

identities in maternal mental health research. Using a cumulative or additive measure of MFD might underestimate the association between discrimination and PPD specifically in minority and immigrant mothers who face MFD. Health care providers should consider the effects of MFD on PPD among mothers, especially for women located at more than one marginalized axis of identity.

RF37

PREDICTORS OF ATTITUDES TOWARDS PEOPLE WITH DISABILITY IN AUSTRALIA: FINDINGS FROM A CROSS-SECTIONAL SURVEY OF AUSTRALIAN ADULTS

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Background There have been many studies on attitudes to disability, but few are nationally representative, and little is known about how attitudes vary by socio-demographic characteristics and contact with disabled people.

Methods We used data from 2,000 members of an Australian probability panel who completed a survey on disability-related attitudes. Attitudes were measured with the Attitudes to Disability Scale (ADS), which asks 16 questions in 5-point Likert-type format. The outcome for this analysis was the Prospects sub-scale, which asks whether the capacities and aspirations of disabled people should differ from those of non-disabled people. Raw scores out of 20 points were standardized (mean 0, SD 1) with positive scores representing more positive attitudes. Sociodemographic variables (disability/carer status, age cohort, education level, country of birth, socio-economic disadvantage, gender, and region of residence) were fitted in a linear regression model to examine predictors of attitudes. Eight measures of lifetime contact with people with disability (e.g. ever lived with a person with disability [yes/no]) were then fitted in separate models to examine associations with attitudes, adjusting for potential confounders excludes participants with a disability and carers.

Results Female (versus male) gender predicted more positive attitudes ($\beta=0.36$, 95% CI 0.23, 0.49), as did overseas English-speaking origin ($\beta=0.20$, 95% CI 0.02, 0.39) relative to native Australian, and year 12 educational attainment ($\beta=0.41$, 95% CI 0.21, 0.60) or university study ($\beta=0.39$, 95% CI 0.20, 0.58) relative to less than year 12. People with disability (versus non-disabled non-carers) had more negative attitudes ($\beta=-0.15$, 95% CI -0.30, -0.01), as did members of the oldest (Lucky) generation versus the youngest (iGeneration) ($\beta=-0.37$, 95% CI -0.62, -0.12) and overseas non-English speaking origin ($\beta=-0.37$, 95% CI -0.62, -0.13) versus native Australian. In the 8 contact models, 4 were associated with more positive attitudes: ever having a colleague ($\beta=0.29$, 95% CI 0.13, 0.45); classmate ($\beta=0.26$, 95% CI 0.09, 0.43); close friend ($\beta=0.25$, 95% CI 0.07, 0.42); and teacher/boss ($\beta=0.27$, 95% CI 0.02, 0.52) with disability.

Conclusion This study is the first Australian population-based study of predictors of attitudes to disability. Internalized stigma might explain why disability was associated with more negative attitudes among disabled people. Because this is a cross-sectional study, we do not know the direction of the

relationship between having friends with disability and positive attitudes however our findings suggest that peer relationships in social environments and contact in work and educational settings promote positive attitudes to disabled people.

Poster Programme

P01

CHILDHOOD SOCIO-ECONOMIC POSITION AND MIDLIFE PHYSICAL FUNCTIONING: EXPLORING ASSOCIATIONS AND UNDERLYING MECHANISMS IN THE 1958 BRITISH BIRTH COHORT

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Background Evidence suggests that childhood socioeconomic position (CSEP) is associated with adult physical functioning (PF). However, literature is limited on key life-course intermediaries that explain this relationship. In the 1958 British birth cohort, we aimed to examine (1) the association between CSEP and PF in midlife, and (2) potential adult intermediaries (i.e. social, psychological, behavioural and biological pathways) that could explain the CSEP-PF relationship.

Methods CSEP recorded at birth (or at 7y) was represented by 4 categories of father's occupational class (professional/managerial, skilled non-manual, skilled manual and partly skilled/unskilled). PF was assessed at 50y using the validated PF subscale of the SF-36 questionnaire. Participants with a score at or below the gender-specific 10th-centile were classified as having poor PF. Prospectively collected data represented each of the four potential intermediary pathways: social (42y socioeconomic position, 33y education), psychological (42y mental health), behavioural (42y smoking, drinking and physical activity) and biological (45y measured BMI, waist-hip ratio, blood pressure, lung function, HbA1c and blood lipids). Gender specific associations were examined using logistic regression, in STATA v15. Adjustments were made for prospectively recorded early-life covariates (birth-weight, maternal smoking, childhood disability and presence of childhood illnesses).

Results In unadjusted analysis ($n=4056$ men, $n=4375$ women) odds ratios (ORs) for poor PF increased with decreasing CSEP. This trend was maintained after covariate adjustment e.g. in women, compared to the professional/managerial class, adjusted-OR for skilled non-manual was 1.31[0.77,2.24]; skilled manual was 1.86[1.28,2.69] and partly skilled/unskilled was 2.23[1.49,3.35]. After accounting for the social pathway, associations were markedly attenuated, particularly in women; e.g. compared to the professional/managerial class OR for skilled non-manual was 0.87[0.46,1.68]; skilled manual was 1.24[0.80,1.93] and partly skilled/unskilled was 1.30 [0.79,2.14]. Behavioural factors attenuated associations to a lesser extent. Biological factors completely attenuated associations in women, whereas associations remained in men. Associations were little affected by psychological factors.

Conclusion While there was a trend between lower CSEP and higher risk of poor midlife PF in men and women, intermediary pathways differed by gender. Better adult education and employment opportunities may help alleviate the burden of low CSEP for all, however improving biomedical profiles may