

aged 68. This association was not attenuated when adjusting for childhood and adult socio-economic position.

Conclusion These findings show the lifelong importance of parenting on psychological self-concepts. Restricting young-life psychological freedom may build an enduring feeling that one is not agent of one's own control. Despite having access to a comfortable socio-economic position, those whose parents were more controlling in adolescence felt less in control of their own life age 68.

P12 EVALUATING POLICY RESPONSES TO UPSTREAM DETERMINANTS OF CHRONIC, NON-COMMUNICABLE DISEASES: SUPPORTING HEALTHY DIETS AND ACTIVE LIVING IN SEVEN CARIBBEAN COUNTRIES

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Background In 2007, heads of government in the Caribbean Community (CARICOM) committed to concerted policy action to address non-communicable diseases, whose burden was recognised as a threat to regional development. In 2015, a large mixed-method evaluation study investigated the progress made in developing and implementing relevant policies. As part of this, a qualitative study in seven Caribbean countries aimed to identify, assess and compare existing policies, gaps in policy responses, and the factors influencing successful policy development and implementation.

Methods Policy document analysis was complemented by 76 semi-structured interviews with 80 relevant stakeholders in government, civil society and the private sector. Data collection and analysis protocols were developed iteratively. Interviews were audio-recorded and analysed pragmatically framed by the WHO NCD Action Plan, a Multiple Streams policy approach and realist evaluation principles. An analysis team coded using Dedoose software, after which two lead researchers synthesised the analyses.

Results Policy gaps existed regarding alcohol, diet and physical activity. Most widely reported successes across countries were policies and health promotion initiatives to support healthy eating in communities and in schools, including the development of dietary guidelines. Physical activity was targeted primarily in schools, with public participation in public sports events. Successful initiatives were often marked by collaboration between government ministries such as health, education and agriculture. There were very few existing policies around alcohol harm. The impact of these initiatives was reported as limited by adverse upstream determinants, including reliance on food imports entwined with the consequences of upholding existing trade agreements, which constrained more impactful fiscal and legislative action to support availability, quality and affordability of healthy foods. There was little evidence of policy responses to create physical and social environments conducive to active living, such as to support greater walking. The lack of focus on policy creation, lack of monitoring and evaluation of existing interventions, and limited staffing and financial capacities limited success in policy implementation. For alcohol specifically, national and political cultural attitudes

and its economic importance deemed it untouchable from a policy standpoint.

Conclusion The least well developed policy responses concern upstream determinants of unhealthy diets, physical inactivity and alcohol harm. Local and regional political support is essential to accelerate action to support environments conducive to healthy eating and active living. Addressing reliance on food imports and existing trade agreements as well as developing and implementing policies to reduce alcohol related harm necessitates regional cooperation for a unified response.

P13 SOCIAL, BIOLOGICAL, BEHAVIOURAL AND PSYCHOLOGICAL FACTORS AND PHYSICAL ACTIVITY DURING PREGNANCY: A CROSS-SECTIONAL STUDY

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Background Regular Physical Activity (PA) during pregnancy is associated with a number of health benefits such as preventing pregnancy complications, limiting pregnancy weight gain, and decreasing the risk of gestational diabetes. Despite this, women's PA levels often reduce or cease during pregnancy. Various factors like body mass index, unemployment, and educational levels have been shown to be associated with PA levels during pregnancy. Using the Screening for Pregnancy Endpoint (SCOPE) data, this study aimed to examine the association of health behaviours and psychological well-being on PA levels in pregnancy using the biopsychosocial model.

Methods Nulliparous women with a singleton pregnancy were recruited from a large academic maternity hospital in Cork, Ireland (CUMH) as part of the international SCOPE study. Data was collected at 15±1 week's gestation including personal information, lifestyle and psychological measures. The outcome of interest was PA categorised as low, moderate or high levels and covariates were selected using the biopsychosocial model including social (age; years of schooling; socioeconomic status), biological (body mass index), behavioural (diet; smoking) and psychological factors (anxiety; response to pregnancy). Univariate and multivariable multinomial logistic regression examined the association between covariates and PA using Stata IC13.

Results 1774 pregnant women were recruited to SCOPE and women were classified as having low (22.3%), moderate (54.4%) or high (23.4%) PA levels (n=1766). In the fully adjusted model, preliminary findings indicate that age categories 30–34 years (OR 2.34 [95% CI: 1.26–4.37]), ≥35 years (OR 2.06 [95% CI: 1.01–4.19]) compared to those <25 years were positively associated with high PA levels. Having more than 12 years of schooling and a higher socioeconomic status remained significant (p<0.05) for moderate PA levels. Five portions of fruit and veg a day (OR 1.89 [95% CI: 1.21–2.94]), fish consumption (OR 1.47 [95% CI: 1.07–2.03]) and psychological response to pregnancy (OR 1.04 [95% CI: 1.01–1.08]) were also positively associated with high levels of PA. Women who reported smoking in their first trimester were 31% less likely to be in the high physical activity group compared to those who reported no smoking (OR 0.69 [95%