TBAs. The findings revealed adolescents’ expressions of some positive side of motherhood, although they were confronted with some difficulties that affected their lives. Some adolescents posit coping with economic and financial constraints, opting for unsafe abortion to reduce stigma with unplanned pregnancy, managing the extra responsibility of taking care of the baby and the challenge of going back to school after delivery were major societal challenges for them. Some adolescents opined that positive support from family members assisted them manage difficulties despite community stigma associated with unplanned teenage pregnancies. Interviews with midwives and TBAs showed that adolescents were treated badly by health professionals, thereby significantly contributing to delays regarding their access to health services.

Conclusion We propose that health service providers and policy makers implement interventions that will support young mothers during motherhood. There is the need to build social capital among community members regarding their support to improve psychosocial well-being of adolescents during early motherhood. Adolescent friendly health services need to be strengthened to encourage adolescents to freely utilize services and health professionals need to be trained to deliver effective services to adolescents.

### P27 SETTING RESEARCH PRIORITIES FOR LEARNING DIFFICULTIES IN CHILDREN AND YOUNG PEOPLE

**Background** Our project aims to identify the top 10 research priorities for learning difficulties in children and young people (CYP). The project is a collaboration between Scottish charity The Salvesen Mindroom Centre (SMC), the SMC Research Centre within the University of Edinburgh, and the James Lind Alliance (JLA) (http://www.jla.nhs.uk/priority-setting-partnerships/learning-difficulties-scotland/). The definition of learning difficulties that we are working to is ‘a problem of understanding or an emotional difficulty that affects a person’s ability to learn, get along with others, and follow convention’ (http://www.mindroom.org/index.php/about_us).

**Methods** Following standard JLA methodology, we asked people from across Scotland who have learning difficulties, their families, and the professionals working alongside them, to tell us what they would want researchers to find out about learning difficulties using online and paper survey tools. Additional potential research priorities were gathered through review of NICE and Scottish Intercollegiate Guidelines Network (SIGN) research recommendations. After removing the out-of-scope submissions, the remaining submissions were allocated into categories. Duplicates were combined. Potential research priorities were then verified against up-to-date, relevant and reliable systematic reviews and guidelines to confirm ongoing uncertainty. Future work will include an interim survey to rank the priorities and a final stakeholder workshop to identify and rank the top 20 questions.

**Results** The first survey was completed in 2017. We received 828 questions from 367 respondents, with 3% coming from CYP with learning difficulties, 5% adults who experienced learning difficulties as a child, 40% parents/carers, and 52% professionals. An innovative aspect of this project is the cross-sector input from education (37%), health (57%) and third sector (7%) professionals. Out of the 828 questions, 761 were classified as in-scope. The 761 questions were summarised into 40 questions under 9 themes. Respondents from 28 out of 32 Scottish local authorities participated in the survey. 32% of the CYP with learning difficulties and adults who experienced learning difficulties as a child, 8% of the parents and carers (postcode of residence), and 10% of the professionals (work postcode) were from the 20% Scottish Index of Multiple Deprivation most deprived data zones in Scotland.

**Conclusion** The James Lind Alliance methodology provided a systematic and transparent approach to identifying research priorities that included people who have learning difficulties, families, and professionals who have typically not contributed to setting the research agenda. The top 10 research priorities will inform future research work into learning difficulties, including the work of the SMC Research Centre.

### P28 CUMULATIVE SLEEP PROBLEMS AND OVERALL HEALTH: A LONGITUDINAL ANALYSIS OF 3104 YOUNG WOMEN AND MEN IN THE BASUS COHORT STUDY

**Background** The importance of sleep for overall health and wellbeing is well established, with independent effects from inadequate quantity as well as poor quality. The cumulative effect of different sleep problems on general health in young people is unknown. This longitudinal study aimed to ascertain prospectively the associations between types and amounts of sleep behaviours and general health, and investigate potential gender differences.

**Methods** Longitudinal study of 3104 adolescent participants from the population-based BASUS prospective cohort study in British Columbia with repeated measures of sleep deprivation and sleep disturbances (2011 fall, 2012 spring, 2012 fall), and self-rated health (2011 fall, 2012 fall). Multivariable logistic regression models with sex interaction terms for each exposure estimated gender-specific associations between self-reported sleep deprivation, or sleep disturbance, and odds of non-optimal health.

**Results** We found no consistent association between cumulative sleep deprivation and overall health in either young women or young men. However, there was a monotonic association between cumulative sleep disturbance and overall health in both genders. Compared to young women with no history of sleep disturbance, young women reporting chronic sleep disturbance were over twice as likely to report non-optimal health (OR 2.18 [CI95 1.13, 4.22]). Similar and stronger results were found in young men (2.41 [1.05, 5.51]). Results were unchanged in sensitivity analyses and became stronger (and significant for sleep deprivation) in complete-case analyses.

**Conclusion** Findings suggest that the overall health of young people would benefit from interventions aimed at preventing and mitigating chronic exposure to sleep disturbance such as difficulty staying or falling asleep.