

OP20 SHAME: EXPERIENCES OF FOOD AND POVERTY AMONG WHITE BRITISH AND PAKISTANI LOW-INCOME WOMEN

¹MS Power*, ²N Small, ¹KE Pickett. ¹Department of Health Sciences, University of York, York, UK; ²Faculty of Health Studies, University of Bradford, Bradford, UK

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Background Food bank use has increased sharply in the UK since 2010, however, qualitative research with food aid providers has found very low use of food banks by members of Bradford's Pakistani community, a large minority community in Bradford. Despite this, quantitative research has shown a substantial prevalence of food insecurity among Pakistani households (10%), albeit a lower prevalence than in White British (WB) households (18%).

The study aims to understand how low-income women understand and experience food insecurity, and how this differs between WB and Pakistani women; and to explore access to and experiences of food aid among WB and Pakistani low-income women.

Methods In light of potential recruitment difficulties and language and capacity restrictions, focus groups were used. With the assistance of the Better Start Bradford Innovation Hub, we identified existing group activities in Bradford where it would be appropriate to hold focus groups. Members of these groups were invited to participate in the study. Four semi-structured focus groups (n=16) were conducted in three low-income wards in Bradford. A three-stage analysis process was used and the data was analysed thematically.

Results The sample included eight Pakistani women and eight WB women living in three deprived wards in Bradford. Seven Pakistani women were married to men in employment. Only one Pakistani woman was in employment. Six WB women were married or cohabiting; one was employed; four had partners who were employed and three were solely reliant on social security.

Only one Pakistani women reported struggling to afford food, compared with five WB women. However, only three of the latter had used food aid; no Pakistani women had used food aid. All women described a sense of shame around not being to provide enough food for family members, particularly children. This was felt most acutely among Pakistani women. It was explained that food insecurity was experienced but concealed among Bradford's Pakistani community; support with food was sought not from food aid but from immediate family members and, occasionally, the wider Pakistani community.

Conclusion This is small scale study of low income women in one city, however it does suggest that Pakistani and WB women in Bradford experience food insecurity differently, with the latter much more likely to use food banks. Shame around food insecurity may not only deter low-income women from accessing food aid but cause food insecurity to be concealed entirely, this is most pronounced in the Pakistani community.

Children and mental health

OP21 ASSESSING THE IMPACT OF CHILDHOOD SOCIO-ECONOMIC CONDITIONS ON CHILD MENTAL HEALTH: FINDINGS FROM THE WIRRAL CHILD HEALTH AND DEVELOPMENT STUDY

¹C Rutherford*, ²J Hill, ³H Sharp, ¹D Taylor-Robinson. ¹Department of Public Health and Policy, University of Liverpool, Liverpool, UK; ²School of Psychology and Clinical Language Sciences, University of Reading, Reading, UK; ³Department of Psychological Sciences, University of Liverpool, Liverpool, UK

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Background There is increasing recognition that the early-years of a child's life are critical periods in which social inequalities in mental health can develop. A systematic review has shown that a socio-economic gradient exists in child and adolescent (5–18 years) mental health outcomes, but few studies have assessed the early emergence of inequalities in child mental health. The aim of this study was to assess the impact of childhood SECs on child mental health outcomes in preschool children and to identify potentially modifiable early life factors.

Methods Analysis of the Wirral Child Health and Development Study, a longitudinal study of the early origins of child mental health, following 1233 children from a wide range of socio-economic backgrounds on the Wirral, North West England. The mental health outcome measure was parent reported child externalising problems, as measured by the Child Behaviour Checklist at 4.5 years. Maternal education at 20 weeks gestation, a measure of SECs in pregnancy, was the main exposure. We assessed the association of SECs with child mental health outcomes (log CBCL T-score) in sequential linear models adjusting for pre- and post-natal risk factors (e.g. parental mental health and perinatal factors). Exponentiated coefficients and 95% confidence intervals are presented as geometric means, using R (version X).

Results Children of mothers in the most educated quintile scored 11.0% (95% CI 3.5–18) lower for externalising problems compared to children of mothers in the least educated quintile, after adjusting for sex and ethnicity. Male sex, prenatal maternal depression at 20 weeks, and postnatal depression at 3.5 years were independently associated with an increased risk of child mental health problems. Adjusting for prenatal maternal depression attenuated the association of maternal education with child mental health to 9% (95%CI 1–16) comparing the most educated to the least). Further adjustment for perinatal factors and post-natal mental health did little to further attenuate the association of SECs with child mental health.

Conclusion In a study of early child mental health we found that social disadvantage is associated with worse child mental health outcomes at age 5. This was partially explained by adjusting for maternal mental health during pregnancy, but not postnatal measures of maternal mental health. Policies