these behaviours within individual groups. Indian (OR: 1.76; 1.14, 2.71) and Chinese (OR: 3.65; 1.37, 9.78) groups were more likely to be obese in the second generation than the first after adjusting for age and sex, with no significant differences observed in all other groups. Adjusting for health behaviours in each ethnic minority group had a negligible impact on the risk of second generation obesity. However, the risk of obesity increased in all groups after adjusting for the better socioeconomic circumstances of the second generation.

**Conclusions** Socioeconomic shifts determine generational differences in obesity risk to a greater extent than acculturative changes in behaviours. Findings suggest that generational variation in obesity rates for ethnic minorities may be more effectively controlled through reductions in wider socioeconomic inequalities rather than targeting individual health related behaviours.

**P45 REGIONAL COMPARISON OF SOCIOECONOMIC AND ENVIRONMENTAL PROFILES OF FAMILIES WITH PREGNANT WOMEN IN THE ALL IRELAND TRAVELLER HEALTH STUDY**

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**Objective** Travellers have been documented as a distinct group in Irish society for centuries. They experience significant socioeconomic and health disadvantage particularly pertinent to pregnancy and early childhood development. This analysis contrasts the socio-economic and environmental profiles of “families with a resident pregnant woman” (FRPW) to other Traveller families and according to two distinct geopolitical regions.

**Setting** Census survey of the All Ireland Traveller Health Status Study of 10,618 Traveller families in the Republic of Ireland (ROI) and Northern Ireland (NI).

**Methodology** Cross-sectional descriptive analysis of all FRPW in recruitment stage of prospective birth cohort study.

**Results** General comparison of socio-economic indicators showed marked differences between regions. There were 42 FRPW in NI (2.7% of all census families), 670 (7.4%) in ROI. FRPW family size was smaller in NI (mean 2.7, median 2, SD 1.9) compared to ROI (mean 4.1, median 4, SD 2.6) (p<0.001). Literacy rate was better in FRPW compared to non-FRPW in ROI but not in NI. However, there were no differences in literacy and numeracy rates for FRPW between regions. More FRPW in NI than ROI live in caravan/mobile home/trailer (40.5% NI vs 20% ROI, p<0.001); stayed for shorter period in their current accommodation (47.6% NI vs 33.5%, ROI, p=0.002) and were forced to move by local community (12.2% NI vs 26.2% ROI, p<0.001). FRPW in NI have better private transport ownership (53.3% vs 79.6%, ROI, p<0.001). There was a greater lack of general public facilities for example, working public lighting and fire hydrants, and more problems with living environment for example, lodged water (22.9% ROI vs 10% NI) and living near a road side (48.4% ROI vs 35% NI) (all p<0.001) in ROI compared to NI. These varied across the type of accommodation and may be associated with poor quality living accommodation. There was a significant difference in the reporting of perceived “very unhealthy/ unhealthy” (40.5% NI vs 25.5%, ROI, p<0.001) and “very unsafe/ unsafe” (40.5% NI vs 27.3%, ROI) living environment.

**Conclusion** FRPW suffer from different socioeconomic and environmental amenity disadvantages in the regions; such differences may reflect overall regional differences rather than be related specifically to pregnancy. In both jurisdictions health needs are considerable with significant policy indications.