(0.04,1.98) than men whose fathers were in the highest occupational classes. After adjustment for occupational activity most associations in men were fully attenuated although an association between own lower educational levels and stronger grip remained.

Conclusion For women, lower SEP was associated with weaker grip strength suggesting that strategies to reduce women's exposure to socioeconomic adversity across life are likely to be beneficial for their peak grip strength. For men, lower SEP appears to be associated with stronger grip strength at age 46 years related to higher levels of occupational activity. As there is evidence from other studies that the association between SEP and grip strength reverses in later life this suggests strategies may be needed to help men of lower SEP maintain this midlife advantage as they age and retire.

Friday 17 September

Mental Health, 09.00 – 11.30

OP55   **SOCIAL DETERMINANTS OF ANTENATAL DEPRESSION AND ANXIETY AMONG WOMEN IN SOUTH ASIA: A SYSTEMATIC REVIEW & META-ANALYSIS***

[1]Nafisa Insan*, [1]Anthony Weke, [2]Simon Forrest, [1]Judith Rankin. [1]Population Health Sciences Institute, Newcastle University, Newcastle upon Tyne, UK; [2]Department of Sociology, Durham University, Durham, UK

Background Pregnancy is a time of major psychological changes making pregnant women more susceptible to depression and anxiety. Prevalence is higher among women living in Bangladesh, India and Pakistan, compared to high-income countries, due to poor understanding and lack of mental health integration within antenatal care. Antenatal depression/anxiety is associated with adverse outcomes including postnatal depression, low birth weight and impaired fetal development. Existing systematic reviews provided only limited information, including a lack of meta-analysis, on the social determinants of antenatal depression or anxiety in these South Asian countries. This review aimed to identify, synthesise and appraise the evidence on the social determinants associated with antenatal depression and anxiety in women living in Bangladesh, India and Pakistan.

Methods We searched five databases (MEDLINE, Embase, PsycINFO, Scopus, Web of Science) and PROSPERO using keywords and MeSH headings. Two investigators screened all search results independently. Supplementary searches included hand searching reference lists and citation searches using Google Scholar. Observational studies published between 1st January 2000 and 4th January 2021 were included if they were in the English language, used validated tools for measuring depression/anxiety in pregnant women and reported statistical associations or raw numbers. Quality of included studies were assessed using the Newcastle-Ottawa scale. Summary estimates were obtained using random-effects model. Heterogeneity and publication bias was measured using the I^2 statistic and Egger's test, respectively. The review was registered on PROSPERO (reference: CRD42020167903).

Results The searches identified 3,372 studies; following deduplication, 1,987 studies remained for screening. Following screening and supplementary searches, a total of 34 studies were included in this review (with 27,379 women). Meta-analysis of Adjusted Odds Ratios (AOR) found that Intimate partner violence (AOR 2.48, 95% CI 1.41–4.33), unplanned pregnancy (AOR 1.53, 95% CI 1.28–1.83), male gender preference (AOR 3.06, 95% CI 1.40–6.72) and poor relationship with in-laws (AOR 2.69, 95% CI 1.25–5.80) were significantly associated with antenatal depression.

Conclusion Screening tools to identify pregnant women at high risk of antenatal depression should be integrated within antenatal care to prevent adverse outcomes. Knowledge of social determinants will inform the development of such screening tools and interventions. One limitation of this review is the language restriction; however, international journals largely publish in English. Future research involving qualitative studies to understand the mechanisms within the associations are needed.

OP56   **PERINATAL DEPRESSION IN MIGRANT AND REFUGEE WOMEN ON THE THAI-MYANMAR BORDER: DOES SOCIAL SUPPORT MATTER?**

[1,2]Gracia Fellmeth*, [3]Emma Plugge, [4]Mina Fazel, [2]Suphak Nosten, [2]May May Oo, [2]Mupawjay Pimanpanarak, [2]Yuwapha Phichitpadungtham, [5]Ray Fitzpatrick, [2,6]Rose McGready. [1]National Perinatal Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, Oxford, UK; [2]Shoklo Malaria Research Unit, Mahidol-Oxford Tropical Medicine Research Unit, Mae Sot, Thailand; [3]Health and Justice Team, Health Improvement Directorate, Public Health England, Reading, UK; [4]Department of Psychiatry, University of Oxford, Oxford, UK; [5]Nuffield Department of Population Health, University of Oxford, Oxford, UK; [6]Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand

Background Migrant and refugee women are at risk of perinatal depression due to multiple stressors experienced before, during and after the migration trajectory. In low-income settings, continued hardships following resettlement and limited access to mental health services may pose additional challenges. Social support has consistently been identified as protective against perinatal depression. This study assesses the associations between three different forms of social support - received, perceived and partner support - and perinatal depression among migrant and refugee women living on the Thai-Myanmar border.

Methods We conducted a cohort study on the Thai-Myanmar border of women recruited in their first trimester of pregnancy. Depression status was assessed using a clinical interview in the first, second and third trimesters and at one month post-partum. Received support, perceived support and partner support were measured in the third trimester. Associations between social support and perinatal depression were assessed using logistic regression with separate models for migrants and refugees. A series of multivariable regression models were built using stepwise estimation with demographic, socio-economic, migration, obstetric and psychosocial variables sequentially added to the model.

Results Of 568 women participating in the study, 451 (233 migrants; 218 refugees) had complete data for social support measures and were included in the current analysis. The prevalence of perinatal depression was 38.6% in migrants and 47.3% in refugees. Migrants reported higher levels of received, perceived and partner support than refugees. In the final model, after controlling for all other variables, higher