

reduced in those with depressive symptoms at one or other period only.

Conclusion Women who suffer from depressive symptoms both before and after pregnancy appear vulnerable to poorer relationships with their children. This emphasises the importance of maternal mental health for the mother and for her relationship with her child.

OP90 THE EMBODIMENT OF GENDER DIVISIONS OF LABOUR: GENDER DIVISIONS OF LABOUR AND INFLAMMATORY MARKERS IN THE UK HOUSEHOLD LONGITUDINAL STUDY

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Background While the gender division in paid work has progressively diminished, this is less true of unpaid labour. A gender perspective requires an extension of investigations of stress and health beyond paid work to include unpaid labour. This study investigates associations between gender divisions of 'total labour' and inflammatory markers thought to potentially link chronic stress exposure with disease outcomes amongst contemporary UK couples.

Methods The study sample includes co-resident, opposite sex couples aged 16–65 in Wave 2 of the UK Household Longitudinal Study or Understanding Society. Gender divisions of labour were measured using the number of weekly hours that each member of the couple spent in paid work, housework, and caring, as well as who has responsibility for children. Inflammatory marker outcomes included C-Reactive Protein (CRP) and fibrinogen. High CRP was defined as greater than 3 mg/L. Cross-sectional multivariate regression models were used to investigate associations between gender divisions in paid work, caring, housework and childcare with inflammatory markers, adjusting for household income, educational qualifications, longstanding illness and age, stratifying by gender to investigate whether associations are differential within couples.

Results Gender divisions of labour were associated with raised inflammation for men but not women. Men living in households in which women were providing care to an adult or doing all of the housework had significantly higher levels of Fibrinogen (caring: coef=0.11, 95% CI=0.04–0.19; housework: 0.08, 0.02–0.14) and CRP (caring: OR=1.66, 95% CI=1.15–2.39; housework: OR=1.50, 1.06–2.14) compared with men in households in which neither partner provided care or both did few hours of housework. In addition, men in traditional 'male breadwinner' households, or childless households, were significantly less likely to have raised CRP levels (paid work: OR=0.49, 0.36–0.68; parental status: 0.64, 0.44–0.92) than men in dual-earner households or those in which childcare was equally shared between parents.

Conclusion Contrary to expectations, inflammatory markers were significantly associated with gender divisions of labour within couples for men and not for women. While potential stress-reducing benefits of participation in paid work and childlessness are aligned with prior research, further investigation is required to better understand the effects of women's caring and housework on men's inflammation. Next steps

include investigation of the identity of care recipients, non-linear associations with hours spent in housework, and interaction effects between labour types.

OP91 INFORMAL CAREGIVING AND MARKERS OF ADIPOSITY IN THE UK HOUSEHOLD LONGITUDINAL STUDY

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Background Providing informal care is known to be associated with poorer psychological health. However less is known about other, more objective health outcomes such as adiposity. The aim of this study was to investigate associations between being an informal caregiver with measures of adiposity using a large, representative UK longitudinal study.

Methods Data on 20 669 participants of the UK Household Longitudinal Study were used to explore the relationship between caregiving and adiposity (body mass index (BMI) and waist circumference). We additionally investigated caregiving intensity (hours spent caregiving per week, number of people cared for and combining caregiving with paid work). Multiple imputation was used to account for missing data. Associations between caregiving and adiposity measures were tested using multivariable linear regressions. Analyses were stratified by gender and interactions with age were tested. Models adjusted for household income, educational attainment, social class, presence of a long-standing limiting illness, number of dependent children in the household and partnership status. All analyses included survey weights to account for design, unequal probabilities of selection, differential non-response and potential sampling errors. The analyses were conducted in Stata v14.

Results Being an informal caregiver was associated with increased waist circumference (1.48 cm, 95% CI: 0.42, 2.53) but not BMI for men in age-adjusted models. Women who were informal carers had higher waist circumferences (3.62 cm, 95% CI: 2.77, 4.47) and BMIs (1.26, 95% CI: 0.89, 1.64) relative to non-carers. A caring-age interaction was present for women suggesting that younger women carers (aged 16–44) had particularly higher waist circumferences (5.44 cm, 95% CI: 3.77, 7.10) and BMIs (1.90 cm, 95% CI: 1.17, 2.62). Caregiving intensity was found to be important with increasing hours of caregiving associated with increasing adiposity.

Discussion Being an informal carer was associated with increased adiposity amongst UK men and women. Caring appears to be particularly negatively associated with adiposity when occurring during non-normative life stages, such as early adulthood, and when high intensity. These findings are based on nationally representative longitudinal data. The main limitation of this study was the inability to investigate the reasons the care recipient requires care (i.e. dementia vs cancer), and to investigate the mechanisms involved. Given funding cuts for social care, advancements in medical treatment and increasing life expectancy, a greater proportion of the population will be expected to provide informal care for relatives