is a stigmatising mental health condition, for carers and mental health staff as well as for those with mental health problems. I explore the role of family carers (Kuipers et al 2010), theories of stigma and discrimination (Goffman 1963; Link and Phelan 2001), also theories which stigmatise families (Laing 1964), and antipathy towards carers in mental health services.

A stated need for 'social inclusion' justified the closure of mental health day centres. Structural stigma is apparent in selling off community buildings; low status groups of mental health service users and carers were penalised by losing their places to just 'be', safeguarded by effective team working. Individual 'home care' with its poor working conditions only perpetuates the isolation experienced by care recipients.

I argue that social isolation is a feature of caring itself, not necessarily due to stigma; household members care for each other but as disability increases, connections outside the home are lost (Clifton, 2011; Arber and Ginn 1992). How then to enable carers to make contact? Kuipers et al (2010) state that motivated and supported carers both find caring rewarding, and reduce their relatives' relapses and readmissions. Could 'Big Society' rhetoric provoke a resurgence of supportive mental health communities despite the cuts (Szreter 2011)?

Maxwell, K., Buston, K., Wight, D. ***Poster 28***

Experiences and Constructions of Fatherhood Amongst Socially Disadvantaged Fathers in Glasgow: A Doctoral Study Nested in the NIHR Funded THRIVE trial of Early Years Parenting Programmes

In recent decades dominant norms of masculinity and fatherhood have changed considerably (Lamb, 2013; Morgan, 2005). The state - primarily through health and social services - has placed increasing responsibility on parents, especially mothers, to ensure the future wellbeing of their children. Both of these changes involve the extension of middle class values and practices onto working class families. However, we know relatively little about how this affects deprived and socially-excluded fathers (Buston, 2010). My doctoral research will explore experiences of fatherhood amongst socially-disadvantaged men in Glasgow.

The PhD study is nested in a large NIHR funded randomised controlled trial – THRIVE – comparing the effectiveness of two early-years interventions aimed at increasing mother-child bonding and maternal mental health for vulnerable mothers. My work will explore the attitudes and experiences of a sub-sample of the partners of the women/fathers of the women's baby, exploring how they feel about the pregnancy, becoming a parent and fathering a baby, and the level and nature of their involvement with the child. A particular focus will be the men's aspirations as fathers, their paternal and masculine identities and how these are shaped by broader social factors. The presentation will draw together existing literature in this area and will discuss pilot work and any preliminary results.

Misawa, J. **Poster 29**

Association Between Insomnia and Socioeconomic Status in Disaster Area After the Great East Japan Earthquake

Introduction: The 2011 Great East Japan Earthquake brought serious damage on mental health of residents. To cope with depression is particularly important among mental health. It is generally said that insomnia, known as a major factor in depression, is associated with not only medical factors, but also socioeconomic status. Because it is considered that the earthquake had also economic impact, it is important to clarify the relevant factors in insomnia from the perspectives of socioeconomic conditions. The aim of this study is to reveal the relationship between insomnia and socioeconomic condition in disaster area. Methods: We used the following data, 'Consciousness survey on their life and disaster prevention' conducted in November and December 2012. Subjects were the residents of Sendai-city (consisted of five districts). 1,532 person who were twenty years old or older were surveyed and 977 answers were obtained (64% response rate). Controlling for respondent's age, gender, and extent of damage, we conducted logistic regression models by districts to test for association between insomnia and socioeconomic status. Results and Discussion: Almost one-third of the residents had been troubled by insomnia. Even in disaster area, we observed that insomnia was associated with subjective social status, and the effect size was greater than objective social status such as equivalent income. Also, the association between insomnia and socioeconomic status differed by districts. It seems that the differences were caused by economic disparity in districts. This work was supported by Rikkyo University Special Fund for Research and JSPS KAKENHI Grant Number 24683018

Oluduro, O. **Poster 30**

Son Preference in Nigeria: The Human Rights Implications

Nigeria is one of the poorest nations in the world, and the women are disproportionately disadvantaged, particularly in relation to health and human rights. Son preference is one of the harmful traditional practices that constitute grave menace to the women particularly in developing countries, more importantly, in Nigeria, for which they need to be protected. This exacerbate the gender inequality where women are made subordinate to their male counterparts, discriminated against, promote gender-based violence, poses health risk, female infanticide, denial of inheritance rights and poses a serious challenge to the human security of women-human rights, education, access to health care, economic opportunity, etc. Notwithstanding the various international human rights instruments to which Nigeria is a signatory and the domestic laws, prohibiting traditional harmful practices on gender basis, the practice of son preference persists. The paper contends that son preference in Nigeria constitute a violation of human rights of women and their inability to reach their full potential. It considers some of the factors that reinforce son preference in Nigeria, its social and human rights implications. It suggests ways towards putting an end to this practice and promoting gender equality.

Osafo-Hounkpatin, H., Wood, A., Brown, G., Dunn, G. **Poster 31**

Comparing Material and Psychosocial Explanations of the Income and Depression Relationship: The Income Rank Hypothesis

It has been proposed that the relative position of an individual’s income is a determinant of their health. Studies that have attempted to test various forms of this hypothesis against the alternative absolute income hypothesis have to date yielded inconclusive results. We provide a direct and reliable method to compare the predictions of the two hypotheses. Participants in the first study were part of a cohort living in Wisconsin who completed measures of household income, marital, occupational and employment status, and self-reported depression in 1992 and 2004. Cross sectional and predictive analysis was performed. Analysis was repeated on data from a second study, using part of a longitudinal cohort sample of 32,900 British individuals followed up for 6 years. Depression was assessed in both studies using the Centre of Epidemiologic Studies Depression (CES-D) scale. We determined the best fitting absolute income model (using the optimum specification of utility as function of income) and then tested this model against an income rank model. The best fitting model for both current and future risk of depression was one that included, in addition to other demographic variables, income rank within education and gender groups for both populations. As a further test, bootstrapping analysis confirmed that the rank model was a better fit than the alternative model. This study provides evidence for the role of psychosocial processes that link social rank to depression. The findings may inform strategies to reduce income-related health disparities.

Owens, C., Benson, O., Gibson, S., Boden Z., Owens, C. ***Poster 32***

Exploring the 'Triangle of Care' in Relation to Suicidal Individuals: A Qualitative Study

Background: Relatives and friends play a key role both in engaging professional help for a person who is suicidal and in continuing to manage risk. However, little is known about the social dynamics of care-giving, when the care is being shared by lay and professional carers.

Method: Data were collected as part of a grounded theory study exploring the suicidal process as experienced by people who have attempted suicide, their 'significant others' and people who have been bereaved by suicide. The 'Triangle of Care' model (National Mental Health Development Unit, 2010) was used to conceptualise the relationships between the suicidal individual, lay carers and mental health professionals.

Findings: Individuals who had attempted suicide were often ambivalent about disclosing suicidal feelings to those around them because they feared losing autonomy and control. Some also expressed ambivalence about burdening relatives and friends with responsibility for their care and safety. Likewise, some relatives and friends expressed ambivalence about assuming responsibility for a person in suicidal crisis, often because they feared they lacked the skills and knowledge to offer effective help. Relatives and friends often felt excluded by professionals, who seemed unwilling to take account of their unique understandings and concerns, and were sometimes made to feel that they were 'part of the problem'. Effective communication between lay carers and professionals was often hampered by beliefs about confidentiality. Some lay carers felt there was an expectation from professionals that relatives would take responsibility for care-giving without advice and support on how to manage suicide risk.

Perry, L., Owens, C., Owen, G. ***Poster 33***

Acknowledging and Responding to Dementia in the Family and Social Network

Dementia, a growing social and economic problem, is estimated to cost the UK £23 billion per year, more than cancer and heart disease combined. Early detection and treatment have the potential to reduce the social and economic burden, and it is increasingly becoming the target of government policy. This study aims to get a better understanding of how family and social network members make decisions about whether and when to seek help for the early signs of dementia. A qualitative design is employed, using in-depth interviews with multiple informants in each case in order to develop 10-15 detailed case studies. Techniques of both thematic and narrative analysis are used to compare within and across cases. Analysis highlights the discomfort social network members face when raising concerns about dementia and the complexity of seeking help on behalf of someone else. Findings suggest that certain social conventions, family scripts and the placing of individuals within the network all have an influence on who can talk to whom and about what, and essentially determine the timing of professional help seeking. This study has implications for health and social care policy in improving the ability and confidence of social network members to communicate effectively about the early signs of dementia and instigate earlier diagnosis.

Polak, L. **Poster 34**

'Seeing is Believing': Do Pictures Make Knowledge More Salient Than Words or Numbers?

I am interested in the ways in which people combine and construct knowledge about their state of health and then use this knowledge when deciding about health behaviour such as taking pills. The salience of such knowledge partly depends upon the kind of information upon which it is based; I explore the ways in which different kinds of information get used and contribute to salience. As well as analysis of interview data, my starting point is Blaxter's account of the way her own test results contributed to her (distributed) embodiment. Building on this account, I suggest that drawing distinctions between different kinds of test result may refine our understanding of how these results affect their subject.

First, pictures, the most obvious example of a test result likely to contribute to distributed embodiment, do not always seem to be highly salient to my interviewees.

Secondly, some other test results, although expressed in numbers, may also contribute to distributed embodiment.

Thirdly, the salience of pictures does not necessarily depend on seeing them with one's own eyes.

Lastly, some purely numerical results seem highly salient to some people, and I think this works in a way that is distinct from distributed embodiment.

One interviewee summarises the issue underlying my interest in salience within a study about preventative medication:

'It's a preventive thing and you haven't seen any… need to take them'

My objective is to identify what does tend to make people 'see a need'.

Roberts, J., Arribas-Ayllon, M. **Poster 35**

Metaphor Use in Genetic Counselling: Perspectives From Cancer Genetics

Communication and understanding of cancer risk is essential element of genetic counselling. Using qualitative methods and drawing from cognitive linguistics, this study explores the structure and experience of genetic counselling from professional and patient perspectives.

Researchers looked at genetic counselling for patients who are at risk of inheriting an alteration in genes that lead to significantly increased risk of breast and ovarian cancer. We found that conceptual metaphors played a key role in communicating complex ideas about the probabilistic nature of risk and in allocating responsibility for making decisions.

Through a mixture of clinical observations and semi-structured interviews a rich data set has been generated regarding both professional and patient experience.

The key findings from the study are:

i) Metaphor is an essential tool used to understand what genes 'are' in the context of clinic. Discourse concerning genes was found to be rich in metaphor indicating that genes can be thought of as 'boundary objects' in the context of the genetic counselling clinic.

ii) The metaphor of 'a journey' is a valuable tool for patients and professionals to negotiate and understand the meaning of both of risk and responsibility in cancer genetics.

iii) Organisational metaphors suggest genetic counselling fits within a Foucauldian conception of the clinic. Learning how metaphor is used will be of importance in conceptualising how genetic counselling has come to be framed in the broader context of cancer genetics. Additionally this will help further our understanding of how power relationships are created between patients and genetic counsellors.

Robson, S., Parr J., Buswell C., Thomas J., Kisler J., Colver, A ., Thomson R., Pennington L. ***Poster 36***

Negotiating Well-being: Shared Decision Making in Paediatric Gastrostomy

Feeding through a gastrostomy tube allows nutrition to be delivered without the oral and swallowing phase of eating. In some cases, parents considering a gastrostomy for their child balance their child and family's need for normalcy with the child's need for nutrition. Also, some parent-professional interactions have been described by both parties as 'difficult'. The need for better communication, a greater understanding of parent values and more support for parents has been identified.

We interviewed parents (n=4) and a range of professionals (n=7) about four children (aged between 4-16 years) who had been offered gastrostomy to replace or supplement oral feeding. Parents' accounts focussed on decision-making as centred on emotional well-being, whereas professionals focussed on the physical well-being of the child. For parents, the loss of oral feeding can mean both the loss of reciprocal interaction with the child alongside denying the child a means of pleasure. Professionals recognise and attempt to accommodate this position. However, this can be in tension with the need to manage the child's physical needs. The decision-making journey could be characterised as counselling to acceptance. In this way, this study begins to modify some of the assumptions of prior work, as the issue may not be deciding on gastrostomy but grieving the loss of oral feeding.

Ross, C., Duckett, K. ***Poster 37***

From the Patient Perspective: An Ethnographic Study of a Communications Agency Investigating the Medicine 'Adherence' Process

Healthcare communications agencies are an understudied segment of the pharmaceutical industry, in part due to restricted access for research. This study is an ethnographic investigation into the lived experience of a healthcare communications agency, and is part of a wider project examining rhetorical agency and social accountability within the pharmaceutical industry. This account describes how the agency approached the problem of addressing medicines 'adherence'. The pharmaceutical industry is increasingly interested in patient engagement, especially concerning so called 'adherence', and as such this notion is a particular focus for the agency.

Methodology includes both participant observation (June 2012 – ongoing as part of the wider study) and active interviews with 11 employees specifically involved in the adherence project. The UK -based agency works with global pharmaceutical companies, for whom they produce material aimed at audiences varying from physicians to patients, through diverse media ranging from paper leaflets to social media activity.

The agency made use of reflexive techniques and a wide range of data sources to explore the concept of adherence from a starting point of the patient experience. This led the agency to reframe the notion of 'adherence' as 'the medicines-taking experience'. Consequently, the agency developed a process for understanding and describing the medicines-taking experience and a range of interventions aimed at improving that experience. In uncovering this process this study reveals how communications agencies make use of 'knowledge', and how that understanding is harnessed to shape the way in which the industry communicates with patients and other stakeholders.

Royset, B., Barstad, J. ***Poster 38***

Improving Patient Safety in a Local Hospital Setting

Background and purpose - Møre and Romsdal Hospital Trust have implemented routines on how to handle adverse incidents, from unit level upward through the organization and further onto relevant public bodies. Still there is need to establish a more comprehensive approach at unit and sub-unit level.

Since 2010 a Patient Safety Project was implemented to develop a comprehensive, unit-based approach to safety. The local process and chosen approach are built upon The Comprehensive Unit-based Safety Program (CUSP) method.

Discussions and literature on patient safety points at the importance of improving the safety-culture in order to improve patient-safety, in the project this has been structured into three main strategies:

Openness and using incidents actively to prevent further incidents

Improving personnel awareness to risk factors and minimize/eliminate negative effects

Continuous updating knowledge and skills to ensure patients receiving optimal care.

Methods and materials

A long-term implementation plan has been developed where the first two have been implemented

1) Internet based Patient Safety Survey based upon the CUSP model and adapted to the local setting (December 2010 - January 11, 62 % response N=2600).

2) The Project is now in the process of presenting results to the Units to start the unit-level process. A facilitator is engaged to recruit 3-4 Units for further implementation of the CUSP model. Aim: to build a basis for comparing effects with the National Strategy to Improve Patient Safety.

3) Building direct relations between the recruited units and key administrative personnel at Hospital level to develop a reciprocal strategy intended to improve implementation strength

4) Identify key elements of high risks at unit level to engage between units and key personnel to develop strategies and solutions for improvement

5) Dissemination of results from involved units to siblings not involved in the intervention

6) Carrying out of a 2nd internet-based survey to search for improvements in patient safety culture at Hospital level.

Results - Since this is a project still in its infancy, no final results or strong results can be presented. The intention is to present and discuss the project structure, intentions and implementation.

Salmane-Kulikovska, I., Mezinska, S. ***Poster 39***

Influences of Pharmaceutical Companies on Medication Prescribing: Perceptions of Physicians and General Practicioners

Influence of pharmaceutical industry on prescribing decisions of physicians through a range of promotional tools has been reported by several studies; however there is also evidence that physicians themselves often fail to acknowledge their vulnerability to this influence. It has been noted that even small gifts can shape behaviour, and self-interest is not always the key factor in this respect. Social life is recognized to be much based on the principle of reciprocity – the need to return benefit for benefit is one of the basic motivators in human society. The qualitative study aims at disclosing physicians' and GP's opinions on whether different aspects of cooperation with the pharmaceutical sector may have any influence on their prescribing practices. The study results revealed that cooperation is perceived by the doctors to possess several benefits – provision of information, education support, etc. A part of informants recognized that either direct or indirect impact on the prescribing behaviour may exist. Opinions obtained by the study also revealed the illusion of unique invulnerability – a belief that only others can be vulnerable to the influence. The identified notion of reciprocity is discussed using the Exchange theory perspective.

Sandall, J., Dodwell, M., Gibson, R., Murells, T., Coxon, K., Cookson, G., Bewley, S., Bick, D. ***Poster 40***

Organisational Influences on Variation in Rates of Caesarean Birth Among English NHS Maternity Services: A Cross-sectional National Study

Background - Health reform focuses on resolving some of the irrationalities of a system whereby variation in services are often not linked to improved patient outcome. Sociologists have documented the extent of problem, and variation in access and health outcomes. For example, the proportion of women in England having a caesarean birth increased from 9% to 25% between 1980 and 2012, with increasing evidence regarding adverse short and long term effects on mother and baby.

Aim - To investigate the influence of organisational factors on the variation in caesarean birth rates after adjusting for maternal characteristics and clinical risk factors.

Design & Methods - Cross-sectional analysis using routinely collected data from Hospital Episode Statistics 660,000 deliveries from 140 NHS trusts in England in 2010-11. Caesarean birth rates were calculated for each trust and multiple logistic regression models used to estimate the likelihood of women having a caesarean birth given maternal characteristics, clinical risk factors and organisational factors.

Results - A total of 48% of women in England were categorised as low risk, and 24.8% were delivered by caesarean section. Unadjusted rates ranged from 36.1% to 15.2%. Following adjustment for socio-demographic and clinical risk factors, adjusted rates were of a similar range but rates for individual hospitals changed, and the impact of organisational factors were examined.

Discussion - Routinely collected data can provide information about the type of births women experience and provide the means to adjust trust data to take account of the profile of women giving birth in each location, and explore organisational factors.

Sherratt, F., Robinson, J., Field, J. K. **Poster 41**

The Significance of Lung Cancer Risk Perceptions Among Individuals Quitting Smoking: A Mixed-method Study

Conceptions of 'good health' vary from person to person and are likely to change throughout the life course. Consequently, the reasons as to why people may or may not engage in any recommended healthy activity are complex. Risk theory has been utilised to understand what people believe constitutes a risk either to their own health or to the health of other people, and has provided a useful means of understanding why some people choose to make changes to their lifestyles to maintain their health, and others don’t. While some research studies support the relationship between risk perceptions and positive health behaviour change, others suggest that risk perception alone cannot satisfactorily explain why some people engage with (or ignore) 'health messages' and that wider social and environmental factors should also be considered. Here we present the initial findings from a study designed to investigate the extent to which lung cancer risk communication may motivate individuals to alter their smoking behaviour. Drawing on data from thirty current and former smokers, we consider the relationship between an individual's lung cancer risk, calculated using the Liverpool Lung Project risk model, and their own perceptions of their lung cancer risk and wider beliefs about the negative health effects of smoking, and explore how informing people of their individual lung cancer risk may or may not motivate them to engage with smoking cessation services and to stop smoking in the shorter and longer term.

Stewart, K., Cole, M. **Poster 42**

Plant Foods and Public Health: Is it Time for a Vegan Public Health Initiative?

Food related ill health costs the NHS approximately £6 billion pa, largely due to unhealthy diets rather than food borne disease. In light of the evidence of the health protective benefits of fruit and vegetable consumption, the failure of initiatives such as 5ADAY to dramatically increase fruit and vegetable consumption, growing evidence of health risks associated with animal products, and the growth in interest in plant-based diets, this paper explores how plant-based diets are presented in dietary information. We present a review of 4 major online sources of public health information in the UK, which show:

- A focus on the health risks of plant-based diets;
- Failure to report the health benefits of plant-based diets;
- The existence of plant-based diets being ignored
- A lack of information for those following plant-based diets
- A focus on adding fruit & vegetables, not meal plan around them

We discuss the implications of this for the general population and those already seeking to follow a plant-based diet, and look at how dietary advice in comparable Western societies takes a more plant-orientated approach to meal planning. We conclude with some suggestions for reforming UK public health advice on plant-based diets, in order to encourage their uptake and maintenance. We argue that this approach can aid and extend the 5 A DAY policy, ultimately reducing the burden of unhealthy diets on the NHS.

Tuomainen, H., Bayes, S., Bhoday, M., Cross-Bardell, L., Bird, L., Qureshi, N., Kai, J.
Poster 43

Exploring Women's Views and Experiences of a Novel Preconception Health Intervention in General Practice

Preconception care provides an opportunity to optimize the health of both the mother and the future child through risk assessment, health promotion and intervention. Currently in the UK the provision of preconception care is opportunistic and inconsistent in general practice. It is hampered by a lack of prevailing culture of preparing for pregnancy and the realities of pregnancies often being unplanned. No approach to preconception care has been comprehensively tested in the UK; furthermore few studies elsewhere have investigated women’s views and experiences regarding preconception care. Our study addresses these gaps by exploring the acceptability and feasibility of a novel preconception health intervention for women.

The intervention was carried out at nine GP practices in ethnically diverse communities in the East Midlands at higher risk of poor maternal and child health outcomes. Eighty-four women attended a preconception health assessment at their practice. The research presented here draws on semi-structured interviews conducted with a sub-sample of these women and also on relevant data from questionnaires filled in by all women. The interviewed women were aged 18-45 and of diverse ethnic and educational backgrounds. The paper focuses on women's awareness of preconception health issues, their views and experiences regarding the delivery of the intervention and the impact of the intervention on their thoughts and behaviours, thus providing insights into the best ways of promoting preconception care in this context. We discuss challenges and opportunities facing preconception care in general practice and draw conclusions on implications for service delivery and public health policy.

Vaalavuo, M. ***Poster 44***

The Impact of the Economic Crisis on the Use of Health Care Services and Pharmaceuticals: Helsinki 2006–2011

The presentation will examine the effects of the economic crisis on the use of health care services and pharmaceuticals in the capital of Finland. The economic crisis can influence well-being in many ways. First, it has an impact on the overall employment situation and thus, on the economic resources of people. It can also have a direct effect on the mental health of people affected increasing the incidence of alcohol-related deaths and suicides. Second, with financial consolidation, governments are forced to cut spending on services. These factors can impact on the use of public services via increased demand and lesser supply of services simultaneously. These premises will be addressed in the presentation. An emphasis is put on the analysis of inequalities in the use of health care in general: Who use services and has the crisis influenced the use by some socioeconomic groups in specific? Has the impact been unequal across different groups of the society? The presentation focuses in particular on the people receiving the Finnish last-resort social assistance benefit.

The analyses are based on detailed data making the study of the described phenomena highly interesting: a comprehensive register data from Helsinki includes the use of all publicly provided social and health services during the period 2006–2011. This is complemented by data from the Finnish Social Insurance Institute (pharmaceuticals and social benefits) and Statistics Finland (socioeconomic background variables). The final data set will be available for use in June 2013.

Watson, R., De Bono, J., Gupta, V., Le Couteur, A. ***Poster 45***

Autism Healthcare Transition Plan

Recent UK policy documents have stressed the importance of supporting young people (YP) with complex health needs to make the transition to adulthood (e.g. DoH & DfCSF, 2008). YP with autism may find this particularly challenging due to social communication problems and potential difficulties coping with change (Beresford et al., 2013; McConachie et al., 2011). 1 in 10 children attending child and adolescent mental health services (CAMHS) have a diagnosis of autism (Wistow & Barnes, 2009). The Autism Act (UK Parliament, 2009) and related statutory guidance (DoH, 2010) placed duties on all services in England to improve access for YP and adults with autism.

Previous work found no published models of transitional care for YP with autism (Watson et al., 2011). Ten summary categories of high quality transitional care were identified in this review and used to develop an Autism Transition Healthcare Plan (ATHP) for use within CAMHS to help prepare YP with autism for the transition to adulthood. Feedback on the first draft was received from 24 professionals from CAMHS; adult mental health; and third sector organisations. Feedback was sought on the revision from 10 parents involved with Daslne (McConachie et al, 2009). The main comments related to clarifying wording, as people with autism may read things in a very literal way. Most feedback was positive and indicated that this would be a welcome and useful tool. All feedback was collated and the tool redrafted; it is currently being evaluated in CAMHS services in North East England.

Wiklund, M., Bengs, C. ***Poster 46***

Embodied Dimensions of Distress – Young Swedish Women's Mental Health in a Context of Gendered Neoliberalisation

Stress, psychosomatic pain, and various mental health problems such as anxiety and depressive mood are common among adolescent girls and young women –both in Sweden and internationally. Yet, relatively few mental health and public health studies have explored and problematised young women's lived and embodied experiences of distress in relation to social change and societal processes of gendered neoliberalisation. Further, mental health issues are less explored within youth research and girlhood studies. However, within medical sociology and feminist studies body and health as social constructs are well explored and theorized.

The aim of our presentation is to illuminate and contextualize dimensions of lived embodied experiences of stress, bodily suffering and self-regulation within our empirical material of Swedish adolescent girls and young women who have turned to a youth health centre because of their stress-related problems. A specific focus will be on body, embodiment, emotions, gender and neoliberalisation – and what Angela McRobbie (2009) terms as 'post-feminist disorders'.

Repeated interviews were conducted with girls and young women, aged 16-25 years, visiting a youth health center in northern Sweden. We analyzed the interviews by discourse-oriented qualitative content analysis. 'Living close to the edge' is interpreted as one of the common themes running through the interviews and represents the participants’ situations of distress in their daily lives. The theme contains dimensions of physical, emotional, cognitive, social, and existential distress, as well as dimensions of distrust and disempowerment. Moreover, bodily dissatisfaction, dieting and practices of self-regulation permeated the young women’s stories.

We emphasise the importance of contextualising young women's stress, and of developing gender-sensitive interventions within youth health services.

Williamson, E., Abrahams, H., Cameron, A., Henry, L., Morgan, K. ***Poster 47***

The TARA Project: Homeless Women, Identifying and Addressing Complex Needs

Both men and women experience multiple forms of exclusion and disadvantage when they become homeless. Research evidence shows, however, that the reasons for men's and women's homelessness differ. The most striking difference being, women are far more likely to become homeless due to domestic abuse and, as recent studies of the needs of homeless women in Bristol have revealed, that homeless women continue to suffer gendered abuse while homeless. They required help with a wide range of complex needs which included having 'someone to talk to' about their experiences both past and present. Women talked about wanting safe spaces where they could explore these experiences. The range of what has been termed 'complex needs' includes the manifestation of issues related primarily to mental health problems (for example, self harming), and drug and alcohol abuse, often as forms of self medication.

Reporting on findings from the TARA project, a longitudinal study of homeless women, this paper will explore the ways in which different complex needs are experienced by homeless women, and the impact such issues can have on the provision of services to women in this situation.

By looking at women's experiences over time, this study was able to identify key trigger points which enabled women to overcome the multiple disadvantage they face as homeless women.

This research also identified the fact that the entrenched and complex nature of the issues faced by homeless women mean that they often need long-term and specialist support. However, during times of austerity, this is often replaced by more generic and short term interventions which can exacerbate the negative experiences women have encountered throughout their lives.

Preliminary findings continue to reflect the primacy of the availability of safe, affordable housing, but that in order to maintain their tenancy and move forward in their lives, women with complex needs also need the space and opportunity to understand the gendered experiences of their lives.

Willis, K., Harley, K., Short, S., Collyer, F., Calnan, M., Gabe, J., Franklin, M., Lewis, S. ***Poster 48***

Navigating the Australian Health Care Maze: Implications for Empirical Research and Policy

The expansion of private markets into health care systems is often publicly predicated on the notion of 'increased choice'. For example, in Australia, government and private health industry messages promote choice as a reason to take out private health insurance (PHI). However, PHI may not increase healthcare choice. Disincentives to utilise private health insurance, once purchased, include out of pocket costs and availability of services. The notion of choice requires scrutiny. While studies have focused on aspects of choice in health care, few sociological studies have examined differential capacity to choose and the social structuring of choice.

Drawing on Bourdieu's theoretical framework of intersecting forms of capital, including cultural capital, social capital, symbolic capital and economic capital and adding spatial (geographic) capital, provides one way of addressing the gap in knowledge about health care choice. This enables exploration of the variety and potency of resources brought to decision-making; the complex and unequal ways in which social context and social position enable and constrain particular choices.

In this paper, we outline a program of research that includes semi structured interviews with Australian health consumers about perceptions and experience of health care choice; their use of health services; purchase and use (or not) of PHI and information sources drawn on in making choices. The study examines the intersections between choice and the public/private provision of health care. Findings from the pilot interview study and implications for understanding choice in the current public policy context in Australia will be presented.

Wolton, J. **Poster 49**

An Exploration of the Labour of Formal Care Workers in the U.K for the Elderly in Institutional Settings

This paper is a response to the recent interest into the apparent 'crisis' in care' in the U.K, from the perspectives of those working within the care industry. It explores the consequences of the increasing privatisation of care work as the state downplays its involvement within health and social care. It is based on four months of both participant and non-participant observations, and furthered by 18 in depth interviews with the staff of three separate care homes in the East and North East of England.

In today’s aging society, I feel urgent scholarly attention should be directed to notions of gender, trust, emotional labour, body work and labour and how they are affected by the increasing privatisation of care in which care is thought of as a business. I wish to address these issues in this paper.

Wood, N., Sanders, C., Vassilev, I. **Poster 50**

The Impact of Migration on Managing a Long-term Condition: a Qualitative Review and Synthesis of Existing Research

There is a large body of qualitative research on the experience and management of long-term conditions. Within this, the notion of disruption, associated with the onset of long-term illness, is an established theme. This is both in terms of change and adaptation in relation to the practicalities of day-to-day life, and on a personal/biographical level, where the experience of long-term illness brings change to perceptions of identity, life course and the meanings that shape those. This paper approaches the notion of disruption in relation to long-term condition management in a different way. Within the fields of medical anthropology and medical sociology, social and cultural context are widely acknowledged to play a significant role in shaping understandings of health and illness and approaches to treatment and care. This paper explores the impact of a major change in social and cultural context in relation to long-term condition management, through a focus on migration. The findings of a review of existing qualitative research on the experiences of living with and managing a long-term condition amongst people who have migrated are presented and the main theoretical approaches and key themes from this work are discussed. This focusses on change and adaptation, in particular around family and social relationships, living and working conditions, and aspects of cultural adaptation, all of which are shown to be important in relation to both the experience of migration, and to managing a long-term condition.