

BOOK OF ABSTRACTS

PARALLEL SESSIONS

Day 1 – 25th August 2022

Parallel sessions 1 (11.30-13.00)

<u>Covid-19 and experts' knowledge</u>	<u>Covid-19 and health services</u>	<u>Health between theory and practice</u>	<u>Health promotion</u>	<u>Work and health 1</u>
--	-------------------------------------	---	-------------------------	--------------------------

Parallel sessions 2 (14.00-15.30)

<u>Covid-19 and health surveillance</u>	<u>Covid-19 and public discourse</u>	<u>Ageing and Long-Term Care</u>	<u>Health inequalities 1</u>	<u>Parenthood and health</u>
---	--------------------------------------	----------------------------------	------------------------------	------------------------------

Parallel sessions 3 (16.00-17.30)

<u>Covid-19 and wellbeing</u>	<u>Covid-19 and young people's wellbeing</u>	<u>Covid-19 and everyday life</u>	<u>Body and society</u>	<u>Health inequalities 2</u>	<u>Health and communication</u>
-------------------------------	--	-----------------------------------	-------------------------	------------------------------	---------------------------------

Day 2 – 26th August 2022

Parallel sessions 4 (09.00-10.30)

<u>Covid-19 and inequalities 1</u>	<u>Covid-19 and healthcare professions</u>	<u>Covid-19 and inequalities 2</u>	<u>Caregiving</u>	<u>Medicalisation and de-medicalisation</u>	<u>Sleep and health</u>
------------------------------------	--	------------------------------------	-------------------	---	-------------------------

Parallel sessions 5 (11.00-12.30)

<u>Covid-19 and ethnic inequalities</u>	<u>Covid-19 and work</u>	<u>Sexual practices and health</u>	<u>Mental health</u>	<u>Risk and safety</u>	<u>Big data, digital health and health technologies</u>
---	--------------------------	------------------------------------	----------------------	------------------------	---

Parallel sessions 6 (16.30-18.00)

<u>Covid-19 and mental health</u>	<u>Covid-19 and preventive measures</u>	<u>Mental wellbeing</u>	<u>Work and health 2</u>	<u>Healthcare organisation</u>	<u>Preventive medicine and genetic testing</u>
-----------------------------------	---	-------------------------	--------------------------	--------------------------------	--



Day 3 – 27th August 2022

Parallel sessions 7 (09.00-10.30)

<u>Covid-19 and students' mental health</u>	<u>Covid-19 and healthcare organisation</u>	<u>Healthcare professionals' education</u>	<u>Mental health and inequalities</u>	<u>Migration and health</u>
---	---	--	---------------------------------------	-----------------------------

Parallel sessions 8 (11.00-12.30)

<u>Covid-19 and vaccines</u>	<u>Covid-19 and management of chronic illnesses</u>	<u>Health and social workers</u>	<u>Vaccination hesitancy</u>	<u>Work and health 3</u>
------------------------------	---	----------------------------------	------------------------------	--------------------------

Parallel sessions 1 (25th August, 11.30-13.00)

Covid-19 and experts' knowledge

The image of medicine as an expert system: comparing the controversy on Covid-19 in Italy and UK

Fabio Lucchini (eCampus University), Michele Marzulli (Ca' Foscari University)

Background and objectives: The contribution tries to define the limits of the debate developed around vaccines and the Covid-19 pandemic, by attempting to illustrate the terms of the scientific controversy in Italy and UK (Martin, 2008; Johansson, 2021; Pellizzoni, Biancheri, 2021).

The theoretical context is therefore connected to the relations between expert systems and public opinion analysed by Giddens and Beck in the recent past. Beck's approach appears of striking interest when it describes how scientists' knowledge is questioned during serious globalized crises in a context where one of the paradoxical outcomes of the medicalization of everyday life (Conrad, 2007; Abraham, 2010; Maturo et al., 2020) is a messianic expectation of achievements in medical sciences.

Methods: In details, a web-ethnography will be carried out, based on the analysis of some social profiles of well-known medical scientists. An analysis of Twitter profiles (females and males, chosen among the most popular and active scientific Italian and British profiles) will be linked to a scrutiny of a selection of speeches and interactions generated around them. A qualitative content analysis will be realized to comprehend manifest meanings but also latent interpretations about the aforementioned issues.

Expected results: Analysis of the empirical data may provide useful insights into rethinking public discourse around vaccines and infection control measures. Firstly, it seems increasingly misleading to define the political space with pro-vax and no-vax dichotomies. Apart from some pre-political positions, there has been a lack of reflection on the contextual and non-neutral nature of medical knowledge. Moreover, even the use of data as self-evidence shows how scientific discourse may sometimes be naïve.

The link between expert (medical) systems and political decision-making is another issue: deresponsibilization as a decision-making process, in fact, seems to exacerbate rather than reduce the lack of trust in democratic political institutions.

Finally, scientific knowledge as knowledge in the making, contextual, critical: because of the poor nature of public debate, a simplification of argumentations (pro-vax vs no-vax) seems to be emerging, destined to further polarize positions and not to discuss the issues on which scientific knowledge still has a long way to go, also in a post-pandemic society.

Evidence based knowledge VS practice based knowledge in medicine? The birth of a "dissident" community of practice during the Covid-19 pandemic

Micol Bronzini (Università Politecnica delle Marche), Roberto Lusardi (Università degli Studi di Bergamo), Enrico Maria Piras (Fondazione Bruno Kessler)

Evidence Based Medicine (EBM), the dominant approach in medicine and the health professions, constitutes a paradigm shift in the history of medicine. EBM hierarchies knowledge, placing at the top the metasyntheses of scientific literature (that produce the "evidence") and assigning a minimal value to expert opinion and clinical experience, the traditional source of medical professional knowledge. This leads to a dichotomization of the knowledge entitled to guide decision making in medicine: guidelines and protocols based on scientific evidence are the most reliable sources, while practical and experiential knowledge are conceived subject to cognitive biases that undermine their reliability. But what happens when evidence are completely absent or still in the process of being established? To answer this question, the present contribution analyzes the case of the "early home care treatments" for Covid-19 following the emergence of a "dissident" community of practice of general practitioners and hospital specialists. The paper describes how, self-organizing through social networks and instant messaging applications, the dissident community developed and used a treatment protocol based on observational data collected during clinical practice. Drawing on an empirical research conducted through interviews, online ethnography and documentary analysis, the work reconstructs the process of self-organization and construction of the community of practice that worked to reconcile daily clinical practice and the

production of validated knowledge by experimenting with therapies and proposing treatment protocols. In this contribution we discuss the analysis of preliminary data that allow to investigate the profession of the general practitioner caught in the unfinished transition towards the model of evidence-based medicine. In particular, the research highlights the difficulty of the community of dissident physicians to find recognition as a legitimate subject to produce knowledge, reconfirming its subordinate position in the system of health professions and in medical epistemic community.

What experts? Whose advice? The “Delphi oracle” and “Moses tablets” in the management of the covid-19 health emergency in Italy

Giorgia Dal Fabbro (University of Trento), Federica Angeli (University of York), Silvia Camporesi (King’s College London)

This paper investigates the production and mobilisation of expert advice for the management of the covid-19 pandemic in 2020 in Italy. The first country in the world after China to face the outbreak, the level of uncertainty regarding the new pathogen was unprecedented: in Italy the state of national emergency was declared on January 31st, 2020, well before WHO declared it a pandemic (March 11th), and even before the new coronavirus was given its name SARS-cov-2 by the International Committee on Taxonomy of Viruses (February 11th, 2020). The Italian Government sought expert advice through the contribution of different expert advisory groups: some envisaged by the law; some instituted ad hoc to deal with the emergency; others that were already in place but came to play a crucial role during the pandemic. Our case study relies on both primary (stakeholder interviews) and secondary data collection (official documents and communications by expert advisory bodies, ministerial decrees, and policy documents). Our research shows the near complete overlap of technical advice and political response in the first phase of the covid-19 outbreak in 2020. A key policy role was played by the Technical and Scientific Committee (CTS), which was regarded by the media as the “Delphi oracle”, and whose minutes came to be referred to as “Moses’ tablets”, and fed directly into ministerial decrees. Our findings suggest that expert politics can lead to the confirmation of knowledge hierarchies that privilege hard sciences, and show that socio-economic expertise has not been easily integrated into scientific expert advice, constituting a major challenge for policymaking. As the state of national emergency in Italy is due to come to an end on March, 31st, 2022, a major question for research becomes what will happen with the expert advisory groups which were mobilised in the past two years.

PandHEMOT project: a secondary analysis of the meaning of health

Lonardi C., Carradore M., Vicentini G., Rocca E., Burro R., Raccanello D. – University of Verona

Background: The COVID-19 pandemic has affected everyone’s life, animating the debate that considers health as the ability to adapt to live with chronic disease and to self-manage, dating back to the early 2000s. Since the pandemic has changed the panorama of epidemiology, this has influenced the way people perceive their health.

Objectives: The aim of this exploratory research is to investigate if people’s perception of their health has changed since the outbreak of the pandemic, and to explore how the meaning of health has changed.

This research is part of PandHEMOT Project, which aims to develop a web application to promote children and adolescents’ knowledge of health behaviours and emotional preparedness.

Methods: A semistructured interview was used to collect data on the experts’ perspectives on the meaning of health. 25 Italian experts with diverse backgrounds and work environments (primary/secondary school teachers, Civil Protection Department experts, psychologists, health sociologists, paediatricians, Public Health doctors, a hygienist doctor, and a security officer) were interviewed. The interviews were carried out since October 2021 to January 2022. Consent forms were collected and all data were anonymized. The collected data were analysed by content analysis.

Results: The first results confirm that the meaning of health has changed. COVID-19 has stimulated people to think that health is not only physical pain, but there are also a mental and a social dimension that both affect individual health. The lockdown restrictions showed that social relationships are a significant component of health. Furthermore, our findings indicate that the fear for one’s health has resurfaced, and more attention is paid to symptoms that were not fully considered before.

Discussion/conclusions: The very first evidence suggests that people improve the perception that health has both an individual and a social component.

Covid-19 and health services

Access to health services during the COVID-19 outbreak in Slovenia

Sabina Ličen, Igor Karnjuš, Mirko Prosen – University of Primorska

Introduction: In light of the ongoing pandemic COVID -19, the indirect impact on essential health services in several parts of the world has led to significant changes in the use of these services. Many studies report profound impacts on the health of many people who are not infected with the virus but are living with chronic illnesses and, for these reasons, are not only highly vulnerable to complications and death from COVID -19 but also suffer interruptions in their regular care routines. The aim of this study was to investigate satisfaction with accessibility of health services during the COVID -19 epidemic in Slovenia.

Methods: A standardised questionnaire was used in a non-experimental quantitative descriptive research study: Satisfaction of citizens of the Republic of Slovenia with their health care services (Cronbach alfa = 0.850). 226 subjects were included in the study. Data were collected from December 2020 to February 2021 using an online questionnaire and analysed using descriptive statistics and nonparametric tests. A P value ≥ 0.05 was considered significant.

Results: Respondents especially appreciated the friendly and respectful attitude of the health professionals and the availability of emergency care. They negatively evaluated the lack of telephone accessibility, long waiting times in waiting rooms, and short treatment duration. The results show a more positive evaluation of the availability of health services among men, in the age group between 51 and 60 years, among employees and students, among people with a master's or doctoral degree, and among respondents living in the north-eastern part of Slovenia ($p < 0.05$).

Discussion and conclusions: The pandemic had a serious impact on our health services by reducing their utilisation, especially among people with chronic diseases. However, the study found that since the SARS-CoV-2 virus outbreak in Slovenia, trust and access to health care and health services have not changed significantly.

Innovating long-term care systems in a comparative perspective in Covid 19 emergency time: recent developments in Italy, Spain and Germany

G. Casanova 1,2,3, A. Doñate-Martínez 1, G. Lamura 2, and A. Teti 3

1. Polibienestar Research Institute, University of Valencia; 2. IRCSS INRCA National Institute of Health & Science on Ageing, Ancona; 3. University of Vechta*

In Italy, Spain and Germany, long-term care (LTC) systems work in place in two different care regimes (Schulmann et al., 2014), with specific peculiarities on demographic trends, care systems, characteristics of the families and differences in the care needs. The Italian and Spanish family-based care system is characterized by high demand for care, but low informal care as well as formal care. In Germany, the medium/ high demand for care finds an answer thanks to a medium/ low level of informal care provision and medium formal care. This study aims to compare the Italian, Spanish and German LTC policies to identify the innovations, including social innovation (as defined by European Commission, 2011), that have been promoted in their systems. An additional aim of comparing is to understand how innovations better support the answer of their care system, with particular attention on to contrast emerging care needs in Covid-19 health and social emergency. A rapid review of the literature supported by secondary data collected from national and international official databases (selected from those ensuring the best quality of data) allowed us to describe Italian, Spanish and German LTC systems, their main specific characteristics, their level of capacity of the LTC systems to answer the care.

Disability Health Policies: Changes on policies and services during the pandemic in Italy and Poland in comparative perspective

Angela Genova (University of Urbino), Alice Scavarda (University of Turin), Maria Swiatkiewicz-Mosny (University of Krakov)

The disability health policies result from the last decades' reform process in each European country in a path dependency perspective. Significant, non-incremental change is unlikely. Nevertheless, Covid-19 represents an exogenous shock, affecting the structure of disability health policies in Europe, as institutions and processes that form the infrastructural framework for policy decisions. From the one side, disability policies responses to the pandemic emergency might be considered in relation to the state-of-the-art of the policies at the arrival of the pandemic, as a result of policy reforms in the years before the pandemic. From the other side, the pandemic emergency outlines a conjuncture where contingency (pandemic as an exogenous shock) shows weakness in the structural aspect of the system (institutional policy context as the endogenous dimension) and, therefore, potentially calls for significant change.

This study investigates how Covid-19 has affected social and health services related to cognitive disability in Poland and in Italy in a comparative case study perspective. The analysis focuses on regulative aspects and on data from interviews to key informants and stakeholders. The results show that despite differences in the national and local regulative framework the Covid-19 pandemic (as exogenous shock) has had a severe impact on health and social services for cognitive disabled people in both countries, in a retrenchment process, limiting possibilities and reducing achievements that had characterised the last decades, supported by the EU policy framework. Nevertheless, the pandemic has also pushed forward an innovative process based on the use of digital technology and on the cooperation between different services that could open the way towards improvements in service provision. This study, suggesting a meta-reflexivity on the impact of Covid-19 on services and on innovative practices, contributes to the European debate on disability health policies.

E-pharmacies and cyber-pharmacists in the Covid age. The Italian experience

Pietro Paolo Guzzo (University of Bari)

Abstract: The paper focuses on the potential of e-Pharmacies and the new digital skills of pharmacists in the aftermath of the Sars-Cov2 pandemic, with special reference to Italian experience. From this perspective, a sociological analysis of the digital role-set of pharmacists is developed, in order to highlight the opportunities and risks of the spreading of online pharmacies and their potential contribution to the delivery of new digital services for addressing Covid-19. The paper ends with some considerations on the importance of the sociological studies of "e-pharmacy encounters" in the current phase of Covid Age in Italy, based on some sociological inquiries in progress. So seems to emerge some "lessons" for new health citizenships and next European pharmacy policies. Recognizing and learning from these lessons is important to implement the National Recovery and Resilience Plan (Piano Nazionale Ripresa e Resilienza, PNRR).

Health between theory and practice

Social Responsibility of Medicine (before and after COVID 19)

Kateřina Ivanová (Palacky University Olomouc)

Background: The term "Social Responsibility" (SR) has become a social construct since the beginning of the 20th century. The starting point was the pursuit of ethical business. It is used as a scientific term in various fields (management, economics, ethics, andragogy, political science). Since 2015 it has been linked with the Sustainability Development Goals (SDGs). Since 2000, the SDGs have been preceded by the Millennium Development Goals (MDGs), which have covered a wide range of topics related to medicine.

Objective: The aim of the paper is to present the content of the social responsibility pillars innovated for Social Responsibility of Medicine (SRM) and to show the connection between SRM and SDGs.

Methods: Identification of social responsibility of medicine followed by the conceptualization of the traditionally defined construct of Corporate Social Responsibility (CSR) based on ethical, socio-medical, and sociological theories.

Results: "CSR is the voluntary integration of value, social, and environmental aspects into everyday corporate operations and interactions with all stakeholders." The concept of CSR is operationalized into

four pillars: value, economic, social, ecological. In medicine, the value pillar is based on ethical principles according to the theory of Beauchamp and Childress and the goals of medicine according to Callahan; the economic pillar is based on efficacy, effectiveness, efficiency of the health care system according to the theory of Holčík; the social pillar is based on the Parsons' theory of the role of physician and patient in the normative and interpretive conception according to Freidson; the ecological pillar could be based on Beck's theory of "socialized nature" and "deep ecology" of Naesse.

Conclusion: The conceptualization of SRM is based on the traditional concept of CSR and creates a new unified theory of the SRM concept. It verifies its validity in relation to sustainability programs.

Fractured systems: Global disability agendas and evolution of health and social welfare policies for disabled people in India

Marianne Hedlund (Norwegian University of Science and Technology), Anita Kar (Center of Birth defects and childhood disability, SP Pune University)

Inclusion and social rights predominate global disability discussions. The right to medical rehabilitation and healthcare for people with disabilities remains muted in the global dialogue. Access to healthcare is not universal in low and middle-income countries. In this study we explore whether the international disability dialogues could influence a skewed development of health and social welfare services for disabled people in these settings. Using India as a case study, we identified a plethora of social welfare services, arising as a reaction of the Indian government ratifying all major international disability treaties. We argue that without a similar global agenda for access to healthcare, health services for people with disability have evolved because of national needs. We suggest that unless the right to healthcare for people with disability takes centre-stage in global disability dialogues, health needs of people with disabilities in low- and middle-income countries will continue to remain invisible, deterring functioning and social participation.

The problems of disease and being sick in classical Polish medical sociology

Ewelina Ostrowska (UMCS Lublin)

The goal of the presentation is to show the historical evolution of the concepts 'disease' and 'being ill', which took place in classical Polish medical sociology in the 1960s, '70s and '80s. The leading representative of those investigations that created the theoretical and empirical foundations of the then 'sociology of disease' was Magdalena Sokołowska /1922- 1989/, recognized as the co-author of the scientific foundations of European medical sociology [Claus 1982; Archer, Bottomore, Elling, Elinson 1989: 3- 5]. Already in the early 1960s Sokołowska emphasized the fundamental importance of 'sociological' rather than medical contexts of disease that contributed to its incidence, course and consequences. The next stages of transition from the 'biomedical' to 'sociological' perspective were the analyses of terms: 'pluricausality', 'relativity', and 'social environment'. The deepening and broadening of the sociological perspective in the descriptions and interpretations of disease and of the process of being ill caused this trend of sociological thought to depart from the interpretations of epidemiology, hygiene, and social medicine, and to deepen its own, autonomous approach to these problems. Empirical studies on the issues of social stress and functional disease made medical sociologists establish close relations with general sociology and its subdisciplines /sociology of the family, sociology of work etc. / in the 1970s. The significance of these problems concerning illness and being ill in the period in question goes far beyond the "Polish context" because in the 1960s, '70s and '80s the Polish version of medical sociology was regarded as the leading one in Europe [Claus 1981] , while the models of practicing this subdiscipline /theory and methodology of studies into disease/ inspired medical sociologists of that time in 'socialist' countries: in Hungary, Bulgaria, Romania, Czechoslovakia, Yugoslavia, and in the Soviet Union [Piątkowski 2020: 178 - 181]

Socio-philosophical approach to health

Georgi Sarov, Galya Chamova – Trakia University

Background: For decades, medicine has faced an insurmountable therapeutic problem - improving public health. Framingham and many subsequent epidemiological studies have shown that behavior is a significant health risk factor but the attempts to improve health through social policies encounter subjective, communicative, economic and political contradictions. In fact we live in a pro-risk society and

risk behaviors are parts of conventional social norms. Objectives: So we have to look for definitions of the natural social norms that should be also health-friendly. Results: We propose a model of socio-normative approach based on a philosophical understanding of the existential nature of norms and derive four natural social norms (personal, communicational, economical, and ideological). By the method of theoretical investigation we find out that the deviations of these natural norms originate risk behavior. We offer more precise definitions of norms in personal life, communication, economics, and ideologies that limit the speculative conventional interpretation of risk behavior as socially normal. We argue that life in natural social conditions could reduce the risky behavior. Discussion: Modern preventive interventions do not give the expected effects because they face the conventional social norms. Changing conventional norms to natural ones has the potential to reduce risky behavior without further intervention, but this inevitably requires streamlining social life. Conclusions: We argue that sick society cannot be cured by healthy policies and healthy society does not need them so much, because the social improvement would lead to additional health benefits.

Health promotion

Democratized health promotion: Bearing with the political aspects of health risk

Evelyne Baillergeau, Gerlieke Veltkamp, Christian Bröer, Gerben Moerman, Rein de Sauvage Nolting – University of Amsterdam

In the last few years, experiential knowledge of situations deemed at risk has been increasingly considered in health promotion, alongside scientific and clinical knowledge. By experiential knowledge, one can think of ‘fallacious lay beliefs’ (Prior, 2003) that policy-makers ought to take into account to ensure the quality of health risk communication, but also first-hand knowledge of health-risk or of the social effects of prevention, including undesirable effects, such as stigma. Notwithstanding increasing attention for experiential knowledge, ‘expert knowledge’ remains way more powerful in health promotion than knowledge born to those ‘living the life’, leaving many social effects of risk-based health promotion unattended. Covid-19 pandemic-related measures provided many illustrations to this. What are the conditions for a balanced dialogue between different forms of knowledge of risk in health promotion? Building on governmentality theory (Foucault, 1980; Wynne, 1996), we address the ‘democratization of risk’ (O’Malley, 2008) based on a discussion of the findings of the EU-funded CO-CREATE project (2018-2023), where 15 groups of 16-18 year-olds were to devise policy ideas towards childhood obesity prevention and to test them in the local context in five European countries. Inspired by the Youth-led Participatory Action Research methodology (Ozer & Piatt, 2017), CO-CREATE built on the assumption that childhood obesity is a systems issue for which solutions were to be found along a systems approach. Additionally, young people were to explore their own experience and environments for research purposes and identification of context-related opportunities and obstacles. Based on qualitative content analysis of ethnographic data and follow-up interviews, we will point to situations in which experiential knowledge was involved in the making of policy ideas and analyse how the various forms of knowledge got along with one another along the process, with a special focus on the political aspects of health risk and harm.

Does referring to institutional sources and using patronizing language affect the receptivity for nutrition information? Evidence from a Dutch population-based survey experiment

Tim van Meurs, Joost Oude Groeniger, Willem de Koster, Jeroen van der Waal – Erasmus University Rotterdam

As a result of various communication strategies to enhance its persuasiveness and credibility, nutritional information often refers to institutional sources (e.g., health professionals, science, government) and contains patronizing language (e.g., “Everyone knows that [...]” or “That obviously only applies when [...]”). However, there are indications – based largely on convenience samples of, e.g., university students – this might decrease receptivity (i.e., arouse reactance and source derogation).

By means of a preregistered survey-experiment among a high-quality nationally representative sample to be fielded in February 2022, we aim to study if aforementioned elements of nutrition information affect

how receptive the general population is to it. In addition, we study whether the effects of these elements differ between less- and more-educated citizens, as previous research suggests that the former will respond more negatively to information containing its institutional sources and patronizing language.

Respondents are randomized into one of three groups, each presented with factually correct information about (healthy) beverages: i) a control group receiving plain information; ii) a treatment group receiving the same information plus explicit references to its institutional sources; iii) a treatment group receiving the same information as the control group plus explicit references to its institutional sources which additionally includes patronizing language. The treatment is followed by survey questions about respondents' attitudes regarding the information and its sender.

Especially given the salience of power distance in current society, which influences how citizens may view health promotion institutions, it is imperative to create information provision whose uptake is not negatively affected by this – and which does not contribute to increasing perceptions of power distance. Results therefore likely aid policymakers and intervention designers in optimizing the receptivity of health information, and tailoring it to the audience the information intends to reach most: less-educated individuals.

Do structural nutrition intervention proposals negatively affect the perceived legitimacy of health promotion institutions? Evidence from a Dutch population-based survey experiment

Tim van Meurs, Joost Oude Groeniger, Willem de Koster, Jeroen van der Waal

As many countries face increasing obesity rates, improving citizen's nutritional intake takes center stage in health promotion. Especially structural interventions are found to be effective; likely because they bypass issues related to individual agency. However, these restrictive interventions have low levels of public acceptance, and pushback against such interventions may create a negative feedback loop, adversely impacting the perceived legitimacy of institutions involved.

This may be especially so among less-educated individuals. They consider health promotion institutions less legitimate, and recent theorizing argues this may be caused by the cultural distance they perceive towards those populating those institutions. As structural interventions mainly target behavior more prevalent among less-educated individuals, e.g., consumption of sugar-sweetened beverages (SSBs), this perceived distance may be further enhanced.

By means of a preregistered survey-experiment among a high-quality nationally representative sample to be fielded in February 2022, we aim to uncover if and how proposed structural interventions affect perceived legitimacy of health promotion institutions, and if this differs between less- and more-educated individuals. We use the strategically selected case of interventions to reduce SSB consumption in the Netherlands – currently not tackled within official interventions. This allows us to confront citizens with a potential – rather than already implemented – intervention, singling out its effect more clearly. Respondents are randomized into one of three groups: i) a control group presented with an explanation of the institutions and their information provision approach; ii) a treatment group with the same information as the control group plus a proposed sugar tax; and ii) a treatment group with the same information as the control group plus a proposed regulation of sugar content in SSBs.

Results can improve awareness amongst policymakers regarding possible effects of health interventions besides health outcomes, and their potential risk for delegitimizing health promotion institutions and their current and future efforts.

Gambling and public health. An exploratory research in central Italy

Maurizio Esposito, Lucio Meglio – University of Cassino e Lazio Meridionale

In Italy in recent years, gambling has experienced a very strong expansion throughout the national territory, significantly changing its form. The places of consumption of playful games have become more and more numerous, accessible, "fast" and solitary, contributing enormously both to the change in gambling habits and to the social implications connected to it such as: social costs in terms of public health; the increase in social inequalities; the ambivalent relationship between the State and gambling.

In this perspective, gambling represents a real risk for individual and social security. As regards the volume of money played in Italy, from the official data (Agenzia delle Dogane e dei Monopoli, 2020), it can be seen that the regions with the highest per capita spending per game to bet are Abruzzo, Lombardy and

Campania, slightly followed by Lazio, in fifth place. In the latter region, the case of the province of Frosinone raises concern, whose per capita expenditure is well above the national average. For this reason, Laboratory of Social Research of the University of Cassino conducted a survey with the aim of studying the degree of perception, knowledge and practice of the gambling in the Frosinone area. The cross-sectional research was conducted on a sample of 1,020 individuals through the administration of a structured questionnaire. The data analysis was performed using the EpiInfo 3.7 statistical package. The results of the research, despite the limitations deriving from the incompleteness of the individual experience of the interviewees, seem to indicate a widespread use of gambling, with an impact on individual and social costs that is certainly underestimated compared to that actually perceived. Going into detail, the data show how the game is more widespread within the male universe rather than the female one; it is present in an inversely proportional relationship with respect to the degree held and the job position, so the tendency to gamble increases with decreasing schooling; and it is more present within the manual professions, which represent the most widespread background in particular within the world of sports betting. It should also be noted that access to gambling is also widespread in the 18-35 age group, an unexpected and relevant aspect to which educational, social and healthcare services should pay attention.

Work and health 1

A crisis of exhaustion in the game of escalation: Inconspicuous consequences of occupational burn-out among addiction therapists

Justyna Klingemann (Institute of Psychiatry and Neurology, Warsaw)

INTRODUCTION: Occupational burn-out can lead to many negative consequences on individual level – deteriorate health, quality of personal relationships, levels of work satisfaction and work involvement. Consequently, it might lower work performance and quality, lead to job resignation or even job loss. At the same time, the impact of individual burnout on the group and organization level tends not be taken into consideration. The study presented here addresses this gap and explores the phenomenon of occupational burnout among addiction therapists – its causes, consequences, and strategies of prevention, beyond an individual level.

METHODS: Data were obtained via 40 in-depth, semi-structured interviews with therapists working in the outpatient (n=20), daily (n=10) or inpatient (n=10) alcohol use disorder (AUD) treatment facilities. A maximum variation sampling was applied to assume representation of addiction therapists with different characteristics (facility location; length of work experience).

The qualitative data from each country were audiotaped and transcribed verbatim, coded and analysed (CAQDA with Atlas.ti) through a thematic analysis method. Some codes were combined to form an overarching theme, others were refined, separated, or discarded. In order to progress from description to data interpretation, and to theorise about meaning and implications of the data collected, therapists' experiences were compared and interpreted within the themes.

RESULTS: Results are discussed through lenses provided by Rosa's theory of resonance framing burn-out experience as a crisis of exhaustion in the game of escalation. Three interrelated groups of consequences related to (a) the therapists themselves, (b) their patients and therapeutic process, and – in a wider sense – (c) the therapeutic team and treatment facility have been identified.

CONCLUSIONS: Occupational burn-out of one therapist can potentially lead to lowering the quality and efficacy of treatment on the facility level, causing the negative societal image of AUD treatment thus creating another treatment barrier for people experiencing AUD problems.

Cancer mortality in transport, rescue and security industries

Kimmo Herttua (University of Southern Denmark), Tapio Paljarvi (University of Oxford), Linda Juel Ahrenfeldt (University of Southern Denmark)

Background: Workers in certain transport, rescue and security industries are exposed to many health risks, either occupational or related to health behaviour, associated with cancer. We sought to investigate the

risk of cancer death according to cancer site and major modifiable causes of cancer across representative transport, rescue and security industries.

Methods: We used nationwide Danish registries to identify 307,605 workers from six industries from 2001 through 2015 and 2,278,363 individuals from a total sample of other economically active people for comparison. We followed them up for cancer deaths according to cancer site up to 16 years using Cox regression with adjustments for age. We used population-attributable fractions (PAF) to link specific types of cancer with major modifiable causes of cancer.

Results: Male workers in land transport had higher risk of dying from cancers related to tobacco, excessive alcohol consumption, unhealthy diet, and overweight, while females' mortality was elevated from cancers related to tobacco, physical inactivity and overweight. Male seafarers' mortality was higher from cancers related to tobacco, alcohol and overweight, while females' risk to die was higher from cancers related to tobacco. Men in aviation were in higher risk for cancer mortality related to alcohol, diet and overweight. Working in defense forces was associated with tobacco-related cancer mortality both in men and women, and with overweight in women. Workers in police force had generally lower risk for cancer mortality, whereas this risk in workers of rescue service was on the same level compared with the reference population.

Conclusions: We observed considerable disparities in cancer mortality across transport, rescue and security industries. Interventions should be targeted accordingly.

Use of health care services by occupation - a register study of employees in Oulu, Finland

Hanna Rinne (The Social Insurance Institution of Finland), Mikko Laaksonen (The Finnish Centre for Pensions), Jenni Blomgren (The Social Insurance Institution of Finland)

Background: Research on differences in the use of health care services between occupations, and explanations for these differences is scarce

Objectives: The aim was to examine how the use of outpatient and inpatient health services differs by occupational groups, and whether the differences are explained by sociodemographic factors and health status.

Methods: We used register-based data on 25–64-year-old employees living in the city of Oulu, Finland, in 2018 (N = 61,848). Use of outpatient health care was analysed with negative binomial regression models, and use of inpatient health care with logistic regression models, using two occupational classifications: occupational class and detailed occupation. Adjusted covariates were age, education, income, marital status, special reimbursement entitlements for medicines, and sickness absence.

Results: By occupational class, the use of outpatient and inpatient health care services was less common than average among managers, professionals and skilled agricultural, forestry and fishery workers; in women also among craft and related trades workers. Controlling for covariates explained only part of the differences, more among women than among men. By detailed occupations, the adjusted use of outpatient and inpatient care services was more common among health associate professionals and stationary plant and machine operators, both among men and women. Additionally, the use of outpatient care was common among male personal care workers, protective service workers and metal and machinery workers and among labourers in mining, construction, manufacturing and transport, and female customer services clerks and sales workers.

Conclusion: The use of health care differs by occupation. Sociodemographic factors and health status do not fully explain the differences. High occupational risks, attitudes and knowledge may explain the more frequent use of health services. Furthermore, explanations may be sought from lack of access to occupational health care or healthier working conditions and behaviour.

Use of outpatient health care organized by different care schemes: register study of a working-age population in Finland

Jenni Blomgren (The Social Insurance Institution of Finland), Sauli Jäppinen (The Social Insurance Institution of Finland)

Background: In Finland, outpatient health care services are differentiated into several care schemes that are accessible to partly different population groups. We examined the use of outpatient health care in a



working-age population by labour market status. The use of health care was assessed in total and by care scheme.

Methods: Outpatient physician and nurse visits at the public and private schemes, occupational health care and specialized care in 2018 were examined using register data on 25–64-year-old residents of Oulu, Finland (N=94 355). The study population was classified into four labour market status groups: mainly employed, partly employed, mainly unemployed and those outside the labour force. Visits to different care schemes were examined using descriptive methods and negative binomial regression models, adjusting for covariates.

Results: During year 2018, 84% of those who were mainly employed during the year, 82% of those who were partly employed, 76% of the mainly unemployed and 81% of those mainly outside the labour force had used at least some of the outpatient health care services. There were on average 7.2 outpatient health care contact days per person during the year. Those outside the labour force had more contact days than others while differences between the other groups were small. Use of different schemes was strongly differentiated according to labour market status: those employed used mainly occupational health care while those outside employment used mainly public health centers. Adjusting for covariates partly explained the differences between the groups.

Conclusions: The overall picture of the use of health care services in different population groups depends on which schemes are taken into account. Despite the differentiation between the schemes, the proportions of health care users in Finland are quite similar according to labor market positions when the use of all services is examined simultaneously.

Parallel session 2 (25th August, 14.00-15.30)

Covid-19 and health surveillance

Contradictory modes of 'Biological Citizenship': A Comparative Study of COVID-19 "Code" Systems in China and the UK

Xu Liu (University of London)

During the COVID-19 pandemic, national governments have been utilising health surveillance systems for monitoring the infection amongst entire populations. Such systems vary in the scales and measures of data collection, infectious risk evaluation standards, and the intensity of implementation. Correspondingly, for individuals, the channels of involvement in health surveillance also show the difference between consciousness and coerciveness. Considering the comparisons, this paper examines the COVID-19 health surveillance systems in China and the UK, which enact the mutually inverse modes of 'biological citizenship' (Rose & Novas, 2005), which reflects the correlation between one's ontological engagement with the knowledge production of health and the individual's claim on the entitlement of 'rights to health'. China's 'Health Code' established a pre-condition of bounding a series of restrictions with the changing 'risk status' by institutionalising health surveillance and mandatory enforcements. The biological citizenship of COVID-19 risk status was realised through a passive, top-down pattern. In reverse, while the matchup between risk status and the corresponding health-related entitlements still exists in the UK's system, the inattentive, less powerful implementation led to the 'uncontrollability' of pandemic control at the government level, while it allowed a relevantly 'autonomous' process of individuals' involvement. In this way, although the operations of these two systems both relied on individuals' participation, the knowledge production and the implementation of health surveillance showed the difference and led to contradictory formulations of biological citizenship. As a Chinese citizen residing in the UK, I mainly use a long-term auto-ethnography to gather the experiences of involving these two countries' COVID-19 health surveillance systems, the 'Health Code' and the NHS COVID-19 pass, supplied by online ethnographies of user groups.

A public health ethics perspective on age-based COVID-19 preventive measures in Southern Switzerland

Silvia Camporesi (King's College London), Laurie Corna (University of Applied Sciences & Arts of Southern Switzerland (SUPSI)), David Maciariello (University of Applied Sciences & Arts of Southern Switzerland (SUPSI)), Stefano Cavalli (University of Applied Sciences & Arts of Southern Switzerland (SUPSI))

Early in the pandemic, age was identified as an important risk factor for health complications and mortality in individuals infected with SARS-CoV-2. In Switzerland, federal authorities quickly implemented public health measures to contain the spread of the virus, while allowing individual cantons to implement even stricter policies. In southern Switzerland, which borders the hard-hit Lombardy region of Italy, the Canton Ticino legislated additional measures during the first lockdown which targeted those 65 or older (e.g., a ban on grocery shopping). Such measures were not unique to Ticino, with some US grocery stores implementing less severe, but still restrictive, shopping hours for older adults.

Protective measures targeting older populations ignited fierce debate which is ongoing, and which has public health repercussions beyond the SARS-CoV-2 pandemic. On the one hand, some have decried targeted measures as ageist, unfair and dismissive of the enormous heterogeneity among those 65 and older. Others defended their implementation, citing the early epidemiological evidence on the virus and the necessity to swiftly protect those deemed vulnerable, the health care system in general. These opposing positions are exemplified by the John Snow and Great Barrington memoranda, position papers signed by scientific leaders based on the same evidence, but with opposing conclusions regarding broad vs targeted measures.

In the context of this debate, we reflect on the measures targeting older adults from a public health ethics perspective and recommend a problematisation of the concept of 'vulnerability'. We argue that, in part, there is a tension in reconciling early epidemiological evidence (the 'epidemiologic subject') and understandings of vulnerability, itself a complex and layered concept that some argue should not be

applied to groups, but only to individuals. More broadly, we reflect on the conceptualisation of, and value accorded to, older adults in times of public health crises, but also beyond.

What Explains Japan's Testing Strategy in the Early Phases of Covid-19?

Stefan Heeb (Kanagawa University)

The particularities of Japan's response to Covid-19, from a comparative perspective, included a highly selective PCR-testing strategy in the early phases of the pandemic. In this contribution, I ask how this testing strategy came to be implemented, inquiring into the respective roles of the government, the health ministry (MHLW), the national institute of infectious diseases (NIID) and other relevant stakeholders.

Drawing on a systematic collection of official documentation, press articles and social media postings from experts over the time period March to May 2020, as well as based on interviews conducted with officials and experts during spring 2022, I trace the decision-making process of this particular policy and put it into the context of Japan's response as a whole. Among others, I argue that expert consensus regarding PCR-testing utility, along with policy-making autonomy of the relevant panels and institutions with regards to international standards, were necessary conditions for the government to withhold pressures to implement a more conventional testing strategy.

I further discuss to what extent the resulting mechanism is a likely candidate accounting for other comparative policy response particularities, such as the absence of lockdowns as well as the temporally delayed vaccination campaign.

Finally, I put Japan's policy response in comparative perspective with major countries of Western Europe and explore to what extent policy transfers in this particular context to other national contexts are likely or not.

Illiberalism or neoliberalism? COVID-19 pandemic management and public discourse in Hungary

Katalin Kovács (HCSO Demographic Research Institute)

This study compares Hungarian pandemic management to that of the neighbouring countries using the Policy Responses Indicators of the Our World in Data website. Additionally, we map the public discourse on pandemic management by analysing the content of news appearing in the two most popular Hungarian online news sites (24.hu, index.hu).

Using the policy response indicator we found "loose" pandemic management in Hungary especially in regard to cancellation of public events, testing, contacts tracing and workplace mobility.

Public discourse on pandemic management was overshadowed by the political divide between the government and the opposition, and was focused on different issues in the different waves. In the first wave, the introduction of the "emergency law" and health care sector reorganization, in the second, testing and the economic impacts of possible lockdown measures were in the focus. In the third, economic concerns and vaccination issues, while in the fourth, evaluation of the pandemic management during the previous waves dominated the discourse. Talking heads from the side of the government (The Chief Public Health Officer, the Prime Minister, other ministers and medical experts) were more numerous than from the opposition side (political leaders, independent medical and other experts). Representatives of various economic interest groups also appeared frequently. Regarding trade unions, only one of them (the allowance of the unions in the field of education) was active and achieved some limited results.

The pandemic response indicators prove the weakness of the health- and especially the public health sector, the deficiencies of the central governance, and weakening status of labour rights. The underrepresentation of labour issues in the news is also evident. Altogether, these weaknesses are the result of the neoliberal policies that has been long characterizing Hungary and continued so during the pandemic times, contributing to the high death toll of the pandemic.

Covid-19 and public discourse

Health capital as a tool in the fight against the pandemic. On the example of Poland

Maria Świątkiewicz-Mośny (Jagiellonian University)

Health capital (HC) turned out to be a special resource during the pandemic. The ability to understand medical messages was important, both in the context of a critical assessment of the content of information and compliance with sanitary requirements. The fight against the pandemic was built based on the HC of societies and individuals. The sanitary regimes and restrictions were legitimized by medical knowledge. Experts, healthcare professionals, and politicians who took part in the media discourse referred to medical knowledge, assuming that it was understandable to citizens.

We understand HC very broadly, including health literacy, communication, and critical thinking skills. HC allows individuals and communities to successfully find themselves in the field of health care and is dependent on other capitals. By asking questions about how the Covid-19 pandemic affected the HC, we analyze two threads. The first one concerns how the HC was managed in the pandemic, the second one is related to educational activities, which were supposed to build and strengthen HC. We observed lots of educational activities concerning pandemic issues (sanitary regime, wearing masks, washing hands) and we analyzed them in terms of developing HL and CT. We put the question whether the pandemic crisis was used to strengthen the HC.

The research we present is exploratory. We focus on the pandemic situation in Poland compared to other EU countries. The existing data form national and international survey (for the first thread) and educational materials prepared by international and national organization (for the second thread) were analyzed. We argue that HC was not "cared for" sufficiently during the pandemic.

Infodemic as a Risk Factor under the Coronavirus Syndemic: its Peculiarities in the Russian Society

Inna A. Vershinina, Anna V. Liadova – Lomonosov Moscow State University

Under the coronavirus the syndemic situation has developed in the world, when the risks and negative consequences accompanying the spread of a new coronavirus infection are exacerbated by existing health problems (high level and "rejuvenation" of chronic diseases, social inequality in health, dysfunction of health systems). The coronavirus pandemic is taking place under the great mass media' impact. The purpose of this study is to identify the specifics of the infodemic in the Russian society on the analysis of the content of the Russian media.

As it concluded, there are two key trends which impact overcoming of pandemic sequences in Russia negatively and are formed mainly in social networks. Firstly, since this information is based on the subjective experience and not confirmed by proved data, there is a destructive role of the media. As a result, the practice of self-treatment is being spread around population. Such "advices" often lead to negative results as people go to the doctor if the situation is threatening their health, and sometimes it is too late to help them. Secondly, the information on the inefficiency of vaccines is being propagated. Such pseudo-experts use arguments that vaccines do not help against coronavirus, they weaken the immune system, after vaccination the disease is more likely and more severe, etc. Such propagation has caused a rather low percentage of people vaccinated and high mortality among Russian population at the end of 2021-winter 2022.

To sum up, the infodemic leads to covidinfantilism, that means the passive and irresponsible behavior of Russians. It raises concerns, as it could be fertile for social destabilization and manipulation of people's behavior. In this regard, it is important to make scientifically confirmed information accessible and understandable to all people.

Crisis as a chance? Analysis of Polish psychiatric discourse on mental health in the context of COVID pandemic

Beata Szulecka (Polish Academy of Sciences)

This paper focuses on analysis of psychiatric discourse on depression as well as media reports on the 'mental health crisis' arising amidst the COVID pandemic, marking a certain discursive shift emerging in the Polish media in the context of the pandemic. I argue that proliferation of warning/awareness rising articles on 'the pandemic of mental diseases' expected to hit the society after COVID can signify the rising importance of psychiatry. But what are the implications of the biomedical approach to mental diseases in the context of a major social, economical and political crisis of the pandemic? And how does psychiatry respond to the pandemic?

In order to understand the manufacturing and spreading of this ‘psycientific’ knowledge among the health experts as well as its functioning in the media in Poland, the paper will feature an ethnographic vignette. Two psychiatric conferences for Polish doctors held online in 2020 and 2021 will be discussed in terms of their response to the COVID crisis as well as kinds of their dominant theoretical and methodological orientation. Additionally, I employ critical discourse analysis of popular and medical articles on depression and mental health from the Polish press and internet on the backdrop of program documents of the World Health Organization. The paper will try to give an account of how and by whom the knowledge on mental health and especially depression is presented and disseminated – and more importantly – to what extent further psychiatrization is a possible performative effect of such discourses. The paper will bring together insights from medical anthropology, sociology of knowledge, as well as critical psychiatry, showing ways in which social sciences can provide an understanding of the depression as embodied and relational – social and political phenomena.

Risk perception of the AstraZeneca Covid-19 vaccine: analysis of the public discourse on Twitter in Italy, France, and UK

Alessia Bertolazzi (University of Macerata)

Relying on the perspective of the social amplification of risk, according to which “the phenomenon by which information processes, institutional structures, social group behaviour, and individual responses shape the social experience of risk, thereby contributing to risk consequences” (Kasperson et al., 1988, p. 181), the main objective of this study is to examine the public risk perception about the AstraZeneca vaccine in three European countries, Italy, France, and UK, by analysing the public debate generated on the microblogging platform Twitter. The hypothesis to test is that the perception of risk and the adoption of different heuristic strategies can vary between countries, where opposite choices have been adopted with respect to the use and suspension of the vaccine.

450.000 tweets published in three countries (150.000 tweets each) were extracted in the period between March 1 and April 1, 2021. The tweets were divided into four groups, based on the user profile: a) politicians; b) experts (physicians, virologists, etc.); c) journalists and mass media (newspapers, TV, online news sites, etc.); d) citizens/non-experts. From the general corpus, a sample of 3,000 tweets was randomly extracted (1,000 tweets per country), respecting the following proportions: 10% between group a), b), and c); 90% group d).

A qualitative content analysis was conducted on the corpus of tweets, by inductively deriving coding categories from the text (Ryan and Bernard, 2000). In a first coding, tweets were classified according to four categories: "in favour," "sceptics," "neutral," and "irrelevant/unclassifiable." In a second coding, concerning only the sub-sample of "sceptical" tweets posted by citizens/non-experts, the corpus was coded based on the identification of four heuristics: affect heuristics, availability heuristics, ambiguity aversion, and omission bias.

The results showed that the debate on Twitter is polarized between users expressing support towards the adoption of the AstraZeneca vaccine and users expressing critical positions. Considering the four groups, in the subsample of Italian and French tweets sceptics are the prevalent category (44.1% and 41.8% of the total, respectively), while in the UK sceptics constitute a minority (22.3%). On the contrary, in UK sample, the category of supportive tweets is dominant (68.4%), whereas it is less frequent in Italy (32.2%) and France (36.9%). From the second coding, applied to the sub-sample of "sceptical" tweets posted by citizens/non-experts, we found differences regarding the types of heuristics adopted by individuals. In Italian and English tweets, the category with the highest frequencies is the availability heuristic (30.1 and 26.8%, respectively), in which dramatic cases of deaths from rare thrombosis are cited to express scepticism toward the vaccine.

Consistent with previous investigations (Bakshy et al., 2015; Bessi et al., 2016; Bertolazzi et al., submitted), our results indicate that public debate tends to be polarized on Twitter when faced with controversial scientific positions. Since experts are expected to disseminate their knowledge with certainty and neutrality because of their epistemic status, the fact that their opinions may contradict each other can be considered as part of the cause of the polarization assumed by non-experts. Furthermore, we show that certain heuristic strategies, such as affective or availability heuristics, are particularly present in the judgments that non-experts convey on Twitter. Reference to dramatic events to motivate one's scepticism

of the vaccine may have been influenced by the media prominence that certain rare adverse events have had in some contexts.

Ageing and Long-Term Care

"I'm sure I won't get dementia" - Dementia worry and subjective representations of ageing in the narratives of older adults

Jaroslava Hasmanová Marhánková (Charles University)

The biomedical notion of the relationship between dementia and ageing has shifted dramatically in the last two decades. Forgetfulness, memory loss and other forms of cognitive decline are strictly separated from the idea of 'healthy' ageing and framed in medicalised language. Studies focusing on the perception of dementia among older adults point to the negative emotion and anxieties that dementia arouses. Addressing and understanding the strong anxieties related to a diagnosis of Alzheimer disease or dementia (or even to information about being at risk of developing such a condition) became even more crucial hand with the advancement of methods of early diagnosis. The concept of dementia worry points out the specific role dementia plays in our anxieties regarding ageing. Dementia worry refers to an emotional response combining ageing and health anxieties regarding the perceived threat of developing dementia (Kessler et al., 2012). The concept of dementia worry has been explored mainly using quantitative data. We use in-depth interviews with 25 older adults age 65+ (13 of them age 75+) living in the Czech Republic to understand the relationship between anxieties regarding the perceived threat of dementia, subjective attitudes regarding one's own ageing and previous life-experiences. The paper identifies typology of attitudes to the possible risks and perceived threat of dementia and interprets them in the context of subjective attitudes towards older age. The paper identifies specific "triggers" of dementia worry as well as different conceptualization of perceived threat of developing dementia.

Availability of facilities and subjective wellbeing: differences among young-old and old-old older adults

Eline Berkers (Tilburg University), Mariëlle Cloin (Tilburg University), Theo Kuunders (GGD Hart voor Brabant & Tilburg University)

Due to population aging, the amount of older adults in the western world is increasing. To support this growing group, policy initiatives have focused on supporting aging-in-place, which is meant to stimulate community dwelling through providing important services and facilities (WHO, 2004). Older adults identify facilities as important for their wellbeing (Novak & Menec, 2013) because they satisfy daily needs and stimulate social contact and physical activity (Nieboer & Cramm, 2018; Maas et al., 2009). However, evidence on the relationship between the availability of facilities and subjective wellbeing is mixed. This might be because studies have relied on different indicators of both the availability of facilities and subjective wellbeing. Relatively few studies have studied positive health outcomes, including subjective wellbeing, to the living environment (Zhang & Zhang, 2017). Moreover, existing studies have overlooked a key mechanism, namely that of sense of mastery. Feeling of mastery over the environment and decisions is key to subjective wellbeing among elderly (Menec, Means, Keating, Parkhurst, & Eales, 2011). If older adults feel limited in their daily activities and have to rely on others because the availability of facilities in their immediate environment is low, they will experience a lower sense of mastery and thereby less subjective wellbeing (Chen et al., 2016). Finally, contrary to most studies on older adults who mostly consider individuals of over 65 one homogenous group, we test if the relationship is different among young-old (65-79) and old-old older adults (80+) because of the growing heterogeneity among older adults. To sum up, using a combination of survey data (Health Monitor, 2016) and administrative data from Statistics Netherlands, we study 1) the link between availability of primary facilities, the sense of mastery and subjective wellbeing of older adults and 2) we examine if this relationship differs between young-old and old-old older adults.

Exploring the Intersection Between Medical and Social Care in Italy: A look at how GPs and Geriatricians Shape the Organization of Long-Term Care

Francesca Degiuli (Fairleigh Dickinson University)

Research on the relationship between long-term care and immigrant labor has traditionally focused on the triangle involving state, market, and families to understand how the organization of long-term care comes into place. Little to no attention, however, has been paid to the role of doctors in generating and sustaining these labor relationships. This paper begins to fill this gap by exploring how Italian general practitioners and geriatricians, both directly and/or indirectly, influence the decisions of aging adults and their families in designing individual long-term care projects which often involve hiring immigrant homecare assistants. The paper is based on qualitative interviews and participant observation at regional and national scientific conferences. A preliminary analysis of the data provides insights on the importance of these actors in naturalizing these relationships of labor, downplaying, in the process, larger economic and political decisions concerning older adults long-term care and its provision.

Innovating European LongTerm Care (LTC) Policies through socio-economic support of families: A qualitative study in Germany and Austria

G. Casanova 1,2,3, N. Penning 4, A. Teti 3, M. Reichert 4

1 Polibienestar* Research Institute, University of Valencia, 2 IRCSS INRCA National Institute of Health & Science on Ageing, Ancona, 3 University of Vechta, 4 TU Dortmund University

LTC and socio-economic deprivation of caregiving families are two relevant issues in the international debate. The economic and/or time investment made by families providing care impacts on their socioeconomic status and can facilitate social exclusion. This study aims to identify innovations, including social innovations (as defined by European Commission, 2011), which are suitable to minimise the risk of socio-economic deprivation of caregivers. The study was conducted in the framework of the SereDIPE project, funded by Horizon 2020 MSCA-IF-2019 (g.a.n.888102). Germany and Austria are categorised as mixed care regimes: medium/high demand for LTC is met with a medium/low level of informal care provision and medium level of formal care. To examine innovative ways to avoid socioeconomic deprivation of caregiving families a set of expert interviews and focus groups have been realised in both of countries. Results shows that the formal offer of home care services and residential care, included in LTC insurance schemes, helps families to avoid the risk of socio economic deprivation. Moreover, the integration of formal and informal care promotes social innovation in mixed care LTC systems.

Health inequalities 1

Municipality-level differences in disability retirement in Finland: the contribution of local social characteristics

Mikko Laaksonen (The Finnish Centre for Pensions), Jenni Blomgren (The Social Insurance Institution of Finland), Riku Perhoniemi (The Social Insurance Institution of Finland)

Background: Large differences exist in the risk of disability retirement between Finnish municipalities and other geographical divisions. Whether this reflects only differences in health of the population and other individual characteristics or whether local social characteristics have importance is not known.

Objectives: To examine whether different municipality characteristics are associated with the risk of disability retirement net of the individual characteristics, and how much they account for the between-municipality differences in disability retirement.

Methods: Individual level register data was supplemented with municipality level characteristic from various databases. Population sample (20%) was followed for transition to disability retirement from 2016 to 2019 using multilevel Weibull models.

Results: Of the variation in the risk of disability retirement, 4.3% was attributed to the municipal level and decreased to 1.7% when individual-level characteristics (gender, age, education level and entitlement to special reimbursement for medical expenses, reflecting morbidity) were controlled for. Among the municipality-level characteristics, the broad geographical location, population density, population size, unemployment rate, share of foreign born inhabitants, share of social assistance recipients, the amount

of tax revenue per capita, the share of working age population aged 50 and over, and net migration between municipalities were associated with the risk for disability retirement.

Conclusion: The municipality level-variation in the risk for disability retirement is largely explained by the individual characteristics of the inhabitants. However, various characteristics of the social structure, local labour market conditions and living conditions of the population are associated with the risk for disability retirement.

Trend in mortality from chronic respiratory diseases according to the area of residence in Spain

Almudena Moreno (Universidad Pública de Navarra), Enrique Regidor (Universidad Complutense de Madrid)

Objectives: To estimate the trend in mortality from chronic respiratory diseases according to the area of residence in Spain between the years 2003 and 2018.

Methods:

We selected all deaths assigned to the International Classification of Diseases (ICD-10) for total chronic respiratory diseases (J40-J47). The population, the number of deaths and the population according to the age, sex and population size of the municipality of residence have been obtained from the National Institute of Statistics. The size of the municipality of residence has been grouped into three categories: less than 10,000 inhabitants (rural areas), between 10,000 and 100,000 inhabitants (small urban areas) and more than 100,000 inhabitants (large urban areas). In each area we have calculated the average annual percentage change in mortality rate (APC).

Results: Between 2003 and 2018 the APC in the mortality rate from chronic respiratory diseases in large urban, small urban and rural areas was respectively -3.5, -3.7 and -2.7 in men, and -2.5, -2.6, and -2.2 in women.

Conclusion: Rural areas showed less decrease in mortality from chronic respiratory than urban areas. Both in rural and urban areas mortality fell more for men than for women.

Social inequalities in adult mortality: a global systematic review and meta-analysis

Mirza Balaj, Joseph Friedman, Lorena Donadello, Hanne Dahl Vonen, Talal Mohammad, Kristoffer Eikemo, Anna Gkiouleka, Claire Degail, Celine Westby, Indrit Gradeci, Donata Stonkute, Kathryn Beck, Kam Sripada, Solvor Solhaug, Magnus Rom Jensen, Emmanuela Gakidou, Terje Eikemo

Norwegian University of Science and Technology

University of Washington

University of California Los Angeles

University of Science & Technology

University of Washington

Not even comprehensive Nordic welfare states have been able to protect citizens from the negative health consequences of low socioeconomic status. This results in large socioeconomic inequalities in health and mortality, which emerge early in life and are transmitted from one generation to the next. This is a problem of social justice and it limits employment, economic growth, and economic sustainability. All of this poses a challenge for the future of human wellbeing and development, and there is an urgent need to quantify and monitor health inequalities at global scale. Although there are numerous reports on socioeconomic inequalities in mortality for specific countries or regions, a comprehensive characterization of the magnitude of health inequalities across the globe, including its geospatial variations and trends over time, is lacking. This makes international—and accurate—comparisons difficult. The objective of this article is to provide the first global systematic evidence of the relationship between low education as a risk factor and all cause mortality. First, a systematic search of the literature linking educational level with all-cause mortality will be carried out leveraging several journal databases. The search will not have any restrictions on publication date, language, sample size, or study characteristics. After the selection of included studies, the information regarding year(s) of data assessed, country, population and age group, study design and methodology, modelling, risk estimate and confidence intervals, sample size will be extracted. Next, we will employ the Meta Regression – Bayesian Trimmed Regularized framework, which was developed as part of comparative risk assessment work conducted for the Global Burden of Disease to quantitatively

synthesize results describing inequalities in mortality globally by years of education. This article will provide the first quantification of the impact of education on health globally.

The syndemic effects of the Covid-19 pandemic and climate change on social vulnerabilities

Alessandra Sannella (University of Cassino and Southern Lazio), Lia Lombardi (University of Milan)

This study is to be considered a reflection - given the continuous evolution of the Covid-19 syndemic and its impact on people - on the need to implement changes in policies procedures regarding old and new requirements of people exposed to pandemic risks and/or living in a state of social vulnerability. The phenomenon caused by the SARS-COV2 virus highlights the need to implement the One Health approach (WHO, 2017) in redefining the importance of global health and involving all countries in reducing inequalities. The accelerating climate change affects the entire planet and the variety of its combined effects on every aspect of life - physical, natural, economic, social, agricultural, urban, etc. (NRP, 2021-2027). So, the approach to analysing the phenomenon, and intervention, must be conceived with a cross-disciplinary approach.

The purpose of this proposal is to highlight correlations and links between the Covid-19 pandemic and global climate change and their impact on vulnerable people and territories. The most direct consequence of climate risks falls on the health of populations, generating, among others, disorders related to mental and community health such as solastalgia, eco-anxiety, etc. A study conducted in Denmark and Finland shows that adults who have been exposed to pollution since childhood are twice as likely to develop a personality disorder or schizophrenia. A study by the Institute on Air Pollution and the CNR Institute of Cultural Heritage Sciences shows how the different pandemics and climate change have similar dynamics (Pasini et al., 2020). The impact of climate change extends to all sectors that support life on the planet, and both immediate and structural changes are needed to counter it; therefore, action is needed now. Our aim with this paper is to provide the results of a systematic review of the literature on health and related climate change.

Parenthood and health

Reciprocal associations between parenthood and mental well-being – a prospective analysis from age 16 to 52 years

Jenna Grundström (Finnish Institute for Health and Welfare), Olli Kiviruusu (Finnish Institute for Health and Welfare), Hanna Konttinen (University of Helsinki), Noora Berg (Finnish Institute for Health and Welfare)

Background: Becoming a parent is one of the most important transitions in the life course. However, mental well-being can have an effect if and when this transition to parenthood occurs (selection hypothesis), and the characteristics of parenthood can affect mental well-being in middle age (causation hypothesis). In life course research, these hypotheses have infrequently been studied in parallel. Previous studies have also typically only focused on one aspect of parenthood (e.g., having children) and on the negative aspects of the mental well-being construct.

Objectives: In this study, the aim is to examine the reciprocal associations between parenthood and mental well-being using 36-year longitudinal data.

Method: The data used in the study was from the Finnish 'Stress, Development and Mental Health (TAM)' cohort study, where the participants were followed up at ages 16, 22, 32, 42, and 52 (N=1160). We used several parenthood variables: having children, timing of parenthood, and number of children. To provide a broader picture of mental well-being in relation to parenthood, we studied mental well-being at ages 16 and 52 using both positive (self-esteem, meaningfulness) and negative (depressive symptoms) measures.

Results: Results showed how depressive symptoms in adolescence were associated with becoming a parent at age 24 or younger in women. For men, the results showed that higher self-esteem at age 16 was associated with having children, and having children, on the other hand, was associated with higher self-esteem in mid-adulthood. For both women and men, having children was associated with higher sense of meaningfulness in mid-adulthood.

Conclusion: Overall, in contrast to some cross-sectional and short-term follow-up studies, the effects of parenthood on mental well-being in mid-adulthood were positive, even when accounting for selection effects.

The effect of parenthood on physical activity in different countries - A longitudinal analysis

Philipp Linden (Federal Centre for Health Education), Nadine Reibling (Federal Centre for Health Education), Michael Kühhirt (University of Cologne)

Background: The transition to parenthood and family roles are important factors that influence health and life expectancy. Health-related behaviors thus represent an important mechanism through which the relationship between parenthood and health is mediated. Parenthood often leads to a change in values and orientations promoting healthy behaviors. However, taking the role of a parent is also associated with demands that generate stress and significantly limit both time and energy resources.

Objective: The aim of this study is to investigate how the birth of the first child affects regular physical activity in men and women. Previous studies in this area mostly examined cross-sectional data and yielded inconsistent results. With these data, it is also difficult to distinguish between the effects of parental education and selection effects that influence both parental health and health behaviors.

Methods: We use comparative data for five countries (Australia, Germany, Russia, Switzerland, and the United States) from 2001 to 2019. The panel structure allows us to identify the parenthood effect on physical activity with a difference-in-difference design that accounts for unobserved heterogeneity between parents and childless adults. Moreover, considering the length of our dataset, we can investigate how parenthood affects physical activity over time.

Results: Parenthood significantly and persistently decreases the likelihood of physical activity, especially among women. This suggests that constraints imposed by role conflict outweigh mechanisms of social control (at least with respect to physical activity). The size and duration of the effect varies across the countries analyzed.

Conclusion: Interventions to alleviate role conflict may not only be important for the labor market and inequality within the family but may also have implications for parental health.

Lay conceptualizations of alcohol use in pregnancy and breastfeeding: risk discourses, manageability and individuation

Raphaël Hammer (University of Applied Sciences and Arts Western Switzerland), Solène Gouilhers (HES-SO University of Applied Sciences and Arts Western Switzerland), Irina Radu (Zurich School of Applied Sciences (ZHAW)), Yvonne Meyer (University of Applied Sciences and Arts Western Switzerland), Jessica Pehlke-Milde (Zurich School of Applied Sciences (ZHAW))

Background – While official recommendations advise complete abstinence from alcohol, occasional drinking during pregnancy and breastfeeding concerns a substantial part of women. Maternal drinking may reflect the scientific uncertainty regarding the effects of low levels of prenatal alcohol exposure, but also that women challenge or negotiate the abstinence message. However, how women interpret and respond to this risk over the transition to motherhood is unknown.

Objectives - Drawing on a sociocultural approach, we examine women's conceptualizations of drinking alcohol as a health risk from pregnancy to breastfeeding and their changes and continuities in the context of their everyday lives.

Methods - The presentation is based on qualitative longitudinal interviews conducted with a purposive sample of 46 women in Switzerland. They were interviewed during pregnancy, and then 3-5 months after birth. We applied the principles of thematic analysis to longitudinal data, with the help of the software Atlas.ti.

Findings – Three main lay conceptualizations of alcohol use as a risk were identified. First, "risk discourses" emphasised the issues of risk avoidance, scientific uncertainty and feeling of guilt, which prevailed in the pregnancy interviews. Representation of maternal body as permeable was central here. Second, "manageability" referred to the risk as controllable and was most evident in breastfeeding interviews. The notion of mother's body as a filter provided strategies making alcohol consumption an "authorized" practice. During the period of breastfeeding, the practicalities of everyday life often restrained women from drinking, rather than fear of risk itself. Third, "individuation" emphasised the ideas of vulnerability

and concreteness of the (un)born child. These dimensions of the mother-baby relationship shaped sense of responsibility and awareness of risk.

Conclusion – Women's perception of occasional alcohol consumption as a risk was likely to change from pregnancy to breastfeeding, shifting from strict to more tolerant postures, albeit the opposite was also observed.

Coping strategies of childlessness in a rural Pakistani community

Rubeena Slammat (Ghent University), Piet Bracke (Ghent University)

Childlessness is an unbearable state in Pakistan and women bear the brunt of childlessness. This study will explore the variety of coping strategies of childless women living in a rural Punjabi-Pakistani community at the intersection of multiple factors such as family system, availability of healthcare facilities and length of the marriage deploy to mitigate this burden and stigma of involuntary childlessness. Our study states that coping strategies are not homogeneous for all childless women. So, intersectionality theory will be used to find out the spectrum of the coping strategies. This study will explore: how the intersection of various factors creates the positions of privilege and under privilege for these women that affect choosing a coping strategy? The study will document the multiple contrasts of coping strategies used for involuntary childlessness in the rural Punjabi community.

This study is a part of a broader research study, 'maternal health structure of a rural Punjabi-Pakistani community.' Data were collected through in-depth interviews, focus group discussions, and observations from the community under study, a religiously diverse village where Christians and Muslims live together.

Parallel sessions 3 (25th August, 16.00-17.30)

Covid-19 and wellbeing

Marital-history differences in the impact of the COVID-19 pandemic on loneliness: A European study

Katrijn Delaruelle (UGent), Jorik Vergauwen (UAntwerpen), Pearl Dykstra (Erasmus University Rotterdam), Dimitri Mortelmans (UAntwerpen), Piet Bracke (UGent)

Background: The COVID-19 pandemic and related physical distancing measures have disproportionately affected older adults living alone due to their greater social isolation. Unlike previous studies on the subject, the current research recognizes the diversity amongst older adults living alone by considering the impact of marital history.

Methods: By combining information from Wave 8 of the Survey of Health Ageing and Retirement (SHARE), with data of SHARELIFE and the SHARE Corona survey, we investigated the differential impact of the COVID-19 pandemic on loneliness in older men (N = 1504) and women (N = 4822) living alone and distinguished by marital history. Logistic multilevel analyses were performed on data from 26 European countries and Israel.

Results: For men, we found that the short-term widowed were more likely to report increased loneliness than the medium- and long-term widowed and those in a LAT relationship. For women, the results indicated that those in a LAT relationship were better protected against increased loneliness than the short- and medium-term widowed and the divorced. Also, long-term widowed women were less at risk for increased loneliness than their medium-term widowed counterparts. The hypothesized mediating pathways, i.e., (i) the frequency of in-person and remote contact during the pandemic, (ii) the need for social contact during the pandemic, and (iii) the vulnerability to the psychological consequences of the pandemic only played a small role in explaining the observed differences.

Conclusion: Our study highlights the importance of drawing distinctions within the group of older adults living alone when investigating the effects of the pandemic on loneliness.

How pandemic impacts old people in rural areas?

Marco Alberio (Université du Québec à Rimouski and University of Bologna), Mahée Gilbert-Ouimet (UQAR, Université Laval), Manon Labarchède (Université de Québec à Rimouski)

Since the beginning of the COVID-19 pandemic, seniors (≥ 70 years-old) have been much more likely to develop severe symptoms, complications and die from the virus. In Quebec, specific sanitary measures have been put in place to protect this vulnerable population. For instance, during the early stages of the crisis, people aged 70 and over were asked to respect social distancing, stay at home as much as possible and limit social contacts. The main objective of these measures was to protect seniors' physical health. However, adverse repercussions on their psychological health, such as symptoms of psychological distress, might have arisen from an increased level of perceived stress (Brooks & al, 2020; Mammari & al, 2020; Franck & Zante, 2021). Their social well-being might also have been affected by the institutional discrimination based on an age criterion (Alby, 2021; Barrett & al, 2021). We are particularly interested in people living in the rural areas of Eastern Quebec, since rural areas have been little studied and here the problems related to the aging of the population are particularly important.

The objective of this presentation is to analyze the experiences related to the pandemic that can increase for certain profiles the risk of social exclusion. We will also consider the needs of seniors in rural areas and the pandemic's impact on their mental and psychological health. We are assessing the scope of psychological distress, perceived stress and social isolation of seniors and exploring whether these consequences vary according to seniors' characteristics (e.g., socio-demographic, socio-territorial, socio-economic). We are also linking these elements to social exclusion. In order to do this, we are combining a qualitative approach (semi-structured interviews with seniors, caregivers and professionals) and a quantitative approach (604 respondents aged 70 and over).

Understanding these dynamics and processes of exclusion from the individual and collective experiences of seniors may provide intervention avenues to promote seniors' mental health and social inclusion in pandemic context.

Economic and health system policies during the pandemic and mental health of middle-aged and older adults

Alice Delerue Matos, Gina Voss, Paulo Silva – University of Minho

The pandemic introduced significant changes in people's lives, and policies to control the spread of the virus had repercussions on their mental health. In fact, the increase in depression/sadness is associated with severe restrictions, such as home confinement, implemented in several countries (Voss et al., 2021). On the other hand, health policies/responsiveness of health systems, such as distance consultations during the pandemic, and economic policies, such as income support and debt/contract relief, may have protected the mental health of middle-aged and older individuals. This study aims to assess the role of such policies on people's mental health.

We used a sample of 29271 middle-aged and older adults from 26 European countries and Israel who participated in the SHARE project, wave 9. Multivariate logistic regression employed in this study showed that postponing or refusing appointments (i.e. encountering unresponsiveness of the health system during the pandemic) is associated with a 41% higher probability of experiencing depression/sadness. On the other hand, policies that do not strengthen the health system's responsiveness (namely the Covid testing policy, contact tracing, the policy of using face coverings outside the home, vaccination and protection of the elderly) are not associated with individuals' mental health.

Having received financial support from the government during the pandemic is not related to people's mental health. However, debt/contract relief policies do protect mental health. Indeed, individuals are 0.24% less likely to have experienced depression/sadness for every extra value in this country's economic indicator.

'A disease like any other' Traditional, complementary and alternative medicine use and perspectives in the context of COVID-19 among the Congolese community in Belgium

Emiel De Meyer, Patrick Van Damme, Mien Van Olmen, Melissa Ceuterick – Ghent University

Migrant communities often maintain traditional perceptions and habits regarding health and healthcare, resulting in high prevalent TCAM use among different migrant communities in northern urban settings. To investigate perceptions of feasible health choices in light of the pandemic and TCAM use in the specific context of COVID-19 within the Congolese community in Belgium, we conducted 16 semi-structured in-depth interviews with people of Congolese descent. Remedies mentioned against COVID-19 were largely based on known treatments against diseases with similar symptoms, like malaria. TCAM consisted mainly of plants, and their administration method was based on participants' prior knowledge, reshaped, and adapted to the new disease. Participants sought information mainly through transnational informal networks. We discovered low institutional, and biomedical trust from the participants' accounts, caused by present and historical social interactions between the Congolese community and Western/European institutions and other social/ethnic groups, which ultimately seems to lead to vaccination hesitancy.

Covid-19 and young people's wellbeing

Gender patterns in well-being due to the COVID-19 epidemics – a cross-sectional study of tertiary level Finnish students

Laura Kestilä, Sakari Karvonen, Suvi Parikka – Finnish Institute for Health and Welfare

One of the population groups that have faced the social effects of the Covid-19 epidemics heavily is the tertiary level students. In Finland, universities and vocational institutes remained physically closed most of the time during the epidemics. The long period of schools' closures may be anticipated to have severe consequences for the well-being of the students, due to new remote studying methods and lack of social

contacts, but so far few studies have explored them. Given the intensity of the change, several dimensions of well-being can be expected to have been affected.

Our main objective is to study what accounts for the well-being challenges experienced by the students, in particular from gender perspective. More in detail, we aim to study 1) in which dimensions of well-being changes are observed, 2) whether they differ by gender and 3) do different socio-demographic factors explain these changes and differences between genders. The study is based on a survey conducted among tertiary level students in Finland in 2021 (N=6,258, response rate 53%). The outcomes are self-reported evaluations of the effects of the Covid-19 epidemics and cover learning and studying difficulties, health, health-related behavior as well as social relations. Socio-demographic background factors include e.g. age, mother tongue and level of education (university vs. vocational institute). Preliminary findings suggest clear gender-patterned intersections in well-being. For example, psychological distress was experienced more often by females in most age groups, but the difference varied according to mother tongue and level of education. Similar variations were found in social relations and learning experiences. We conclude females to have been experiencing psychosocial challenges more than males but these patterns were conditioned by other structural characteristics.

Adolescents' Well-being During the Pandemic: The Role of Family Functioning, Financial Difficulties and Academic Support

Vera Skalicka (Norwegian University of Science and Technology)

Introduction: The main aim of this study was to test the potential importance of the family environment for altered adolescent well-being from before to during the COVID-19 pandemic (in spring 2020). Due to the closure of schools and rules of social distancing, many adolescents were bound to spend most of their time at home with their families, with limited possibilities for in-person contact with people outside their household. At present, it is unknown how parents and the family environment in general might contribute to changes in adolescents' well-being during the COVID-19 lockdown. We examined the importance of parental academic support during lockdown and the importance of changes in family functioning and family financial difficulties for changes in adolescents' perceived loneliness, life satisfaction and academic satisfaction from before to during the COVID-19 lockdown (spring 2020).

Methods: A follow-up sample of Norwegian adolescents based on the community study (the Trondheim Early Secure Study) (n = 630, Mage = 14.33 years, 52.6 % girls at baseline, 93.5% of participants had Norwegian mothers) reported increased loneliness and decreased life satisfaction from before to during the lockdown. The analysis was adjusted for gender, adolescent mental health, parental mental health and parental work from home.

Results: A latent change model revealed that increased financial difficulties from before to during the lockdown were associated with increased adolescent loneliness. Improved family functioning was associated with increased life satisfaction and decreased loneliness. Parental academic support during the lockdown was related to increased academic satisfaction among adolescents, but also to a reduction of their loneliness.

Sex and the lockdown city: changing sexual desire and behavior in emerging adults during the Covid-19 pandemic

Nina Van Eekert, Sarah Van de Velde – University of Antwerp

In March 2020 the World Health Organization announced the spread of the coronavirus as a global pandemic. To contain the virus, the Belgian government promptly imposed a series of unprecedented policy measures including a stay-at-home order. Depending on the COVID-19 infection rates and occupancy within hospitals the measures were loosened and tightened; yet always aimed to limit physical social contact between people.

Emerging adults received less attention in relation to COVID-19: higher education institution remained largely closed when people were allowed commute to work again; and young adults were the last to (voluntary) receive their vaccination and thus the therewith associated freedom such as entrance to events and travel permission. Previous research within Flanders shows that higher education students felt forgotten by the government, stating that "they are always the first one to into lockdown and of whom is expected to just cope and deal with it". Yet, young adults are shown to be more affected by the COVID-19

pandemic in terms of mental health. Within their life stage of emerging adulthood they face many uncertainties related to education, employment, housing and social, romantic and sexual relationships. Whilst within all of these domains social interaction is necessary for them to explore; the latter especially includes physical social contact and is thus directly restricted through policy measures.

The current study examines whether young adults sexual desire and behavior changed during social lockdown and how these changes are related to their mental well-being. We therefore make use of the second wave of the COVID-19 International Student Well-being Survey, conducted at the University of Antwerp in April/May 2021. The current research contributes to the by experts expressed urgent need to identify mechanism affecting mental health during the COVID-19 pandemic in order to provide evidence-based and mechanistically informed psychological treatment and public health interventions.

Stakeholders and experts' opinion for developing a web-application for children and adolescents during pandemics

Raccanello D., Vicentini G., Lonardi C., Carradore M., Rocca E., Burro R. – University of Verona

Natural disasters, including pandemics, can have traumatic consequences on children and adolescents' development (Raccanello et al., 2021). It is paramount to create instruments promoting their resilience (Masten, 2021), to foster their knowledge on health behaviors and emotional preparedness.

Following current standards (Giannakakos et al., 2020), we developed the first two levels of the application PandHEMOT focused on the nature of pandemics and health behaviors, on the basis of the opinion of experts and stakeholders.

We involved 22 experts and/or stakeholders (primary/secondary school teachers, two experts from a civil protection agency, two psychologists, two health sociologists, two pediatricians, a doctor of public health, and a security officer) using semi-structured interviews on the main characteristics of pandemics and safety measures. We used content analysis. Concerning the nature of pandemics, we identified macro-categories related to definition of epidemics, pandemics, virus, coronavirus, vaccination, and COVID-19 symptoms. As regards health behaviors, we distinguished safety measures related to one's own body, to interactions with other people, and to interactions with objects. Then, a pool of experts in health sociology and developmental psychology identified the content of 48 dichotomous items, 12 correct and 12 incorrect for each level of the application.

Our study suffers from limitations (e.g., social desirability). However, this phase has a key role for identifying part of the contents of PandHEMOT to be used with children and adolescents. Future research will test the usability and efficacy of the application for increasing their pandemic-related knowledge and resilience.

Covid-19 and everyday life

Pandemic Covid-19 through the eyes of Russians: experience, consequences and new opportunities

Reshetnikov A.V., Prisyazhnaya N.V., Vyatkina N.Yu., Pavlov S.V., Sobolev K.E. – Sechenov University

For the first time in modern history, the world has faced a "red" level of danger to humanity due to the high rate of spread of the COVID-19 pandemic.

The results of a sociological survey of residents of Moscow (the capital of the country) conducted in March 2020 (n = 478), November 2020 (n = 506), July 2021 (n = 502) allowed us to record the dynamics of changes in the attitude of Russians to life in a pandemic. The first survey in March 2020 showed high awareness of respondents (92.4%) about COVID-19 and infection prevention measures, as well as an increase in the level of anxiety of respondents regarding the consequences of the pandemic. Muscovites expected a downturn in the economy (90.6%), a crisis in the healthcare system (22.2%), an increase in social tension and the risk of the formation of an "epidemic of loneliness" due to the consolidation of the practice of remote social relations (18.6%). A survey in November 2020 showed that respondents' fears about the socio-economic consequences of the pandemic were largely confirmed (70.1% indicated an economic downturn). Against the background of adaptation to the conditions of the pandemic, respondents were afraid of high rates of spread of the disease (71.7%), imperfection of treatment methods and complications of the disease

(80.4%), fear for the health of loved ones (76.9%). The actual problems were restrictions on social activity (24.1%) and fatigue from, mainly, home stay (19.3%).

The 2021 survey showed that Russians have adapted to the conditions of the pandemic and there is a normalization of remote labor relations and the provision of services. The majority of respondents (61.7%) indicated that their life has partially or completely "returned to normal." The greatest discomfort of the pandemic was associated by respondents with the restriction of social contacts (34.0%).

From Danger to Uncertainty: Changing Health Care Practices, Everyday Experiences, and Temporalities in Dealing With COVID-19 Policies in the Netherlands

Christian Bröer, Gerlieke Veltkamp, Carolien Bouw, Noa Vlaar, Rein de Sauvage Nolting, Femke Borst – University of Amsterdam

Based on longitudinal research in families with young children, we investigate parents' changing everyday experiences and health care practices of dealing with COVID-19 policies in the Netherlands. We identify four key themes developing over time. In relation to evolving COVID-19 prevention policies, (a) the lockdown interrupted life and experiences of temporality. (b) Following the lockdown, risk management changed from fear to insecurities and (c) simultaneously, emotion management transitioned from solidarity to fragmentation. (d) Increasingly, pragmatic considerations allowed parents to tackle uncertainties and created room to normalize everyday life. We studied "change" by using a novel conceptual model for temporality and found distinct temporalities in parents' accounts. In sum, we interpret this as a shift from danger to uncertainty, induced by policy shifts and pragmatically translating those to the lifeworld.

The Italian "mamma", childhood obesity and Covid-19. Between over-feeding and underestimation

Antonio Mauro, Annalisa Plava – University of Bologna

Childhood obesity can be considered one of the greatest health challenges of the 21st century as it is correlated to the onset of several chronic conditions like diabetes. In Italy, in the 6-11 age group 20.4% of children are considered overweight, 6.9% obese and 2.4% seriously obese (data 2019).

Several studies have demonstrated that the interruption of classroom teaching and the Covid-19 containment measures have led to an increase in comfort food, sedentary lifestyles and socio-economic vulnerability. In order to investigate childhood obesity, we have submitted an online questionnaire to 361 families with children 6-11 years in Rimini (Italy) together with in-depth interviews. This research investigates how social factors have influenced eating habits and lifestyle of families with children aged 6-11 in Rimini during the Covid crisis. While the dissemination of data is still being undertaken, initial results show that: 1. Children have mostly likely gained weight during the Covid period; 2. There is a correlation between the weight of the mother and the weight of the child (though tenuous); 3. Mothers underestimate children's obesity.

The impact of the Covid-19 pandemic on the health and living conditions of prisoners. A research in the Milan area

Lia Lombardi (University of Milan)

Background: The health conditions of prisoners, in Italy as in many parts of the world, are significantly more problematic compared to the rest of the population, starting with life expectancy. This is determined by several factors: high rates of infectious (11.5%) and cardiovascular diseases, cancers, diabetes and respiratory diseases, mental disorders (41.3%); consequences of drug and alcohol abuse. Health conditions are also worsened by overcrowding - Italy ranks second in Europe for prison overcrowding (119% rate).

Objectives: The main aim of this study is to detect the impact of the Covid-19 pandemic on the health and everyday life conditions of the prison population. A specific objective of the study is to highlight the actions taken in the face of the pandemic emergency, at a national level and specifically in a prison in the Milan area, such as: measures to contain the virus; management of discontent and fear perceived by inmates; reorganisation of activities within the prison; actions aimed at prevention and health promotion.

Methods and tools: The survey made use of a desk analysis that explored the health and living conditions of the prison population in Italy in relation to the Covid pandemic. This was complemented by a qualitative survey conducted in the Milan-Bollate prison, chosen for its model of rehabilitation and social

reintegration. Sixteen semi-structured interviews were carried out with social, psychological, health, legal and prison staff.

Results: The Covid-19 pandemic negatively affected the prison population, especially regarding well-being and everyday life, as many activities, both inside and outside prison, were stopped or limited. The restrictions have led to feelings of loneliness, disorientation, sadness and attitudes of mistrust and intolerance. In response to the crisis, a reorganisation of activities and relationships was implemented which brought the living conditions of prisoners and staff back to acceptable levels in short time.

Body and society

Comfortably numb' - An ethnography of embodiment and disembodiment in the operating theatre

Luke Ewart (Canterbury Christ Church University)

This paper draws upon data from an ethnographic study which explores the experience of being a patient undergoing knee surgery while awake with a local or regional anaesthetic. As the body exists within both a physical and social world simultaneously, the traits exhibited within these spheres are often presented as oppositional. The physical world is presented as representing the stable and unchanging nature or biology of the body, while the social world represents the environment and history of the body which is subject to constant change (Young, 1997). The continual exchange of meanings between the two kinds of bodily experience is one where each reinforces the other to the point where the body cannot be considered without simultaneously involving a social dimension (Douglas, 1996). As Shilling (1993) notes, “acting people are acting bodies” (p8) so it is not possible to develop a theory of human agency without acknowledging the role the body plays as an integral part of human agency. Embodiment can therefore be regarded as how individuals experience themselves, with the body as the locus of the self; indistinguishable from and incorporated within the body. The process of surgery disrupts this bodily experience by creating a situation where the embodied self is exposed to a violation, albeit one with which the self is complicit. In this paper I discuss how patients who remain conscious during a local or regional anaesthetic make sense of their embodiment with a partially anaesthetised body in the operating theatre.

Bodies by other means. Challenging biomedical gaze within Refused Knowledge Communities

Barbara Morsello, Stefano Crabu – University of Padova

This contribution aims at examining how two Italian Refused Knowledge Communities (RKC) – i.e. the Free-vax and the New Germanic Medicine communities – distrusting scientific paradigms, are engaged in counteracting biomedicalization processes and in developing counter-knowing about living bodies in order to redefine what a human body is, and under which conditions it could be cared and cured.

Indeed, biomedicine identify a powerful dispositif in the socio-technical shaping of the modern living body, where the shifting relations between “medical” and “molecular gaze” are the emerging outcome of the current biomedicalization engines (Clarke et al. 2010). Despite the biomedicalized body is the prevalent model, the development of alternative medical facts and knowledge is still ongoing.

Drawing on a web ethnography (February 2020 – October 2021), this contribution firstly discuss the heuristic power of the label RKC to encompass those communities rooted in a system of knowledge that is partially or totally refused by scientific authorities. Thus, the contribution shows how RKC negotiate and resist the prevailing scientific discourses by promoting knowledge and practices for addressing the health and well-being shifting the body as object of medical knowledge to a subject of lay knowledge: a shifting where different ways of knowing may collide revealing deep tensions between the body-we-have and the body-we-are (Mol, Law 2004). In doing so, we provide an understanding of the tensions between refused and biomedical knowledge in the discursive enactment of the body by analyzing two main focal points: 1) the conceptual redefinition of the “immune system” and its empowerment; 2) the overcoming of the body-mind dualism. The analysis of these focal points allows to unveil how RKC question and reject the biomedicalization of the human body, thus redefining the epistemic and material boundaries of the bodies by other means.

The impact of TikTok in China, the most popular social media application among teenagers today on body image

Xinnan Wang

“Body image is generally understood as a mental image of the body as it appears to others” (Featherstone 2010, 195) 7–18-year-olds are exposed to a variety of social media, such as Facebook, WeChat, Twitter, and TikTok, where they imitate celebrities who have a lot of traffic on social media and follow trends of beauty that are set by celebrities. The adolescent stage is the time that children’s worldviews are gradually formed, and it is important to actively guide teenagers to have a non-judgmental view towards their own bodies and other bodies. Exposure to social media at a young age may lead adolescents to develop eating disorders and/or body-hatred (Frost 2001). Hence, it is imperative that the relationship between adolescents and body image(s) portrayed on social media be researched. In this presentation, I will explore the impact of TikTok in China, the most popular social media application among teenagers today, on body image. TikTok in China is a separate platform than TikTok that is used in the rest of the world, and hence gives us insight into beauty standards that are specific to the Chinese context. When teenagers browse TikTok, the first thing that stands out for them is the high number of ‘attractive’ people within the Chinese context. The attention that ‘attractive’ profiles/posts receive may lead the adolescent audience to create a body image based on the idea of attractiveness conveyed on this platform. In order to understand this phenomenon, this presentation will present findings from the discourse analysis of interviews with five participants about their thoughts and feelings regarding the beauty trends on TikTok. This research is a work in progress, and conclusions derived from the interviews will be presented at the conference.

Pharmaceuticalisation and medication literacy – a sociological perspective

Noémia Lopes (*Iscte - Instituto Universitário de Lisboa (CIES-Iscte); Instituto Universitário Egas Moniz (IUEM)*), Carla Rodrigues (*Iscte - Instituto Universitário de Lisboa (CIES-Iscte); University of Amsterdam (UvA, AISSR)*), Elsa Pegado (*Iscte - Instituto Universitário de Lisboa (CIES-Iscte)*)

The increasing diversification of the purposes for which medicines are used, beyond health and illness, including wellness management and performance enhancement purposes, signals an expanding pharmaceuticalisation of everyday life (Williams et al., 2008; Fox et al., 2009), which is a social hallmark of today. The scope of this framework includes pharmaceuticals, natural medicines and food supplements, often used in alternation for the same purposes (Lopes et al., 2015), either prescribed or over-the-counter. It is in this context that the requirement for personal responsibility and informed user has been the institutional standard in the promotion of the safe use of medicines, and within which the issues around medication literacy have developed. The essentially functional content of the latter needs to be problematised in terms of its social scope. This is so, particularly in regard to its limitation in capturing the social rationalities that organize the criteria for using information on medicines, in the current context of growing lay autonomy and multiple reference sources. Such an imperative is accentuated in the face of a post-pandemic future, marked by an increased pharmaceuticalisation and by new safety uncertainties. In this paper, we aim to discuss the social contextuality of medication literacy, identifying the social processuality that organises the management of information and the practices of medicines use in everyday life. The aim is, then, to broaden the approach to medication literacy and highlight the need to consider its sociological dimension.

This presentation is based on the results of one of the components of an ongoing study on the use of medicines and dietary supplements for performance management in Portugal, financed by Foundation for Science and Technology (PTDC/SOC/30734/2017). The results report on data obtained through the application of a questionnaire in pharmacies on 'Medication and dietary supplements - information content' (n=1107).

Health inequalities 2

Social stratification, lifestyles and health – Investigating the German social space

Stephanie Beyer (*University of Hannover*)

Numerous studies show the nexus of social status and health but only relatively few works rely on a relational approach to study social stratification, lifestyles and health inequalities. Therefore, this contribution examines the connection of social structure, lifestyles and health in Germany from a Bourdieusian perspective. To this end, I draw on the German General Social Survey that includes rich information on 3471 respondents' social position, their reported health, health relevant practices such as dietary, smoking and exercise habits, but also on living conditions, attitudes, and leisure time activities. Based on these variables, I first map a multidimensional 'social space' using specific multiple correspondence analysis that allows to investigate and better understand the relationship of structural factors, lifestyles, health and patterns of (health) behavior and attitudes. In a second step, this reconstructed social space allows me to identify distinctive lifestyle clusters with hierarchical cluster analysis. The results indicate that individuals differ clearly in their position in social space that aligns with specific lifestyles, attitudes as well as their health, which I will describe in more detail. In addition, I discuss the potential of a subsequent qualitative analysis that integrates the identified clusters as a stimulus for qualitative interviews that are supposed to allow an even more detailed understanding of the identified lifestyles and their connection to social inequalities and health in Germany.

Work, welfare and social inequality: Work retention trends among cancer survivors in four Nordic countries, 1996-2017

Kjetil A. van der Wel (Oslo Metropolitan University)

Work inclusion is high on the political agenda in all the Nordic countries. While Denmark, Finland and Sweden all have reformed their sickness benefits systems in order to improve work incentives, the Norwegian sickness benefit remains high and virtually unchanged. To explore whether this may have had any long-term consequences for the work inclusion rates of people experiencing health problems in Norway as compared to its Nordic neighbours, this paper compares trends in five-year work retention among cancer survivors aged 35 to 60 years over two decades in Norway, Denmark, Finland and Sweden. The paper uses register data on cancer and socioeconomic conditions and presents results from descriptive analyses and linear probability regression models.

We find improving work retention rates among cancer survivors in all countries. The slope is similar in Norway and Finland, while Sweden appears to have had the largest improvement in men and Denmark in women. It appears that cancer-related work exclusion rates are higher in Norway than in the other Nordic countries. Also, cancer-related employment gaps among Norwegian women with cancer was much larger than among their Nordic sisters. Social inequalities in the employment consequences of cancer are substantial in all countries but Finland during follow-up. The older cohorts drive the improvements seen in Norway. In contrast, in all other countries, we find significant increases in work retention among cancer survivors also among 35-49-year-olds, and less consistent results for the older cohorts. The paper discusses these results in relation to labour market conditions and welfare reforms.

Intergenerational reproduction, mobility and self-rated health in Canada

Gerry Veenstra (The University of British Columbia)

INTRODUCTION: The health effects of intergenerational processes in which the socioeconomic status of middle- and upper-class parents is reproduced in their children have been extensively documented by health researchers in a variety of contexts but have yet to be studied in Canada. In addition, while a growing body of research reveals the health effects of 'falling from grace' or 'rising from rags,' i.e., experiencing downward or upward mobility relative to one's family socioeconomic background, these too have yet to be investigated in the Canadian context. I remedy these lacunae by documenting the results of an original empirical investigation into the health effects of these opposing processes.

METHODS: I mobilized a unique dataset, the Longitudinal and International Study of Adults linked to current and historical income data from the Canada Revenue Agency, to investigate the relevance of intergenerational reproduction and mobility for inequalities in self-rated health in a national sample of Canadians aged 25 to 50. Binary logistic regression models and Diagonal Reference Models were used to investigate the reproduction and mobility processes, respectively.

RESULTS: Parental education was not significantly associated with self-rated health among women or men. Parental family income was significantly associated with self-rated health among women only, partly explained by the socioeconomic status of the women themselves. In addition, upward income mobility was beneficial for men's self-rated health, downward educational mobility was detrimental to the self-rated health of women and downward income mobility was detrimental to the self-rated health of both women and men.

CONCLUSION: These results suggest that intergenerational reproduction plays at best a small role in the generation of high levels of self-rated health among Canadian women and is mostly irrelevant for the self-rated health of Canadian men but that downwards intergenerational mobility is strongly detrimental to self-rated health among Canadian women and men.

Accumulating or adapting effect of trajectories of mediating factors on health in different life stages?

Anja Knöchelmann (Martin-Luther-University Halle-Wittenberg), Tobias Rähse (Martin-Luther-University Halle-Wittenberg | Gesundheitsforen Leipzig), Matthias Richter (Martin-Luther-University Halle-Wittenberg | Technical University of Munich)

Background: Being in socioeconomic disadvantageous circumstances multiple times throughout the life course is associated with worse health in later life. This can be best explained by the accumulation of disadvantages. Yet, it is not clear whether this also holds for material and psychosocial factors. Furthermore, it is not known whether the same process works in every life stage in the same way. It might also be true that adaptation processes are in place for certain factors or in specific life stages. Accordingly, we aim to assess the trajectories of the effect of specific factors on health in different life stages.

Methods: Analyses are based on the German Socio-Economic-Panel study, using the waves from 1994 to 2017. In total 266255 and 236787 observations from 31,961 women and 29,149 men were included in the final sample. Self-rated health was used as outcome. Material and psychosocial factors were measured as burden of loan repayment, housing status and quality, economic insecurities as well as income and housing satisfaction. Fixed-effects regressions were estimated, stratified by life stages. Exposure duration was calculated as observed years in exposure for each of the factors, taking only continuous exposure years into account.

Results: Accumulation seems to be the dominating process for all of the mediating factors and in all life stages. This is especially the case for housing status, financial worries and income satisfaction. For other factors, such as job worries, housing satisfaction and housing quality or burdens of loan repayments, the trajectories seem to vary more depending on the life stage.

Conclusion: Some factors seem to be important predictors for the SRH of the respondents independent of the concrete age, while others vary and it can be assumed that in certain stages different resources are available and needed to cope with the exposures towards the corresponding factors.

Health and communication

Non-standard communication situations in the provision of perinatal palliative care

Magdalena Hašplová, Kateřina Ivanová – Palacky University in Olomouc

Introduction: Perinatal loss is undoubtedly one of the most difficult moments of every mother who experiences this event completely individually. For this reason, providing perinatal palliative care is still a non-standard situation for health professionals. The task of health professionals is to provide the child, woman and her family with holistic care, taking into account their differences. Furthermore, it is necessary to provide the woman with information in a completely clear and yet sensitive way, because thanks to health literacy, the woman can decide on the next step.

Aim: The main aim of the research was to find out what non-standard communication situations can occur when providing perinatal palliative care?

Methods: The method is a thematic overview of research conducted so far on this topic.

Results: The results will be presented according to the fields, according to the types of communication situations, according to the urgency of the communication situation.

Discussion: The discussion will compare the results of the thematic research with their own questionnaire survey of health literacy of mothers with perinatal loss, with an indication of what they considered important in obtaining, understanding and applying information.

Conclusion: The opinions of experts and mothers' views on non-standard communication situations in the provision of perinatal palliative care will be shown and compared.

Key words: Perinatal palliative care, perinatal loss, life-threatening or limiting defect, non-standard communication situation, communication problem

Dedication: The student grant DSGC-2021-0008 „Addressing Non-standard Situations in the Care of Women in the Preconception Period and Pregnancy, Mother and Child during Childbirth and in the Puerperium: Collision of Discourses“ is funded under the OPIE project "Improvement of Doctoral Student Grant Competition Schemes and their Pilot Implementation", reg. no. CZ.02.2.69/0.0/0.0/19_073/0016713

Unequal Encounters: Families with Disabled Children in Institutional Interactions

Sigurd Eid Jacobsen (OsloMet - Oslo Metropolitan University)

Following the 'cultural turn' in class analysis, social class may matter not only for its relationship to social or economic resources but also for the cultural resources (e.g., knowledge, skills, and competencies) it provides. Previous research has found that the public agencies which are designed to support and lessen the burden of having a disabled child are often experienced as a heavy burden. However, the research has ignored exploring how social class can influence these encounters. I draw on Bourdieu's notion of cultural capital. I argue in line with Lareau & Weininger (2003) for a conceptualization of cultural capital where it is defined as: "the micro-interactional processes through which individuals comply (or fail to comply) with evaluative standards of dominant institutions". Cultural capital theory focuses on the relational, symbolic, and clandestine aspects of institutional encounters. I use data from an ongoing qualitative study involving a triangulation consisting of interviews with parents of disabled children, professionals, and observations in meetings between parents and professionals. Preliminary findings suggest that working-class and middle-class families often differed in their socioemotional strategies used in institutional encounters. However, I argue that a too-narrow focus on social class and cultural capital distorts the situation of these families. Economic resources, social support, professional support, family structure, and fatigue play a part in these families' lives and how they deal with health and welfare services.

Nursing profession and sexuality. A love affair or fear story?

Kevin Toffel (Haute école de santé Vaud / HES-SO)

The nursing profession is typically associated with 'care' (Tronto 1993; Rothier Bautzer 2014). However, the nursing care ethic is now under threat from internally and externally of the profession. Looking into it from an internal aspect, the nursing profession has not ceased distancing itself from a history impregnated with the 'eternal feminine' to claim a role of its own. Looking it from the external perspective, the nursing care ethic is being threatened because the injunctions linked to the 'ambulatory shift' and the New public management reforms are undermining the foundations of care based on listening and support (Molinier 2010). The questions raised by the management of sexuality by oncology nurses, highlighting professional identity and moral negotiations, reveal the above issues.

Among the various dimensions encompassed by the notion of quality of life post-cancer, sexuality is one of the most problematic aspects for patients (Cairo Notari et al. 2018; Ussher et al. 2019). While nurses echo patients' expectations that talking about sexuality is the nurses' responsibility (Kotronoulas et al. 2009; Vega and Coindard 2017), they struggle to address this topic with patients (Giami et al. 2015).

What role do institutional recommendations play in relation to this restraint? How do nurses integrate sexuality issues into their professional practice according to their profiles (training, place of practice)?

Based on 29 interviews conducted with nurses from Western Switzerland, I will deliver a presentation which shows the ways in which nurses approach sexuality, in relation to the professional ethos as well as to the changes linked to managerial injunctions.

Vaccine hesitancy and potential interventions among healthcare professionals: an overview of Systematic Literature Review. First results from Vax-Trust European Project (Project: 965280)



*Sannella A. *, Esposito M. *, Ferrara M. *, Langiano E. *, Lo Moro G. **, Sbaragli S. *, Siliquini R. **, De Vito E. **

**Università degli Studi di Cassino*

*** Università degli Studi di Torino*

Vaccine hesitancy is a most burning issue for healthcare professionals who meet more and more challenges in building trust relationships with their patients. Healthcare professionals need abilities to encounter vaccine hesitant individuals so that these individuals can make their decisions about health. Professionals need to be prepared to answer questions and concerns related to vaccines.

VAX-TRUST Project (funded by EU Horizon 2020 Program) strives for both increasing understanding of vaccine hesitancy and improving the interaction between healthcare professionals and vaccine hesitant individuals. The general objective is to increasing knowledge about the situation of vaccine hesitancy in specific European regions and understanding deeply the position of different actors in terms of vaccine hesitancy.

Planning for correct and effective vaccination information is a public health priority. There are difficulties in vaccination coverage in a population group that we can define as a "vaccine-hesitant", and dialogue and exchange of information are necessary. Our target are doctors, general practitioners, paediatricians, gynaecologists, midwives, nurses, medical students and parents.

We found it useful to conduct a systematic review of the literature using primary studies from PubMed and Scopus published between 2016 and 2021. The inclusion criteria included primary studies in English. A systematic literature search was performed for archived articles from major medical databases (PubMed, SCOPUS, Embase) and Rayyan software. SLR analysis topics include educational interventions, pilot studies, comprehensive studies, and guidelines that address vaccines' hesitation to healthcare professionals and medical students.

Two groups of blind researchers examined the documents. The selected data from the SLR meet the objective of promoting actions for the facilitation of health communication interventions, campaigns and intervention models on vaccines and immunizations. We have selected 5% (874) of the total number of articles remaining (17,000) and blinded to include or exclude studies, and then checked for any conflicts which were subsequently resolved together. The data of the SLR concern the possibility of being able to subsequently carry out an analysis to develop guidelines, drive healthcare choices and provide researchers, professionals, and users with a synthesis of knowledge on vaccine hesitation.

In conclusion, the research aims to identify actions to facilitate healthy communication and interventions, campaigns and intervention models on vaccines and immunization policies.

Parallel session 4 (26th August, 09.00-10.30)

Covid-19 and inequalities 1

Social inequalities in severe COVID-19 disease progression. First results from a nation-wide clinical-scientific data infrastructure

Hanno Hoven (1), Lisa Pilgram (2), Nico Dragano (1), Christian Apfelbacher (3), Eva Grill (4), Janne Vehreschild (5), Insa Backhaus (1) on behalf of the NAPKON study group

1 Heinrich Heine University Düsseldorf

2 Charité Universitätsmedizin Berlin

3 Otto von Guericke University Magdeburg

4 Ludwig-Maximilians-Universität München (LMU) Munich

5 University Hospital of Cologne, and German Centre for Infection Research, partner site Bonn-Cologne

Background: Social epidemiological research increasingly suggests that both the SARS-CoV-2 infection risk and the risk of a severe COVID-19 disease course are unequally distributed, with socially disadvantaged groups being at exceptionally high risk. Important risk factors are, for instance, crowded living conditions, disadvantaged socioeconomic position, low income, low education, and pre-existing medical conditions. However, the specifics of how social inequalities in severe COVID-19 disease progression play a role as social prognosis factors in hospitalized COVID-19 patients are so far only poorly understood.

Methods: We use data from the National Pandemic Cohort Network of the German Network University Medicine (NAPKON), a multi-site cohort study with extensive phenotyping of incident COVID-19 cases. Data is obtained from 2000 patients in 62 clinics and health care centers across Germany. Severe disease progression is defined by patients' time being hospitalized, being in intensive care, and being ventilated. Age, gender, educational level, employment status, disease severity at admission, reason for being tested, and pre-existing medical conditions are included in multivariable regression models.

Results: Preliminary results suggest that low educational level and not being in paid work are prognostic factors for progression to severe disease, in addition to older age, being male, and pre-existing medical conditions. Receiving a test due to definite symptoms and being in critical status at admission to a health facility are also associated with severe disease.

Conclusion: Our findings indicate that social factors play a dominant role in progression to severe disease of COVID-19 patients. Taking these factors into account in pandemic preparedness management improve not only the provision of hospital and intensive care capacities but may also be helpful for in health promotion and risk communication.

Tackling inequalities in pandemic times: a multi-method interdisciplinary action-research in the city of Bologna

Martina Consoloni, Matteo Valoncini – University of Bologna

In 2017 a multidisciplinary research group (involving the Local Health Authority, the Municipality and the University of Bologna) started a city-wide project aiming to document geographical health inequalities in Bologna and to inform policy actions to tackle them.

Phase 1 of the project (2017-2019) consisted of an ecological study based on routinely available indicators, 5 related to the social determinants of health (exposure) and 5 to ill-health (outcomes). For each municipal statistical area, the distribution of exposures and outcomes in the periods 2011-15 and 2015-19 was plotted on the city map. Based on these results, in the second phase (2020-ongoing) six areas of the city, among those most affected by health and social inequalities, were selected for an in-depth qualitative analysis combining ethnographic and participatory action-research methodologies, involving health, social and educational professionals, members of citizen groups and civil society associations. When phase 2 started, the COVID-19 pandemic broke out: as widely demonstrated, the virus spreads through inequalities, exacerbating them. We therefore added the evaluation of the social impact of the pandemic to the research objectives.

We describe here the process and results of the action-research conducted in one of the six areas, located in the South of Bologna (Savena district). The area has a high proportion of council houses residents and, based on phase 1 data, ranks high for both exposure and outcome inequality indicators. It also ranked lowest in the city for COVID-19 vaccination rates.

Phase 2 results show that prominent social determinants of health in the area include social isolation (especially among the elderly), lack of social spaces and the fragmentation of social and healthcare services. Thanks to the action-research methodology, these results inform local policy action in order to tackle health inequalities. The adopted approach seems promising as it enables local actors to collectively build a meaningful narrative of their lived experiences and identify paths to improve the context they live in.

Needs of low-income adults living in social and community housing in Québec during the pandemic of COVID-19 in Québec: Critical perspective and sustainable health equity strategies

Judith Lapierre (Université Laval), Jacques Cailouette (Université de Sherbrooke), Christian Jetté (Université de Montréal), Véronique Provencher (Université Laval)

Background: Housing crisis is unequalled at this time. The pandemic has made visible the invisible in public and community housing in Québec, Canada. A diversified form of hidden homelessness facing especially women, First Nation and Inuit and young families has emerged strongly. We have seen more than ever, increased level of poverty and reduced access to care and services. Health literacy was the number one key strategy to prevent infection and community contagion but a large number of the population was unable to understand and follow the changing and modulating covid public health measures. E-health also became essential to navigate the system and to access immunization. Mental health challenges were exacerbated. Growing vulnerabilities and inequalities are affecting more strongly low-income families. Social and community housing that offer community support practices is a provincial strategy that supports equity and social justice. However, the pandemic has drastically transformed the needs and the support practices.

Objectives: This study focuses on describing the experience of living in subsidized housing and describing the responses of the community support practitioners.

Methods: A radical constructivist and pragmatist approach framed our research epistemology. A qualitative methodology was used with a cycle of reflective practice.

Results: Prevention, empowerment, mental and health literacy needs as well as individuals' journey in the pandemic digital era are presented. Innovative responses of the practitioners are exposed.

Discussion/conclusions: A critical and intersectional perspective of social justice, using Nancy Fraser's principles is advanced as strategic for the post pandemic era. Redistribution of wealth, with social and environmental values and principles of recognition and participation can contribute to more equity and sustainable health. Social returns such as economic, cultural and social gains contribute to creating health, impacting several determinants and increasing human and social capital.

Covid-19 and healthcare professions

Nursing students' ethical challenges during the COVID-19 pandemic: What can we learn for the future?

Mirko Prosen, Igor Karnjuš, Sabina Ličen – University of Primorska

Introduction: As a result of the shortage of nurses during the pandemic COVID -19, student nurses were widely involved in clinical practise. Even under normal circumstances, student nurses face transitional shock when entering clinical practise, but during the COVID -19 pandemic this transition was undoubtedly more accentuated, confronting ethical dilemmas and conflicts around the care of COVID -19 infected patients. The aim of this study was to explore the ethical challenges of the COVID -19 pandemic from the perspective of student nurses and their experiences.

Methods: A qualitative, descriptive study was conducted with a purposive sample of nursing students who worked in clinical practise during the first waves of the COVID -19 pandemic. Three online focus groups (n=12) were organised to collect data. Data were analysed using thematic analysis.

Results: Three themes were identified: (1) personal struggle, (2) organisational challenges, and (3) coping with dying. Because the student nurses were placed in a real-life situation where little was known about the infection, the situation triggered fear, anxiety, and uncertainty in them. They witnessed situations for which they were not prepared and which left them helpless (long working hours, lack of personal protective equipment, inadequate infrastructure, lack of personnel, inconsistencies in communication, etc.). In addition, they were constantly concerned about maintaining the quality of health care, lack of information for relatives, and the inability of relatives to see their loved ones, patients dying alone and without adequate palliative care.

Discussion and conclusions: The pandemic had a serious impact on our health care systems and fully revealed their vulnerability. Student nurses faced similar ethical dilemmas as other health professionals. They were particularly overwhelmed by the inability to provide compassionate care, which for many was the primary reason for choosing the nursing profession and may become a consequence of leaving the profession.

Symptoms of COVID-19. How the pandemic has changed healthcare professionals work

Veronica Moretti, Elisa Castellaccio – Università di Bologna

The ongoing Coronavirus pandemic has tested doctors and health-care workers to the limits of their professional competence, deeply influencing their tasks and reorganizing the healthcare delivery. Additionally, COVID-19 has taken a considerable toll on their health and wellbeing, placing significant demands on already overloaded, understaffed, and under-resourced health systems.

Through this proposal we aimed to investigate whether (and how) the pandemic has changed health professionals work, how they behave and interact within their teams and organisations, also understanding their personal health and wellbeing.

Regarding the methodology, we used audio-diary (AD) as a research method to gather data and as a tool capable of collecting the most intimate thoughts and experiences of the narrator in real time. Each participant – 10 female and 5 male, between 28 and 45 years old and working in the northern part of Italy – was asked to register three audios per week for a month. After this period, we realized a group discussion to evaluate, in addition to the possibility of adding elements related to audio-diaries, how much the instrument had an impact both on people's daily lives and on their way of expressing information.

The data collected suggests several dimensions in which the ongoing pandemic had an impact:

- relationships: social distancing worsened individual wellbeing, creating a sense of loneliness, awkwardness in dealing with others, lack of spontaneity and affection. Repercussions in working relationships, both with patients at therapeutic level and with colleagues.
- spaces: logistical rethinking of work spaces to maintain distancing; perception of danger in crowded spaces.
- tasks: workload has increased and diversified with the risen of technology usage, new skills have to be acquired. Adaptation of care practices to the emergency state where there is a reduction of physical contact.

The Covid-19 health crisis as a transformative moment for nurses

Matteo Antonini (University of Applied Sciences and Arts of Western Switzerland), Dan Lecocq (Haute École Libre de Bruxelles Ilya Prigogine & Université libre de Bruxelles & École de Santé Publique), Philippe Delmas (University of Applied Sciences and Arts of Western Switzerland), Hélène Lefebvre (Université de Montréal), Jacques Dumont (Université libre de Bruxelles & Cliniques Universitaires de Bruxelles Hôpital Érasme), Chantal Van Cutsem (Cliniques Universitaires de Bruxelles Hôpital Érasme), Marie-Charlotte Draye (Cliniques Universitaires de Bruxelles Hôpital Érasme), Noémie Haguinet (Independent researcher)

Background: Nurses were facing strong challenges in the structure of their work well before the Covid-19 health crisis: reorganisation of workplace, decreasing funding, and aging population, just to cite few.

In this context, the Covid-19 health crisis acted as a catalyst exposing many systemic problems but also uncovering unexpected resources.

Objective: Given this background, we aim to explore how the Covid-19 health crisis has triggered the reflection of hospital nurses around their role and their profession.

Methods: Consensual qualitative research was used to analyse 19 interviews of nurses who worked in special “Covid-19 units” of a large academic hospital in Belgium during the “first wave” of the Covid-19 health crisis.

Results: The interviewed nurses have requested a change in the work organisation: the nurse relationship with patients and their relatives must be reinforced both by allowing more time for care and by founding this link on a humanist perspective.

Discussion: The Covid-19 health crisis has been a turning point for many healthcare professionals. If, on the one hand, we are observing many of them quitting the profession, on the other hand, we have also observed how many others are using this event as an occasion to rebuild meaning at work, rethink their profession and their workplace. It seems urgent to promote actively strategies including patient-partnership approaches to facilitate humanization, meaning, choice, quality of life, and healing in living and dying.

General medicine in front of Covid-19 pandemic: crisis or rebirth?

Marco Arlotti, Flavia Atzori, Micol Bronzini, Carla Moretti, Elena Spina, Giovanna Vicarelli – Università Politecnica delle Marche

This contribution aims to present the first results of a research study on general medicine in Italy, which began on 2021 at CRISS-UNIVPM.

Background: General medicine in Italy has been at the center of profound changes that question its role and its ways of responding to the needs of the population. In the last decade, efforts were made to establish associative forms of GPs; to leave a mono-professional practice by extending work teams to other professionals; to carry out some diagnostic investigations directly in the office, and to interact digitally with patients (CentroStudiFIMMG 2015; PoliMi CentroStudiFIMMG 2017; 2019; Frontoni et al. 2019); to face citizens’ new needs and co-production requests. Furthermore, general practice is undergoing profound changes in terms of the number of employees, as well as in employees’ genders and ages (Bronzini 2006; Riska, Weagar 1993; Riska 2003, Spina 2019 Vicarelli 2020).

Objectives and hypotheses: The hypothesis that guides the research of CRISS-UNIVPM is that the pandemic has contributed to the emergence of new health needs (e.g., linked to long-Covid pathologies or increased mental fragilities), of new forms of disease management (e.g., a greater focus on home and territorial care), and new ways of relating with GPs (e.g., especially on the part of young patients). The main aim is to investigate how the organizational practices, care relationships, and professionalism models of GPs are being further modified.

Methodology: Starting from the national and international literature of the sector and from data on transformative processes that had started before the pandemic crisis, qualitative and quantitative empirical research will follow both a sample of the population and of GPs at the national level.

Expected results: We expect to find data relating to socio-demographic changes, organizational models and technologies, and data on patient trust, in order to predict which post-pandemic scenarios may emerge.

Covid-19 and inequalities 2

What role can social sciences play in evaluating COVID-19 responses and addressing inequities? A European perspective

Maria Verykiou (SDA Bocconi School of Management), Cyril Pervilhac (Independent, WHO Retiree, France), Michael Marx (University of Heidelberg / evaplan ltd at the University Hospital)

Background: The social impact of the COVID-19 pandemic has been profound. This case-study analyzes the role of social sciences in the COVID-19 response of France in 2020 and its evaluation.

Objectives: The aim is to argue for the inclusion of social sciences in public health evaluations in order to prioritize and target pandemic interventions to vulnerable populations, paving the way to social justice.

Methods: France’s national evaluation reports as well as other secondary sources were used to examine the French COVID-19 response from March 2020 to February 2021. Five social science aspects were

considered: (i) basic public health measures in response to COVID-19, (ii) mental health, and cross sectoral issues in social justice, such as (iii) communication, (iv) civil society and community involvement in decision-making and (v) inequities.

Results: Findings indicate poor consideration of inequities in the conception of basic measures such as wearing facemasks, hand hygiene and social distancing, especially for vulnerable populations, while social components such as mental health, communication and community engagement lacked in the evaluation of France's COVID-19 response.

Discussion: Practical policy recommendations are formulated for each aspect examined, while also translating French evaluation's structural propositions into practical applications. Further, recommendations towards addressing social inequalities in a public health crisis are formulated under six aspects: design, scope, methods, timeline, financing, and dissemination.

Finally, lessons learnt as well as additional examples from Switzerland, Italy and Germany are presented to support a paradigm shift in public health crises responses which considers social science aspects, as opposed to being driven by the bio-medical model.

Conclusion: Social science tools, in combination with existing national expertise, can contribute to addressing social injustice and sustaining more effective interventions (i.e., reaching above 80% vaccination coverage). Our findings are applicable to countries across Europe and the lessons learnt transferable to future pandemics.

The Second Pan-European Sociological Health Inequalities Survey of the General Population: The European Social Survey Round 11 Rotating Module on the Social Determinants of Health

Balaj, M., Heggebø .K., Huijts, T., Bambra, C., Eikemo, T.A.

The health of the Nordic populations is among the best in the world, but health inequalities are larger than in many other European countries that do not share the same social protection systems. This has been labeled a "Nordic paradox of inequality". The persistence of this paradox as an unsettled matter across decades of literature points to methodological difficulties of measuring the real benefits of welfare protections in human societies.

The COVID-19 pandemic has provided a unique setting to re-evaluate the Nordic Paradox, as it allows us to examine the extent to which countries with generous welfare arrangements have been able to mitigate socioeconomic inequalities under the pressure of infections and containment measures.

The pandemic coincides with our second "health module", which will be implemented in more than 30 countries as part of the 11th round of the European Social Survey (to be fielded in 2022/23), and which will allow comparisons with our first module that was implemented in the 7th round (in 2014). The survey will become a key European data source to examine the social, political, economic and health-related effects of COVID-19, as it allows us to track developments in mental and physical health by socioeconomic status, including their social, economic and political determinants, across European countries with varying welfare systems.

This article presents the second health module for the scientific audience and shows how it can be used to link the impact of COVID-19 to a broad range of health outcomes and their social determinants across European countries with varying welfare systems.

It may now finally be possible to clarify some of the mechanisms underpinning the Nordic Paradox, and more firmly establish the merits of generous welfare states as global examples to countries aiming at protecting their populations during pandemics and beyond.

The Changing European East-West Health Divide: Did COVID-19 Pandemic Follow the Pattern?

Liubov V. Borisova (Uppsala University)

BACKGROUND: Numerous studies suggest that a European East-West health divide existed ever since 1980's. However, after the fall of the Berlin Wall, the Central and Eastern European (CEE) countries have been developing at an unprecedented rate, but unevenly. The differences within CEE have only been increasing. Can we still talk about the same "East-West health divide" and has the COVID-19 pandemic follow this divide?

OBJECTIVE: The objective of this study is to explore the transformations of the European health divide over time (1980-2019) and explore the existence of it during the pandemic of 2020-21.

METHODS: To explore the changes in the East-West health divide, a two-step analysis was performed. First, several cluster analyses were performed between the years 1980 and 2019 using the European Health for All Database (HFA-Db) of the World Health Organisation (WHO). The health indicators selected include mortality-based indicators of life expectancies, infant and maternal deaths. Second, similar cluster analysis is performed on the same mortality-based dataset and dataset of excess deaths in 2020-21 on the datasets from different sources (WHO, World Bank, ECDC).

PRELIMINARY RESULTS: Preliminary results suggest that first, a clear East-West health divide existed in the 1980's. However, by 2019 (and slightly earlier) more blurry borders exist, with rather 3 separate clusters identifiable. Second, the analysis of the pandemic years mortality indicators followed similar patterns to 2019, but excessive deaths are still to be analysed.

CONCLUSION/DISCUSSION: It is important to note that the European East-West health divide has changed in the past 30 years. The divide has not disappeared, but rather has multiplied, and we can clearly observe (at least) three diverse health-groups on the European continent nowadays. In this study we discuss whether this had an effect of how the divide was presented during the COVID-19 pandemic.

Caregiving

Intergenerational Support and Subjective Health Outcomes of Sandwiched Married Women—An Empirical Study in China

Shuangshuang Liu, Katrijn Delaruelle, Piet Bracke – Ghent University

Background: Considerable literature has discussed intergenerational care (IC) both in Western societies and China. Compared to several Western societies, China has stronger values of family harmony and lineage solidarity. Besides, family caregiving is considered the "responsibility" of women. Chinese women assume more extensive caregiving roles, i.e., caring for mother-in-law, than their Western peers. According to role strain theory and the social stress model, strains follow with multiple conflicting and accumulating roles. Conversely, role enhancement theory claims that caring as part of multiple roles enactment brings self-fulfillment and social compliment. Empirical research on the relationship between IC and Subjective Health Outcomes (SHOs) in Chinese sandwich-generation married women (with parents or parents-in-law and children simultaneously) is scarce.

Aims: The current study adopts a sandwich family structure to examine the relationship between IC and SHOs of Chinese sandwiched married women.

Dataset and Measurement: Drawing on data from the 2015 wave of China Health and Nutrition Survey (N=2593), this study uses 3 indicators to measure SHOs: SRH (self-reported health), PSS (Perceived Stress Scale) and LF (life satisfaction) of married women to make the SHOs more reliable.

Overall, we expect the SHOs of married women in intergenerational caregiving process to be related to care objectives, gender of care receiver, and to other family caregiving members.

More specifically we expect a same-gender preference, in that, providing IC to mothers and mothers-in-law is related to a higher SRH, lower PSS and higher LF than providing IC to fathers and fathers-in-law. Moreover, we wonder about generational differences. Providing IC to children is associated to higher SRH, lower PSS and higher LS than providing IC to parental generation. Finally, providing IC to families for married women with siblings is related to higher SRH, lower PSS and higher LF than their married counterparts without siblings (considering one-child policy).

Combining Employment and Informal Care. First results from a mixed-method research project combining practices at the workplace level

Karl Krajcic, Charlotte Dötig – FORBA Vienna and University of Vienna

Population aging is a common phenomenon in all developed countries. Increasing life expectancy leads to an increase of the number of (very) old persons that might become dependent on care. In many European countries, aged care is primarily considered as a family task and public long-term care is not well developed. This increases tensions also in countries with rather traditional "care regimes". Low birthrates and a booming economy are leading to a scarcity of (qualified) workers needed for the economy but also

to finance the welfare state. For the individuals, employment is a main key to central societal goods and also cultural changes reduce preparedness of women (and men) to accept extensive traditional roles. Thus the interest in combining employment with care is rising on the side of employees, employers and also welfare state agents.

But how can this be organized in an effective, sustainable way? So far, we already know a lot about challenges for health and well-being, but rather little about factors that facilitate combining. Especially knowledge about the everyday practices at the workplace is scarce.

Therefore a team of Swiss and Austrian researchers initiated the joint research project COMBECA and got financial support from the leading Swiss and Austrian research funding agencies (SNF and FWF). The project started in March 2021 and will run till August 2024; it contains 4 research modules (1) a systematic literature review; (2) problem-centered expert interviews with welfare state actors and other stakeholders (3) mixed-method case studies of practices in 14 companies/institutions (4) a representative online survey among Austrian and Swiss employers.

The paper will provide an overview on the research questions and methodology and feature first results with special attention to health. It will also briefly discuss some theoretical and methodological challenges.

"The responsibility scares me": Exploring the experiences of caregivers to the most severely ill ME-patients

Line Melby (SINTEF)

Background: Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) is a complex and potentially disabling illness. The severity of the illness varies from those being mildly affected to very severely ill persons living years of their life in bed, in a dark room, avoiding somatosensory, auditory, and visual impulses. The illness is regularly subject to controversy, concerning everything from the cause to follow up and treatment. In an ongoing research project we study households affected by ME/CFS, and their experiences. There is no cure or effective symptom management for ME/CFS, and the healthcare services consequently have little to offer. This means that informal caregivers take on a major role and responsibility for the ill persons.

Objective: To describe the experiences of household caregivers to severely ill ME-patients.

Methods: We conducted six focus group interviews with in total 26 persons, supplemented with one individual interview. All, but one focus group interview, was conducted digitally due to the Covid-19 pandemic. Interviews were conducted between February 2020 and June 2021.

Results: We outline various aspects of the care burden, including emotional and mental strains, social challenges, and financial problems due to partly withdrawal from the labour market. We focus particularly on the experience of providing care for children/adolescents, since most of our study participants do so. The caregiving situation is highly demanding, where caregivers strive to balance realism and hope for the future for persons on the onset of adulthood. Caregivers furthermore have little support from healthcare services. Some even face lacking understanding and distrust.

Discussions/conclusions: Our study supports the well-known fact that that caring for severely ill persons is demanding in many aspects. In addition, providing care when there is no established treatment or follow up regime, leads to caregivers feeling a burdensome responsibility, making themselves at risk for needing care.

Positive informal caregiving experiences: do they buffer negative outcomes and when do they emerge?

Ellen Verbakel, Klara Raiber – Radboud University

Providing informal care (i.e., health-related help or care to people in one's personal network) has been consistently found to negatively affect caregivers' well-being and labour market outcomes. This study's focus is on positive caregiving experiences, such as feeling closer to the person cared for or feelings of reward. In the literature it is claimed that positive experiences have the potential to buffer negative consequences that come with informal caregiving. At the same time, empirical studies have shown that, regardless of the presence of negative experiences, the majority of informal caregivers report positive experiences. The enhancement of positive experiences could therefore be an alternative, underexplored, route to limit caregiver burden and consequently, to keep informal caregivers available for providing care and to keep them in the labour market. We first test the claim that positive experiences mitigate the

negative consequences for caregiver burden arising from two particularly straining factors, namely intensive caregiving and caregiving to a dementia-patient. Second, we assess to what extent positive caregiving experiences are fostered by characteristics of the caregiving situation and the receipt of social appreciation. Analyzing Dutch caregiver data (N=5,634 caregiving situations nested in 2,886 caregivers), we preliminarily found that positive caregiving experiences indeed reduced the positive association between intensive caregiving / caring for a dementia-patient and caregiver burden. Positive experiences were more likely, amongst others, when the caregiver lived with the care recipient and when the caregiver received social appreciation.

Medicalisation and de-medicalisation

Anxiety and Depression: Different Sides of the Same Coin? An Examination of Trends in the Medicalization of Both Disorders

Kilian Van Looy, Sarah Van de Velde – University of Antwerp

Background: While medicalization trends of feelings of anxiety and depression have been described in great detail, an empirical examination of these trends is to date lacking. The current study fills this gap in the literature by mapping shifts in type of medicine use for feelings of anxiety and depression, as well as by examining whether a social gradient mediated these suggested shifts.

Methods: We analyzed data from three repeated cross-sectional waves (2004, 2008, and 2013) of the Belgian National Health Interview Survey (HIS). Multinomial logistic regression were applied to estimate shifts in psychotropic drugs use over the observed period.

Results: Using an ideal-typical distinction between traditional anxiety drugs (psycholeptics) and depression drugs (psychoanaleptics), we found that treatment methods for feelings of anxiety and depression were converging. Persons having anxiety feelings consumed less psycholeptic drugs, in favor of psychoanaleptic drugs throughout the observed period. Moreover, these shifts were partially mediated by educational level. Persons with higher education consumed less psychotropic drugs than those with lower education, suggesting trends of demedicalization for feelings of anxiety and depression.

Conclusion: Our study shows that psycholeptics increasingly give way to psychoanaleptics in the treatment of both anxiety and depression, despite several scientists calling their effectiveness for both disorders into question.

Anxiety as a virus in children: how a changing perception leads to a rise in children that receive youthcare. A qualitative research on the changing perception on children's anxiety in questionnaires, the DSM and scientific publications between 1980 and 2021

Rogier Kattenberg (Windesheim, Dutch university of applied sciences)

With the medicalisation critique becoming more relevant in the Netherlands as the amount of children that receive psychological healthcare keeps rising, this research tries to examine how the perception on children's anxiety has changed since 1980. The objective of this research is to describe the evolution of questionnaires, the DSM and scientific publications when they talk about children's anxiety.

To describe this evolution, two important steps were taken. First, four key figures have been interviewed, with the aim to put the research question in a broad, multiple perspective. In the second step three DSM time-periods have been distinguished: DSM-period I (1980-1993), DSM-period II (1994-2012) and DSM-period III (2013-today). In DSM-period I the DSM-III dominant DSM, in DSM-period II the DSM-IV and in DSM-period III the DSM-5. In each DSM-period, the perception on anxiety and anxiety disorders in children have been analysed in the DSM, scientific publications and questionnaires.

The results show that in each DSM-period there is a changing perception on anxiety and anxiety disorders, with a more biomedical approach to anxiety in each DSM-period. With each following DSM-period, anxiety and anxiety disorders have changed to something that is localized inside the body of children, with a heavy focus on the role of the brain and genetics.

One important conclusion in this research is that the development of and changes in the DSM, scientific publications and questionnaires is related to the growing group of children that receive youthcare in the Netherlands. Children's anxiety has become more medicalised and reified in this sense.

Medicalising welfare? Comparing transitions to adulthood among vulnerable youths in the Nordic countries

Maria Reinholdt Jensen, Kjetil A. van der Wel – Oslo Metropolitan University

Background

International overviews have demonstrated that the proportions receiving health-related benefits are higher in Norway than elsewhere, and that disability employment gaps are far from impressive in Nordic comparison. Some scholars and commentators link the high sickness and disability rates in Norway to the medicalisation process, arguing that the Norwegian benefit system contributes to coin everyday challenges into medical problems, effectively expanding the sick role. Other explanations emphasise comparatively strict employment regulation policies in Norway that make employers cautious in hiring "risky" employees.

This paper aims to investigate whether empirical patterns in Norway, Denmark and Sweden support the notion that the "health-oriented" Norwegian benefit system increases medicalisation processes and subsequent labour market exclusion, or whether other explanations are more likely. Denmark and Sweden are interesting case comparisons as available benefits for youth are more work-oriented and do not to the same extent as in Norway emphasise ill-health as an access rule. Further, Denmark and Sweden have very different employment protection legislation, with Norway somewhere in between.

Methods

We compare employment outcomes in young adulthood (at age 25 and age 30) for three risk groups that we argue can be identified similarly in register data from Norway, Sweden and Denmark; congenital physical impairments, mental health service needs in adolescence and lack of secondary school completion at age 21.

The paper uses data on two whole cohorts; Those who in 2018 turned 25 years or 30 years. For the 25-year-olds, we can study employment outcomes related to all three risk factors, while for the 30-year-olds, we cannot compare mental health service needs due to data limitations. The main outcome is being economically self-sufficient, i.e. having work income higher than 60% of the median wage income or being in tertiary education. The analyses rely on descriptive statistics and linear probability regression models.

Youth care doctors and nurses' perceptions towards de-medicalization and normalization

E.L. van Dijk (University of Groningen)

Since the beginning of 2015 the new Youth Act is introduced in the Netherlands. From this moment, all Dutch municipalities are responsible for the whole continuum of care for children, young people and families in need of help. The transition relates to all types of services, including mental health provisions. In 2018 a first comprehensive evaluation of the Youth Act was published. The evaluation distinguishes several transformation goals such as: customized care, less use of specialized care. These goals refer to a bigger role for prevention, de-medicalization, normalization, use of own strengths and customized care as to reduce the use of specialized care. So far, there is no perceptible decrease in the use of specialized care. The aim of my PhD research is to gain more information about normalization and de-medicalization from the field (health-care, schools) and from different groups of health care professionals to ultimately bring this knowledge back to the field. The insights can, among other things, be used as implications for the feasibility of the transformation goals of the evaluation of the Youth Act.

In this specific study qualitative research with youth care nurses and doctors is conducted about how they think of normalization and de-medicalization, how their perception towards it is shaped and how there has been a development in their professional identity. The interviews have been conducted from January 2021 until March 2021 and are being analysed at the moment. At the congress the first results will be presented.

Sleep and health

"Everyone Laughs at Me for Going to Sleep Early": Spatiotemporal Norms Around Sleep Health in Israel

Dana Zarhin (University of Haifa)

Multiple studies have explored how time constraints might affect individuals' health in modern Western societies. However, we know less about how socio-cultural norms around the "proper" use of time and space might affect health. This study enhances understanding of the link between the spatiotemporal order and health by examining spatiotemporal norms and expectations around sleep in Israel as these emerge from semi-structured interviews with 56 Israelis, including women and men, Arabs and Jews, religious and non-religious. Findings indicate that respondents and their significant others commented on sleep-related behaviors in jest or in earnest, revealing the existence of spatiotemporal norms regarding four dimensions of sleep health, namely timing, duration, and continuity of sleep, as well as alertness/sleepiness. The article concludes that interventions such as sleep hygiene education may have limited success if they contradict extant norms. Interventions aimed at promoting sleep health should address not only individual factors but also community and societal ones.

Over-indebtedness and insomnia: a longitudinal analysis in the general population

Boris Wernli (University of Lausanne), Tristan Coste (University of Applied Sciences and Arts of Lausanne (HETSL/LaReSS)), Stéphane Cullati (University of Fribourg, University of Geneva), Caroline Henchoz (University of Applied Sciences and Arts Western of Lausanne (HETSL/LaReSS))

Background: Preliminary cross-sectional and qualitative evidence suggest that insomnia is one of the most frequently reported health problems that over-indebted people and debt relief services point out. Although a growing body of research highlights an association between socioeconomic conditions and insomnia, no longitudinal research to our knowledge has yet considered the potential effect of over-indebtedness. In Switzerland, as elsewhere, the relationship between debt and health remains little studied, even though household over-indebtedness has become a growing concern in European countries. **Objectives:** This paper aims to investigate (1) the cross-sectional association between over-indebtedness and insomnia and (2) the impact of the onset of over-indebtedness on insomnia.

Methods: We use data from 20,000 individuals (130,000 observations) followed from 2004 to 2020, from the Swiss Household Panel, an annual longitudinal survey of a representative sample of the Swiss population. Our dependent variable is self-reported insomnia or difficulty in falling asleep during the last 4 weeks. Over-indebtedness is measured with reporting arrears of payment of household bills in the last 12 months. Two types of explanatory models are used. First, multivariate GEE logistic regressions highlight the differences between individuals with respect to insomnia problems. Second, we model with fixed-effects logistic regressions the impact of the occurrence of arrears within individual trajectories. All models were controlled for socio-demographic characteristics, cultural and economic resources (education, income, ability to save money, home ownership) and health status (chronic illness and health impediment).

Results: Our results show that arrears are associated with higher risk of insomnia. We also show that during the trajectory of a given individual, the onset of arrears increases the risk of insomnia, controlling for health status and other parameters varying over time.

Discussion: Based on observational and self-reported data, we confirmed the link between over-indebtedness and insomnia. More research is needed to confirm the causality of this association.

Addicted on prescription? How long-term users of benzodiazepines deal with the stigmatisation of their medication

Melissa Ceuterick (University of Ghent)

Stigma and shame are crucial obstacles that often undermine people's capacity to take actions to change unhealthy situations. Self-stigma in particular is often the most hampering form of stigma in relation to health behaviour.

Based on 30 in-depth interviews with former and current long-term users sleep medication and tranquilisers (i.e. benzodiazepines) in Belgium, we explore how these patients see and deal with the

multifaceted stigma related to their psychotropic medication use. Belgium is a particularly interesting case in international perspective as the country has one of the highest prescription rates worldwide. Our analysis builds on the framework of discursive positioning theory.

We unravel how self-stigma related to long-term use of benzodiazepines is embedded in the perception of the pharmaceutical self, a concept first developed by medical anthropologist Janis Jenkins. That pharmaceutical -or neurochemical self as coined by sociologist Nicolas Rose- is partially developed from the societal imagery on psychotropic medication as a whole, as well as on norms and prevailing ideas on the specific medical conditions for which these medications are used. Some of these negative perceptions are based on the addictive properties of benzodiazepines, as it is now widely recognised within the medical world that use that surpasses the prescribed two to four weeks leads to psychological and physical dependence.

By either positioning their long-term use as a normalised and necessary support, an iatrogenic withdrawal syndrome, a conquered addiction or as simply overcome through a taper on schedule, users discursively renegotiate the multi-layered negative stereotypes surrounding addiction/dependence and the broader stigma attached to their medication use and condition.

Sleep, Body Work, and Bodily Capital: Sleep Discourse in the Magazines Men's Health and Women's Health

Dana Zarhin (University of Haifa)

The subject of sleep has been receiving increasing attention in multiple arenas over the past decades, including in the social sciences and the media. However, only a few empirical studies have investigated how sleep is constructed within and by media discourses, and also whether and how these discourses are gendered. The present article explores how two popular lifestyle magazines, Men's Health and Women's Health, construct sleep. Analysis of online articles reveals that both magazines constitute sleep as a form of body work that enhances bodily capital, which is, in turn, convertible into economic and social capital; they do so in gendered ways that reinforce patriarchal norms and expectations. This study shows that the magazines' discourse supports the neoliberal project, while also highlighting the malleability and adaptability of neoliberal discourses. The conclusion is that the ways in which the magazines' discourse constructs sleep might deepen both gender and class inequalities.

Parallel sessions 5 (26th August, 11.00-12.30)

Covid-19 and ethnic inequalities

Ethnic inequalities in COVID-19 clinical outcomes: a systematic review and meta-analysis

Patricia Irizar, Daniel Pan, Shirley Sze, Sarah Amele, Richard Shaw, Harry Taylor, Laura J Gray, Laura Nellums, Claire Garwood, Pip Divall, James Nazroo, Laia Becares, Srinivasa Vittal Katikireddi, Manish Pareek, Dharmi Kapadia*

**University of Manchester*

Background: There is evidence of disproportionate Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) infection and severe Coronavirus Disease (COVID-19) among ethnic minority groups. Existing data syntheses have focussed on UK and US literature.

Objectives: We aimed to evaluate, at a global scale, the relationship between ethnicity (ethnic minority groups compared to the majority ethnic group) and clinical outcomes in COVID-19, i.e., infection, severe disease, and mortality. In addition, we aimed to critically appraise how the included studies conceptualised and measured ethnicity or race.

Methods: Databases (MEDLINE, EMBASE, EMCARE, CINAHL, Cochrane Library) were searched up to 13th October 2021, for population-based studies reporting original clinical data for any of the following outcomes, disaggregated by ethnicity: SARS-CoV-2 infection, clinically diagnosed severe COVID-19 (hospitalisation, ITU admission, mechanical ventilation), and COVID-19 mortality. Ecological studies, modelling studies, and qualitative studies were not eligible for inclusion. All records were double screened at each stage.

Results: The initial search identified 9792 records, after removing duplicates. Screening titles and abstracts against eligibility criteria resulted in 985 full texts being sought for retrieval for screening (in progress). Meta-analyses will be used to determine the associations between ethnicity (minority ethnic group versus majority ethnic group) and COVID-19 infection, severe disease, and mortality. Where applicable, sensitivity analyses will be conducted using detailed categories of ethnicity. Sub-group analyses will be conducted, comparing studies pre- and post-vaccine roll out. An adapted Joanna Briggs Institute quality assessment tool will be used to critically evaluate how ethnicity was conceptualised and measured, prioritising self-reported ethnicity and the inclusion of specific ethnic groups.

Discussion: The findings of this review will have important clinical and policy implications, by determining whether certain ethnic groups are more at risk of infection and severe COVID-19 disease, and whether this varies in countries where the majority ethnic group is not White.

Ethnic inequalities in COVID-19 health outcomes in the United Kingdom: a mapping review of potential pathways

Patricia Irizar, Daniel Pan, Shirley Sze, Sarah Amele, Harry Taylor, Laura Nellums, Pip Divall, James Nazroo, Laia Becares, Srinivasa Vittal Katikireddi, Manish Pareek, Dharmi Kapadia, Dylan Kneale*

**University of Manchester*

Background: Existing research documents ethnic inequalities in COVID-19 health outcomes in the United Kingdom (UK), with ethnic minority groups experiencing higher rates of infection, serious disease, and mortality. Systematic mapping is a useful method for narratively synthesising and categorising available evidence.

Objectives: The objective of this systematic map is to identify and synthesise existing evidence that aims to document and explain the potential social and economic pathways that have led to ethnic inequalities in COVID-19 health outcomes in the UK. This systematic map will also identify gaps in the evidence-base to signal where further primary research is needed, and identify knowledge clusters, indicating where future systematic reviews will be feasible.

Methods: We will search a range of bibliographic and grey literature databases (e.g., MEDLINE, EMBASE, CINAHL, ASSIA, MedRxiv, OpenGrey) from 1st December 2019 onwards for evidence (using any research design) that investigates the potential pathways that have led to ethnic inequalities in COVID-19 health

outcomes. This systematic map will be guided by a theoretical logic model which outlines several hypothesised pathways and how they relate to the outcomes of interest (COVID-19 infection, severe disease, mortality, post-COVID-19 conditions, and access to healthcare). Meta-data will be extracted and coded, using a framework that is informed by the logic model. The findings will be tabulated and presented in a structured matrix, complimented by a full written narrative report.

Discussion: This systematic map will result in structured characterisations of the distribution and frequency of studies. The findings will allow the identification of under-represented evidence that require primary research, informing policy-making decisions to effectively direct resources, and will identify well-represented research areas that are amenable to synthesis via systematic review.

Racism as the fundamental cause of ethnic inequalities in COVID-19 vaccine hesitancy: A theoretical framework and empirical exploration using the UK Household Longitudinal Study

Laia Becares (University of Sussex), Richard Shaw (University of Glasgow), James Nazroo (University of Manchester), Vittal Katikireddi (University of Glasgow), Dharmi Kapadia (University of Manchester), Patricia Irizar (University of Manchester), Sarah Amele (University of Glasgow), Harry Taylor (University of Manchester)

Ethnic inequalities in COVID-19 vaccine hesitancy have been reported in the United Kingdom (UK), and elsewhere. Explanations have mainly focused on differences in the level of concern about side effects, and in lack of trust in the development and efficacy of vaccines. Here we propose that racism is the fundamental cause of ethnic inequalities in vaccine hesitancy. We introduce a theoretical framework detailing the mechanisms by which racism at the systemic, institutional, and interpersonal level leads to higher vaccine hesitancy among minoritised ethnic groups. We then use data from Wave 6 of the UK Household Longitudinal Study COVID-19 Survey (November to December 2020) to empirically examine these pathways, operationalised into institutional, community, and individual-level factors. We use the Karlson–Holm–Breen method to formally compare the relationship between ethnicity and vaccine hesitancy once age and gender, sociodemographic variables, and institutional, community, and individual-level factors are accounted for. Based on the Average Partial Effects we calculate the percentage of ethnic inequalities explained by each set of factors.

We find wide variation in the amount of ethnic inequality in vaccine hesitancy explained by different factors across specific minoritised ethnic groups; institutional-level factors explained the largest part (42%) of the inequality for Pakistani or Bangladeshi people, and community-level factors were the most important factors for Indian and Black groups, explaining 35% and 15% of the inequality, respectively.

Our findings suggest that if policy intervened on institutional and community-level factors, considerable success in reducing ethnic inequalities might be achieved. These factors are shaped by structural and institutional racism, as described in our theoretical model. Equity-focused policy interventions that aim to improve the lives of minoritised ethnic groups over time and across generations are crucial. This includes addressing racism, the fundamental cause of ethnic inequalities.

Covid-19 and work

Returning to work after chronic illness during Covid-19 pandemic in Romania – results from a study using mixed methodology

Adela Elena Popa, Lucian Blaga – University of Sibiu

In the current demographic and social context, many people will have longer working lives and a greater probability to get ill during their career. Chronic illnesses are increasingly prevalent in the workforce, and they will continue to produce considerable impairment in work participation. Yet, a considerable proportion of the workers with chronic conditions chose to return to work. This process which was already complex and difficult is nowadays complicated by the COVID-19 pandemic, as workers with chronic conditions are more exposed to the infection with the new coronavirus and at risk of developing more serious forms of disease. Therefore, their return to work can be made even more challenging than before.

This paper is part of a greater study aiming to identify the main obstacles of return to work after chronic conditions, the potential facilitating factors and the role of collaboration between the actors involved in the process, in the Romanian context. Building on a theoretical framework informed by the Person-Environment Fit theory, and the rich literature on return to work after chronic illnesses, the study uses a mixed-methodology design (desk research, survey and interviews) for gathering data from four categories of stakeholders: workers with chronic illnesses, employers, health professionals and NGOs.

The paper will present preliminary results from the survey on workers and from interviews with employers and health professionals on the barriers and facilitators for return to work after chronic illnesses in the pandemic context. The results will contribute to a better understanding of how these stakeholders view and shape the process of return to work. They will also provide an insight on whether the pandemic functioned only as a barrier for return to work, or in some cases was a facilitator as well.

Accelerating cumulative disadvantage or the great equalizer? Health-related exit from the labor market during the COVID-19 pandemic in Norway

Kristian Heggebø (NOVA & NTNU), Jon Ivar Elstad (NOVA)

People with poor health tend to face disadvantages on the labor market, as indicated by a lower hiring likelihood and a higher firing probability. These health-related selection patterns may change non-negligibly, however, when the economic conditions take an unprecedented turn for the worse. The Norwegian Government imposed numerous infection control measures on March 12 2020 to slow the spread of the SARS-CoV-2 virus. Later in March 2020, the unemployment level reached a historically high level of 10,6 percent in Norway. Previous research has shown that people with good health were more likely than those with poor health to become unemployed during the Great Recession. However, such changes in health-related selection patterns only occurred in countries with a very high and rapidly increasing unemployment level (e.g., Greece, Ireland and Spain). Whether similar shifts in selection patterns are evident during the first phase of the COVID-19 pandemic in Norway is unknown. Accordingly, we ask: Did the rapid deterioration in economic conditions lead to a worsening of an already disadvantaged situation for people with poor health, or did the “democratization” of unemployment rather lead to an overrepresentation of unemployment episodes among healthy individuals? We analyze Norwegian administrative register data by means of cross-tabulations and linear probability models (i.e., OLS regression). Health problems is measured by receipt of health-related benefits (i.e., sick pay and work assessment allowance) during 2014-2016. People aged 30-62 are included in the analytical sample consisting of ‘labor market insiders’, i.e., people with and without health problems who have earned at least 3,5 times the base amount in the three calendar years preceding the COVID-19 pandemic (2017-2019). The outcome measure is receipt of unemployment benefits in the period with highest recorded unemployment level (i.e., March-May 2020). The models are adjusted statistically for age (and age²), gender, immigrant background, and educational level.

Gender differences in psychosocial working conditions before and during the COVID-19 pandemic: A trend analysis

Insa Backhaus (1), Hanno Hoven (1), Clare Bambra (2), Tuula Oksanen (3), Mariann Rigó (1), Cristina di Tecco (4), Sergio Iavicoli (5), Nico Dragano (1)

(1) HEINE University Duesseldorf

(2) Newcastle University

(3) University of Eastern Finland

(4) Italian Workers' Compensation Authority (INAIL)

(5) Directorate for Communication and International Affairs, Ministry of Health, Italy

Background: Research suggests that the COVID-19 pandemic led to changes in health-related psychosocial work environment. However, it is not known to what extent these changes differed by gender or parental status. In this study, we aim to explore differences in changes in health-related psychosocial working conditions by gender and parental status before and during the pandemic.

Methods: Cross-sectional time-series data from 27 EU Member States was used to examine trends in psychosocial working conditions by gender and parental status before and during the COVID-19 pandemic. We analysed data from 73,296 individuals participating in two Eurofound surveys: European Working

Conditions Survey of 2015 (n= 31,401) and Living, Working and COVID-19 survey of spring 2020 (n= 41,895). Psychosocial working conditions were working in leisure time, lack of psychological detachment and work-life conflict. To analyse trends in working conditions, we applied three-way multilevel regressions, and reported predicted probabilities and average marginal effects for the differences in changes in working conditions.

Results: Results showed significant deteriorations in health-related psychosocial working conditions for all workers. The proportion of employees working in leisure time increased from 22% to 34%, lack of psychological detachment from 15% to 29% and work-life conflict from 17% to 22%, between 2015 and 2020, respectively. Except for working in leisure time, the increase was more significant among women and among mothers than among men and fathers. Whereas, the predicted probability of work-life conflict was 26% for women, it was 21% for men (p=0.002).

Conclusions: This study provides evidence that adverse psychosocial working conditions increased during the pandemic disproportionately for women and for parents. This needs to be monitored and addressed to prevent widening gender inequalities in the quality of work.

The exposure of migrants in soft fruit agriculture in Portugal by the Covid-19 pandemic

*Beatriz Xavier (Health Sciences Research Unit (UICISA: E)/Nursing School of Coimbra,
Centre for Functional Ecology (CFE) | Societies and Environmental Sustainability. University of Coimbra)*

Portugal has witnessed an implementation of intensive agriculture that has triggered the need for cheap labour. Many immigrants have come to work in seasonal jobs in soft fruit agriculture, living in precarious accommodation and labour conditions. In 2011, there were 1,145 Nepalese people residing in Portugal; in 2019 this number had risen sixteen-fold to 16,849 (SEF, 2020).

In Portugal, intensive greenhouse production of raspberries and blueberries is concentrated in the coastal municipality of Odemira. In April 2021, Odemira had an incidence of covid-19 cases 14 times higher than the country's average, which required public health measures, making a sanitary fence to the locality. The Odemira's fruit pickers had the highest numbers of contamination by SARS-CoV-2 and the poor housing conditions of these workers were exposed. They lived in unhealthy and overcrowded houses and the Portuguese population saw it in the media. The prime minister was outraged by the poor conditions and overcrowding of the immigrants' housing and considered it a huge risk to public health, in addition to a blatant violation of human rights.

The main objective of this communication is to show and analyse how the pandemic situation exposed the exploitation and poor living conditions of fruit pickers in Portugal. What consequences did this have for the image and relationship with migrants among the local population? How was the health fence experienced by immigrants who had to stop working and were placed in isolation outside the city?

To study this comprehensively, news and comments are being collect in the main Portuguese media, and in documentation from health and government entities. Interviews will be conducted with migrants and primary health care providers.

The results will be presented at the congress.

Sexual practices and health

How different social norms guide and constrain the use of Pre-Exposure Prophylaxis among Men who have Sex with Men

Estelle Thunnissen, Veerle Buffel, Edwin Wouters – University of Antwerp

Objective: It is well documented that social norms influence preventive sexual practices. The advent of Pre-Exposure Prophylaxis (PrEP) as a promising HIV prevention strategy has raised concerns that negative social norms could hamper PrEP-uptake in high risk groups (such as Men who have Sex with Men (MSM)). It is therefore important to assess which social norm categories affect willingness to take PrEP, and actual PrEP-use, among MSM.

Methods: We collected a cross-sectional convenience sample of 415 MSM not living with HIV and residing in Flanders, through an online survey that ran October to November 2021. Linear regression, log-linear regression and structural equation modelling were performed.

Results: One in four MSM takes PrEP, and 16% of those not using it are willing to start. Descriptive norms (how many peers you believe act in a certain way) were directly related to PrEP-use. Self-efficacy mediated the effect of injunctive norms (what you believe about other's beliefs towards specific behavior), role belief (whether or not you see something as appropriate for someone in a role you fulfill) and affect (individual feelings towards the behavior) on PrEP-use. Descriptive norms, role belief, social influence (how favorably you compare yourself to others), and personal normative belief (the stigma you attach to a type of behavior) were directly related to willingness to use PrEP. Self-efficacy mediated the effect of injunctive norms and affect on willingness to use PrEP.

Conclusions: Several social norm categories had a direct or indirect impact on willingness to use PrEP and PrEP-use. Results are similar to social norm research on alcohol use among students and condom use among MSM. These findings show the importance of taking social norms into account when observing lower than expected uptake of PrEP among those at risk, and when designing interventions aimed at increasing PrEP uptake.

Moral judgements 'below the line': IVF and PrEP in online reader comments

Robert Pralat (University of Cambridge)

As with other contentious issues, the media coverage of funding decisions about the provision of healthcare tends to generate heated public debates imbued with moral meanings. One space for such debates is comment sections of mainstream newspapers' online platforms. This presentation provides an analysis of 'below the line' comments on websites of The Guardian and The Daily Mail to explore moral judgements about the funding of medical services through the UK National Health Service (NHS). Focusing on two case studies – fertility treatment and HIV prevention – the analysis shows how judgements about public funding often rely on the distinction between what is perceived to be 'needed' and what is seen as merely 'wanted'. Examining the composition of arguments advanced in most popular comments – those most 'liked' by fellow readers – it is argued that the rhetorical distinction between 'wants' and 'needs' serves to demarcate medical interventions understood as deserving of state support from those regarded as 'low priority'. We will discuss how this logic may contribute to the framing of patient motivations as needs and a de-centring, strategic or otherwise, of desire as an aspect of identity.

'HIV has definitely made it far more complex': Reproductive decision-making of gay men living with HIV

Robert Pralat (University of Cambridge)

Previous research has documented various challenges people living with HIV face as they navigate intimate relationships. One of the main challenges is what scholars often refer to as disclosure. Openness and secrecy about living with the virus have been a key focus in studies of gay, bisexual and other men who have sex with men. The issue of telling or not telling others has been explored primarily in relation to communication with sexual partners. But what about other aspects of intimacy? Drawing on in-depth interviews with gay men living with HIV, conducted in four London clinics, this presentation examines narratives of men who have been asked by their female friends about the possibility of being a sperm donor. The narratives highlight layers of complexity which, thus far, have received little attention, not only in research on HIV but also in studies of sperm donation, donor conception and co-parenting. The analysis advances dialogue between the two largely separate bodies of work to further develop the understanding of how secrecy around HIV shapes people's intimate lives. Examining reproductive relationships of a specific kind – those based on friendships between women and gay men – provokes questions about the future of queer kinship and assisted reproduction.

Hypersexual behaviour among young adults in Germany – Characteristics and personality correlates

Dennis Jepsen (Medical Faculty MLU Halle-Wittenberg), Petra J. Brzank (University of Applied Science Nordhausen)

Background. The development of sexuality is an important aspect of adolescents health, while processes of digitalisation enable a low-threshold access to sexual-related media in current times. Hypersexual

behaviour (HB) is a frequently discussed psychosocial problem among mental health professionals in this context. It is characterized by recurring sexual phantasies, desire, or behaviour, leading to clinically relevant individual psychological strain and functional disturbances in important areas of life. No studies currently exist which investigate HB among young adults and personality correlates. Objectives. This cross-sectional study aims to describe the characterization of HB among the target group, identify personality correlates, and derive implications for sexual education, prevention, counselling, and therapy. Methods. The participants (age 18–27; n = 609) were surveyed online. HB was measured via the Hypersexual Behaviour Inventory. Associations between prevalent HB and general sexual behaviour (masturbation, pornography consumption, promiscuity), and several personality tendencies, were measured via correlation coefficients and binomial logistic regression. Results. 10.5 % (n = 64) of the participants were identified as hypersexual. The assignment to male sex, a problematic pornography consumption, and impulsive tendencies were determined as predictors for HB. Further associations were found between hypersexual behaviour and compulsive reasons for masturbation, sexual risk behaviour, impairments in primary socialisation, as well as traits indicating narcissism, depression, histrionic personality, low self-esteem and loneliness. Within the explorative analysis, indications of further psychosocial problems in form of risky sexuality, as well as feelings of sexual shame and guilt were identified in the overall population. Conclusion. The results reveal several psychosocial impairments among young adults classified as hypersexual in particular, as well as among young adults in general. Accordingly, a need to develop and adapt the existing programmes for sexual education, prevention and therapy of sexual addictions and associated mental problems is indicated.

Mental health

Explaining mental illness: sociological perspectives

Amy Chandler (University of Edinburgh), Baptiste Brossard (University of York)

How do social sciences explain the emergence of mental disorders in societies and in individuals? Can we understand why and how someone becomes ‘schizophrenic’, ‘hyperactive’ or ‘borderline’? Can we explain the mechanisms through which ‘anorexia’, ‘autism’ and ‘anxiety’ emerge as major mental health issues? In our book ‘Explaining Mental Illness: Sociological Perspectives’ (June 2022, Bristol University Press), we map out and take stock of how sociologists, but also anthropologists and historians, have developed answers to these questions. We identified four main lines of reasoning, that we critically discuss throughout the book: explaining mental illness through social positions, the production of stress, labelling processes and cultural interpretations.

In this presentation we focus on reasonings related to social positions, and in doing so question the purpose of the sociology of mental health, especially when it comes to inequalities and social justice. Much existing sociological work addressing mental health inequalities today is limited to descriptive relationships between various measures of social position and well-being. What we call the ‘correlation paradigm’ has led to the multiplication of statistical relationships between particular social positions and mental health outcomes; but it has also led to narrowed engagement with the complex epistemology of social life and power.

In reaction to this, we propose three alternative approaches (intersectional; configurational; and definitional) through which sociology can better explain how mental disorders are embedded in the inter-relations between social position, the social hierarchies that structure them and associated meanings. We advance that the sociology of mental health should more straightforwardly and comprehensively address the complex ways in which capitalist economies produce distress. In doing so, fundamental features of mental health sociology are questioned: the common focus on well-being as goal; the reliance on individually oriented mental health interventions; and the autonomy of mental health sociology as a separate subdiscipline.

Towards a Sociology of Thoughts? Thinking Processes, Social Transformations and the ‘Mental Health Crisis’

Baptiste Brossard (University of York)

The symptomatology of most mental disorders involves thinking processes deemed problematic, such as suicidal ideation in depression, delusional ideas in schizophrenia, racing thoughts in anxiety, rehashing the past in PTSD, lack or excess of focus in ADHD. However, the analysis of thinking processes today seems 'reserved' to psychiatry, psychology and neurosciences, which has the effect of both individualising and universalising the academic understanding of 'the mind'. In the social sciences, although sociological reflections on the embeddedness of thoughts in social life were a starting point for some classical figures of our disciplines (e.g. Cooley and Mead), few works address thoughts in contemporary research, and they are mostly theoretical (e.g. Archer, Wiley).

Reflecting upon several fieldwork studies conducted on self-harm, depression and sex addiction in various Western countries, mostly by interviews, this presentation aims at sketching empirical possibilities to account for thinking processes, sometimes called inner speech or internal conversations, from a sociological standpoint. On the one hand, it suggests diverging from the usual assimilation of thoughts with ideas (that is, the stabilised, expressed content of thoughts) to acknowledge how people think while they act - dissociating the social order, the interaction order and the order of thinking. On the other hand, there exists configurations of institutions, techniques, groups, objects and ideologies that shape how people think in everyday life - 'thinking dispositifs' - that can be described and sociologically analysed. The conclusion argues that such perspective on thoughts has become necessary to understand the 'mental health crisis', which denotes the increasing prevalence of diagnosed mental disorders in Western populations, and which can be partially understood as a collective problematization of thoughts, a problematization whose social conditions of possibility remain to be explored.

(Not) again: looking at second parental divorce on the mental health of adolescents and young adults

Kimberly Jacobs, Elke Claessens, Dimitri Mortelmans – University of Antwerp

Young adults in varying family situations may report different levels of mental health. As higher-order divorces and family complexity become more prevalent, it is important to see how these unstable family formations affect the mental health of young adults. Therefore, in this study we examine how mental health changes in 16- to 25-year-olds differ between those who have experienced one divorce versus those who have experienced multiple divorces, and which factors make the first parental divorce different from the second. Using British panel data (British Household Panel Study + Understanding Society), propensity score matching allows us to make a sample out of the data, where we can compare three groups of people: respondents who do not have experienced parental divorce, respondents who have experienced one, and those who have experienced two or more. In order to see the differences between these groups in mental health, we use factorial analysis of variance. Next to the differences between the groups who diverge from each other by number of divorces, we look closer to the groups. From the literature we see there are gender differences in mental health. Concerning second parental divorces we can expect that the negative association is greater for girls than boys. Additionally, we also take the age when you experience these parental divorce(s) into account, we expect that the loyalty conflict of older respondents is associated with a greater negative effect on mental health. The last point that we investigate is the sibship size of the dissolving family. We suppose that the more relationships that would be maintained after the divorce, thus the greater the sibship size, the smaller the negative association on mental health. The results of this paper can be used to provide appropriate guidance for those who grow up in unstable family formations.

Stigmatic Orientation of Pakistani Adolescents Towards Mental Health Illness: Preliminary Findings of a College-Based Survey

Rizwan Abbas (Ghent University)

Traditional societies bounded by religious ties and primary relations are at the core of internalizing mental health illness stigma and disseminating the stigma to its next-generation results discourages individuals from help-seeking and facilitates the mythology related to mental health issues. The aim of executing the current survey was to identify the prevalence of stigmatic practices towards mental health illness in college students by keeping in view the engendered social stratification in society. This paper aims to discuss the survey's preliminary findings together with its strength and weaknesses. The survey was executed from November 15th to February 4th, 2022, with a population of enrolled college students in district Layyah,

Punjab, Pakistan. The sample size was determined through Multistage cluster sampling. At the first stage, 12 colleges were selected through simple random sampling. Secondly, the responses were taken from 1300 higher secondary and undergraduate level college students through convenient sampling. The college and students' availability and interest were also considered before making them part of the survey. The age range of the students were 16 to 24. A pre-validated tool from a "Red Nose" project used in Flemish settings was adopted and translated into Urdu. The questionnaire was offered in English as well as the Urdu language and distributed in a classroom setting. One of the two vignettes were offered to students before taking their responses. The collected data is in the phase of entry. This study helps to determine the processes of stigma within less-resourced areas of Pakistan and help to generalize the results for Pakistan and the low-income-based countries where religion is a binding force. The results spark a debate among scholars and experts about the stigmatization and the mental health process by drawing considerable attention towards developing an attitude of mental health stigma-based research within these areas in Pakistan.

Risk and safety

Undertaking risk and relational work to manage vulnerability: Acute medical patients' involvement in patient safety in the NHS

Elizabeth Sutton (University of Leicester), Graham Martin (THIS Institute University of Cambridge), Carolyn Tarrant (University of Leicester)

Over the last decade a wealth of studies have explored the way that patients are involved in patient safety internationally. Most begin from the premise that patients can and should take on the role of identifying and reporting safety concerns. Most give little attention, however, to the impact of the patient's health status and vulnerability on their ability to participate in their safety.

Drawing on semi-structured interviews with 28 participants who had been admitted to hospital as acute medical patients in the NHS in England, this article aims to demonstrate how patients' contributions to their safety in the acute medical context are less about involvement as a deliberate intervention, and more about how patients manage their own vulnerability in their interactions with staff.

Utilising Barbara Misztal's theory of vulnerability, which highlights how vulnerability manifests and is resolved (1), we provide a deeper understanding of the ways vulnerability shapes patients' involvement in their safety. Acute medical patients enact these vulnerabilities by undertaking different types of work to minimise the risks they face during their hospital stay. Patients undertake relational work to manage the vulnerability associated with dependence on others. And they conduct risk work to deal with the vulnerability associated the unpredictability of their status as acute medical patients. We argue that patients are involved in the process of creating patient safety at the point of care. Foregrounding the theory of vulnerability offers new insights into the potentials and limits of patient involvement in patient safety in the acute care context.

Atmospheres of vulnerability. About the aesthetic and the meanings: for a research perspective

Michele Granzotto (University of Pisa)

"Where does the wind go when it's not blowing?" a child asks. Similarly, even for joy, embarrassment or melancholy, we will struggle to answer to this (more than legitimate) question. An attempt is that of Hermann Schmitz's *Neue Phänomenologie*: we can refer to semi-things, which differ from "things" for some characteristics – in particular, the fact that they are much more involving than "things" – and which are perceived by a felt-body. Semi-things appear and disappear without there being an elsewhere, and they connote the space with a precise meaning: an atmosphere.

The contribution proposal is to make the concepts of the *Neue Phänomenologie* dialogue with the main lines of social phenomenology, from Simmel to Hartmut Rosa. On this line, we observe how vulnerability, risk, and security were perceived as atmospheres (semi-things) poured into the lived space. Thus a picture of a particular environmental sociology is painted, which we could call "aesthetic sociology", where the research field is populated by effused and significant entities, equally autonomous of the human being.

Here, vulnerability is first of all perceived, and involves the social group (and individuals) in behaviours in tune with its own resonance, often also in contrast with scientific and logical information.

As an atmosphere, vulnerability condenses into precise material objects, and anchors itself to abstract entities such as news, information and norms. An atmosphere that redefines the perceived meanings of “health” and “safety”.

Considering vulnerability as an atmosphere can be relevant, from a sociological point of view, as it shifts the attention to a human being (including the researcher) who is not absolutely autonomous, but who is physically and involuntarily involved, together with others entities that inhabit a lived space, full of meanings, whose style shapes the sensibilities of the social group that dwells there.

Knowledge and representations of high school students on endocrine disruptors: a qualitative study

Véronique Regnier Denois (Université Jean Monnet)

Some Endocrine Disruptors (EDs) are suspected to cause deleterious effects on the reproductive system, developmental abnormalities and hormone-dependent cancers (breast, uterus, prostate, testis). The public’s perceptions of these chemicals is poorly understood. The period of adolescence is a critical time when exposure to ED could have long-term health consequences. In this context, a qualitative study (16 focus groups) has been carried out among high school students in order to collect knowledge and social representations.

The sample includes general and professional high schools, including hairdressing and automobile, whose professions are more exposed to ED. The classes of the first year and classes of the final year (3rd) have been interviewed. We will compare these levels to evaluate the knowledge students have acquired during their school education in the different disciplines. Focus groups in qualitative research is an inductive method intended to identify, analyze and understand the representations (how the object is identified in relation to other objects and particular contexts), attitudes (associated values and individual positioning of adherence or repulsion, associated emotions), beliefs (adherence to theses or hypotheses not based on any scientific knowledge), of individuals by means of group discussions (Hamel, 1999; Simard, 1989; Moscovici, 1984). This technique is regularly used in public health settings (Haegel, 2005). It allows for the collection of a large amount of information, favored by the spontaneity of the exchanges, the interactions between participants and the expression of convergent and divergent opinions (Faulx, Delvaux, Manfredini, 2007, Steward et al. 2007).

Discussions will be transcribed verbatim and Nvivo 11 will be used for thematic analysis. The results of the analysis of these focus groups will be presented as well as methodological approaches to the use of data for the co-construction of a pedagogical approach.

Socio-normative diagnosis and therapy of behavioral health risks

Georgi Sarov (Trakia University, Stara Zagora)

Background: Risk behavior is an important public health problem, but the arguments of healthy social policy face strong resistance from personal, cultural, economic and ideological arguments. Objectives: To develop practical applications of the socio-normative approach to health. Results: The socio-normative approach proposes consciously controlled improvement of the client’s social life linked with additional health benefits. In this regard a method of social diagnosis and therapy is proposed. The socio-normative diagnosis investigates the deviations from authentic personal life and interpersonal communications. The social-normative therapy allows discussion with the client about the detected deviations in the order to organize personalized normalization. Discussion: Changes in personal life could face lots of obstacles, but sometimes the client needs improvement of life quality that could be encouraged by social therapy. This method seems perspective in youths and in people with life problems prone to criticize and improve themselves. The proposed concept needs collegial discussion and empirical confirmation. Conclusions: Social-normative therapy is based on new theoretical background and has promising theoretical argumentation, but needs discussion and empirical confirmation for further development and practical application. It provides opportunities for further scientific cooperation.

Big data, digital health and health technologies

Selective adoption of therapeutic devices among people with type 1 diabetes

Alberto Ardisson (University of Macerata)

This research contributes to the debate regarding technologies' uptake by focusing on the selective use of therapeutic devices among people with type 1 diabetes (e.g., insulin pumps and sensors for glycaemic control). The study was conducted in Italy between 2018 and 2019 and was organized in two phases. In the first one we recruited 47 people with T1DM and 20 diabetologists, engaged through local patients and professional associations. In the second one, we interviewed 6 people. We show that patients often refuse to use a device, despite suggestions from diabetologists. Theoretically, the paper relied on a perspective that amalgamates actor-network theory and postphenomenology around the key concept of multistability. The latter refers to the different uses, meanings and relations emerging between users and technologies: indeed, a single technology can be understood in multiple ways, taken up in many contexts, and employed for different purposes. We then detected the three main features of stabilities that explain device use/non-use: relation to embodied users, contextual embedment (within larger social assemblages), concrete tailoring. Our findings showed that the characteristics of the stabilities help to understand the patterns of the inclusion of specific TDs. Thus, adoption/rejection processes may be described as the ongoing outcome of specific assemblages embedded and situated in life paths, in which users assess the abovementioned technological features. Findings helped to stress the relevance of not only focusing on the type of device and its technical functioning, but also unveiling the underlying ongoing and situated socio-technical processes of use. Selective adoption of devices should be investigated at the level of the whole patient-device assemblage in order to assess the diverse stabilities that may arise from such networks.

Personal Medicine at Home: Telemedicine, Surveillance, and the Cardiac Monitor

Martina von Arx (University of Geneva)

Although telemedicine became increasingly integrated into western societies' healthcare landscape, the Covid-19 pandemic boosted telemedical tools remarkably over the past months. This did not only lead to an important shift from personal to virtual medical appointments, but also to a reconsideration of other digital health technologies like remote patient monitoring. Based on algorithms, monitoring technologies aim at continuous surveillance of selected health parameters.

Against this background and based on the case of remote cardiac monitoring, the paper will address two key points: the promise of objectivity of algorithms and technology-based diagnostics, and the way temporalities shape patients' experiences of remote diagnosis and care.

The empirical material consists of ethnographic observations and semi-structured interviews with healthcare professionals, representatives of biomedical companies, and patients. The last group was interviewed twice over a period of 6 months. Data was collected in two university hospitals in Switzerland. Results show how remote algorithmic diagnostics require "detective work" from specialized nurses to create meaningful diagnostic interpretations. Contrary to the promise of objectivity, the hidden normative assumptions within algorithms need human contextualization. Moreover, my qualitative analysis sheds light on the temporal dimension of the diagnostic process and the related uncertainty. Quotes show that continuous remote monitoring provoked a sense of security among patients resulting from their belief of being continuously looked after. However, the specialized nurses responsible for managing the incoming alerts work only during office hours from Monday to Friday. The difference between the patients' perception of direct surveillance and the personalization work done by the specialized nurses in practice is creating an illusion. Based on the plurality of temporalities involved, I conceptualize this as the illusion of immediacy. My paper suggests that such an illusion of immediacy is also present in other digital health technologies.

Algorithmic arrangements towards care

Dorthe Brogård Kristensen, Alev Kuruoglu – University of Southern Denmark

The aim of this paper is to conceptually investigate how response-able (Haraway 2008) orientations towards bodies can emerge out of the entanglements of humans and technologies. Technological solutions are increasingly pushed, by the market as well as by governmental and non-governmental institutions towards complementing or gradually automating public healthcare and managing wellness. Our findings from ongoing ethnographic fieldwork within the domains of healthcare and fitness, as well as the existing literature, indicate the vast amounts of repair, tinkering, as well as other forms of “care work” that have to go into making technological arrangements “work” towards wellness and healthcare goals, in ways that avoid overburdening or harming individuals. We see in various cases that “care” emerges in contexts of use if humans and non-humans (including digital, algorithmic technologies, but also analog technologies and other materialities) are able to work in tandem and can tinker with one another.

We would thus like to inquire further into the questions of how and when algorithmic arrangements (or systems) bring forth capacities to care towards individual and collective bodies. We pose and try to conceptually respond to the following questions: when and how do human beings intervene in algorithmic systems to make them work in practice? How does data work bring forth and distribute, across a network of actors, the capacities to provide care? How do socialities emerge within such arrangements and what is their role in enabling care? In what kinds of situations should “expert” knowledge and capabilities intervene?

Limits of data anonymity: Lack of public awareness risks trust in data driven health system activities

Felix Gille (University of Zurich), Caroline Brall (ETH Zurich)

Public trust is paramount for the well functioning of data driven health care activities such as contact tracing, digital health interventions, or the build-up of electronic health records. As the use of personal data is the common denominator for these health care activities, health care actors have an interest to ensure privacy and anonymity of the personal data they depend on. Maintaining privacy and anonymity of personal data contribute to the trustworthiness of these health care activities and are associated with the public willingness to trust these activities with their personal data. An analysis of online news readership comments about the failed care.data programme in England revealed that parts of the public have a false understanding of anonymity in the context of privacy protection of personal data as used for health care management and medical research. Some of those commenting demanded complete anonymity of their data to be willing to trust the process of data collection and analysis. As this demand is impossible to fulfil and trust is built on a false understanding of anonymity, the inability to meet this demand risks undermining public trust. Since public concerns about anonymity and privacy of personal data appear to be increasing if not being catalyzed by the COVID-19 pandemic, a large-scale information campaign about the limits and possibilities of anonymity with respect to the various uses of personal health data is urgently needed to help the public to make better informed choices about providing personal data.

Parallel session 6 (26th August, 16.30-18.00)

Covid-19 and mental health

Pre-existing Mental Illness and Depression in the Second Wave of the Coronavirus Pandemic. The Role of pandemic-associated Stressors

Jenny Markert, Anja Knöchelmann

Background: The second wave of the coronavirus pandemic in winter 2020/2021 was characterized by drastic restrictions in many European countries, including Germany. Studies of the first wave have shown, that individuals with a history of psychological distress may be highly vulnerable to increased stress and poor mental health status during the pandemic. Yet, until now it is not clear whether this also applies to the 2nd wave with its recurrence of restrictions. This paper therefore examines the influence of prior mental illness (PMI) on depressiveness in the 2nd wave and the mediating role of general stress levels as well as isolation, various political restrictions, and personal characteristics.

Methods: Using data from the HeReCa study, a cross-sectional analysis was conducted on 812 individuals. Depression was measured with a dichotomized nonclinical depression inventory. Multivariate logistic regression models with blockwise inclusion of prior mental illness, general stress level, stress related to isolation and political measures, and fear of pandemic consequences were included as mediating variables in the models. Additionally, demographic (gender, age, education, income) and personal characteristics (housing characteristics, partnership, children) were controlled for.

Results: Individuals with PMI were more likely to have significantly more severe depressive symptoms than individuals without PMI (OR: 25.05; 95% CI: 5.38-24.69). These were mediated partially by increased general stress levels and stress from isolation in individuals with PMI. Personal characteristics of partnership, income and gender were statistically significant but only marginally changed the association of PMI and depression.

Discussion: Individuals with PMI showed a tendency to more Depression than individuals without PMI. This effect was associated with more stress in various areas of life and stress due to isolation in the second wave. It is therefore strongly advised to provide urgent care for mental illness even in pandemic times and to offer professional help to cope with the stress.

Variation in the Effect of COVID-19 Media Consumption and Psychological Distress Among Older Adults

Shawn Bauldry, Kevin Stainback – Purdue University

The current study investigates (1) the relationship between covid-based media consumption and psychological distress among older adults and (2) variation in this relationship by gender, race/ethnicity, education, and marital status. Data come from Wave 64 of the American Trends Panel, a nationally-representative survey of U.S. adults fielded March 19-24, 2020 (N = 2,795). Results indicate older adults who followed the news about the pandemic “very closely” scored higher on psychological distress than other adults and the relationship between media consumption and psychological distress was more pronounced among racial/ethnic minorities than White people and among older adults with a college degree or more than those with a high school degree or less. The findings highlight role of media consumption in exacerbating the impact of a macro-level stressor such as a pandemic on psychological wellbeing as well as variation in the relationship between media consumption and psychological distress by race/ethnicity and socioeconomic resources. These findings are contextualized in the broader stress process model with a focus on a macro level stressor with differential exposure and differential vulnerability to the stressor as well as differential availability of coping resources.

Coping and mental health amongst residents in insecure housing during COVID: A systematic review

Maureen Seguin (The London School of Hygiene and Tropical Medicine)

Background: The impact of the COVID-19 pandemic upon the mental health of marginalised groups is an important research priority. Despite this, the mental health of those in insecure housing (overcrowded, poor quality, and/or unaffordable) since the onset of the pandemic has not received much research

attention worldwide. Moreover, how those in insecure housing cope with the challenges associated with COVID, such as the long-lasting implications of lockdown has not been explored in-depth. This systematic literature review examines coping strategies and mental health outcomes among residents living in insecure housing during the COVID-19 pandemic.

Objectives: Objectives are to examine: (1) the types of coping strategies used by housing-insecure residents; (2) factors influencing coping strategies; and (3) relationships between coping strategies and mental health outcomes.

Methods: A search of bibliographic databases will be conducted, targeting articles published in 2020-onward. The search strategy will cover terms and synonyms related to insecure housing, COVID-related lockdowns, mental health, and coping. Mental health terms will focus on common mental disorders (including depression, anxiety [including PTSD], somatisation, and substance use). Qualitative and quantitative studies reporting coping strategies used by adult residents in insecure housing during the COVID-19 pandemic will be included, unlimited by country of residence. A grey literature scan and reverse-citation exercise using Google Scholar will be conducted.

Results: Coping strategies will be organised into a typology consisting of problem-solving, support seeking, escape-avoidance, distraction, and positive cognitive restructuring domains. I will draw on Strong Structuration Theory to examine micro- and macro-level factors influencing coping strategies and relationships between coping strategies and mental health outcomes.

Discussion/conclusions: The systematic literature review will be the first to examine how residents in insecure housing cope with the COVID pandemic, and how this links to mental health. Findings can support the development of interventions to support coping and positive mental health.

A case study of community-based initiatives' potential to improve mental health during the COVID-19 pandemic in Antwerp

Jil Molenaar, Lore Van Praag – University of Antwerp

It is well-recognized that the COVID-19 pandemic has yielded many negative mental health impacts. There is also a growing awareness that psychological distress is highly sensitive to social inequalities, even more so in the COVID-19 context, meaning it cannot and should not be entirely medicalised. The COVID-19 pandemic has invigorated calls to take a structurally informed approach to promoting mental health that goes beyond provision of therapeutic intervention. Increased levels of anxiety and sadness during a crisis like COVID-19 may not necessarily require therapeutic intervention. Rather, many people would benefit from support of a more practical nature. Grass-roots or community-based initiatives are often described as having the potential to play a key role in improving mental health through the (re)building of informal social support networks and providing various types of practical support.

Our case study in Belgium aims to shed light on the potential of community-based initiatives to help mitigate the negative mental health impacts of the COVID-19 pandemic. We report findings on local-level COVID-19 pandemic impact and response in the domain of mental health-related care and services, focusing on the experiences of migrant communities in Borgerhout (Antwerp). We combine participant observation with 35 semi-structured interviews with migrants, government representatives, mental health professionals and community representatives.

Our findings aim to provide insight into community-based responses promoting mental health, as well as key challenges faced by such initiatives. The findings of this study will be informative to guide mental health policy and future crisis responses in similar communities and neighborhoods.

Covid-19 and preventive measures

Older adults' experiences of restrictive measures during the early stages of the COVID-19 pandemic in southern Switzerland

David Maciariello (University of Applied Sciences & Arts of Southern Switzerland (SUPSI)), Laurie Corna (University of Applied Sciences & Arts of Southern Switzerland (SUPSI)), Rebecca Amati (Università della Svizzera italiana (USI)), Emiliano Albanese (Università della Svizzera italiana (USI)), Stefano Cavalli (University of Applied Sciences & Arts of Southern Switzerland (SUPSI))

From the outset of the pandemic, age was identified as an important risk factor for serious disease and mortality in individuals infected with SARS-CoV-2. Federal authorities in Switzerland were swift to implement numerous public health preventive measures to curb the spread of the virus, while leaving open the possibility for individual cantons to implement even stricter measures according to their specific situations. Canton Ticino, a southern canton bordering the hard-hit Lombardy region legislated additional measures, some of which specifically targeted adults 65 years and older (e.g., an initial ban on grocery shopping followed by recommendations to shop during designated hours). To date, we know relatively little about how older adults perceived and experienced the introduction of these measures and we explore this issue in a large, representative sample of community-dwelling older adults resident in Ticino. We use data from Corona Immunitas Ticino, a prospective cohort study launched in September 2020. Participants (n=818, mean age=73) responded to closed and open-ended questions online or by telephone interview between October 2020 and February 2021. We analyzed responses to open-ended questions about the introduction of the measures using an inductive approach.

Participants' responses encompassed evaluations of their experience of the measures, reactions to them and associated emotions and opinions. At the individual level, 45% had a mostly positive experience, 29% had a mostly negative experience, while 10% identified positive and negative aspects and 16% reported neither. We then ascertained if particular social groups were more or less likely to have experienced the measures favorably or negatively, with a view to identify specific subgroups at risk of negative sequelae following the implementation of age-based policies.

Determinants of precautionary behaviours of middle-aged and older adults during the pandemic

Alice Delerue Matos, Andreia F. Paiva, Cláudia Cunha, Gina Voss – University of Minho

Studies show that older individuals with multimorbidity are more susceptible to develop a more severe case of COVID-19 when infected by the virus. These individuals are more likely to be admitted to Intensive Care Units and to die from COVID-19 related conditions than younger individuals or those without multimorbidity. This research aimed to assess whether there are differences in terms of precautionary behaviours between individuals aged 50+ with multimorbidity and their counterparts without multimorbidity residing in 25 European countries plus Israel. We used data from the SHARE-COVID19 questionnaire on the socio-demographic and economic characteristics, multimorbidity, and precautionary behaviours of individuals. SHARE wave 8 and 7 databases were also used to fully identify individuals with multimorbidity. Our results showed that individuals with multimorbidity were more likely to exhibit precautionary behaviours than their counterparts without multimorbidity when gender, age, education, financial distress and countries were included as controls. Additionally, we found that women, more educated individuals and those experiencing more financial distress adopt more protective behaviours than their counterparts. Our results also indicate that the prevalence of precautionary behaviours is higher in Spain and Italy and lower in Denmark, Finland and Sweden. To guarantee the adoption of preventive actions against COVID-19, public health messaging and actions must continue to be disseminated among middle and older aged persons with multimorbidity, and more awareness campaigns should be targeted at men and less educated individuals but also at persons experiencing less financial distress, particularly in countries where people engaged in fewer precautionary behaviours.

Influence of the COVID-19 pandemic on the practice of hand hygiene: Exploratory analysis of behavior change induced by the pandemic

Nicolas Miller, Judith Lapierre, Marie-Pierre Gagnon

The purpose of this research is to describe the influence of the COVID-19 pandemic on hand hygiene behavior, using the Theoretical Domain Framework (TDF), among students from Université Laval at Quebec City. The research question is: what is the influence of the COVID-19 pandemic on hand hygiene among Université Laval students?

The TDF is a synthesis of 33 theories and 128 key theoretical constructs related to behavior change (today, the framework contains 14 constructs). The integration of the TDF in this project is justified by its original usefulness, namely, to identify the theoretical domains relevant to the behavior under study, by descriptive correlation analyzes.

The theoretical domains framework TDF has important advantages in terms of its usefulness in behavioral studies. First, it presents comprehensive coverage of possible behavioral influences. Second, each type of influence is clear because theoretical domains are defined by specific constructs. Third, TDF links behavior change theories and behavior change techniques to problem-solving intervention implementation that aims for behavior change.

Each domain of the TDF will be correlated with hand hygiene behavior by correlation analyzes and by a multiple linear regression model. This operationalization has been successful in some previous studies. Once the theoretical domains have been identified as having a significant correlation with the practice of hand hygiene, it will be possible to target these constructs to adapt an effective intervention to enable behavior change, if necessary.

The project puts forward the creation of a questionnaire allowing the evaluation of the adoption of hand hygiene based on the notions of TDF in a population other than that for which TDF is usually intended. The sampling method used is simple random sampling.

However, data collection begins in a few days, and we estimate that the results will be available before the end of summer 2022. The project can be presented at the conference.

Adolescents facing the pandemic: ability to manage risk and capacity to act for public health

Cristina Calvi (University of Eastern Piedmont), Manuel Finelli (University of Modena & Reggio Emilia), Anna Rosa Favretto (University of Turin), Domenico Carbone (University of Eastern Piedmont)

The Covid-19 emergency forced societies to undergo through profound structural changes and to modify the nature and modalities of many of their organised forms of social life. These alterations have had significant effects on the lives of children and young people not only because of the disruptions of their daily routines and habits, but also for the impact on the key relational contexts contributing to the development of individual and collective identities. In particular, during the pandemic the symbolic and relational marginalisation of the new generations became evident, also through public policies to contain the epidemic based on an adult-centred perspective. The effort required of young people to take part in the social reorganisation was overlooked and adolescents were often considered to be among the main spreaders of virus because of their unruly behaviour. To investigate the adolescents' experiences during the pandemic, a pilot study was carried out in Spring 2021 in the Turin metropolitan area. In this contribution we present some results of the qualitative part of the study involving 71 girls and 63 boys in 18 focus groups. In harmonising theories from sociology of health and childhood studies, the content will be focusing on adolescents' representations of the disease and their individual perceptions inherent risks and vulnerability factors and analysis of the coping strategies implemented by adolescents to manage the danger of contracting and/or transmitting the virus. The findings of this study show that research participants are able to take responsibility for their own health and especially for that of others; and by virtue of this ability, they should be considered by public health policies as actors capable of meaningful actions and adopting behaviours significant for the good of the community, especially in pandemic times.

Mental Wellbeing

Habitus in hysteresis and the space of possibles: Suicide from a Bourdieusian perspective

Sigita Doblyté (University of Oviedo)

Despite a fundamental contribution Durkheim's study on suicide made to the history of sociology, surprisingly little does contemporary sociology engage with this phenomenon. Whilst medical disciplines can and do identify many important factors as to which individuals may be suicidal, sociology could substantially contribute to the debates by contextualising such factors and deepening an understanding of why some (but not all) of said individuals become suicidal. I in turn aim to add to these debates by drawing upon Pierre Bourdieu's theory, which has been thus far relatively untapped in the sociological study of suicide. I suggest that the underutilised concept of hysteresis – a mismatch or discontinuity between embodied dispositions and objectified structures – enables an understanding of under what circumstances agents may become vulnerable to suicide. I then theorise how the socioeconomic, political,

and cultural dynamics may deepen the hysteresis effect and increase the chances that individuals in specific social positions experience it. Finally, I argue that individuals' responses to distress depend on their space of possibles – that is, we should aim at responding not only what-causes-suicide but also what-makes-suicide-possible questions. Thus, I consider the cultural idea of suicide, alternatives to it, as well as the role of agency.

A haunted sociology of suicide: slow death and social suffering

Amy Chandler (University of Edinburgh), Sarah J Wright (University of Edinburgh)

Background: Sociological analyses of suicide have a long history, often favouring quantitative methodologies and functionalist theories. Drawing on alternative, interpretive traditions, we develop a sociologically imaginative analysis of suicide situated in theories of affect and social suffering. Enlivened by Lauren Berlant's concept of 'slow death' and Avery Gordon's 'haunted' sociological imagination, we consider how suicide can be situated socially and affectively, as a matter of social (in)justice.

Methods: Textual and visual data were generated through a series of collaborative arts-based research workshops, held with 14 participants in a semi-rural community in Scotland, UK. The workshops were designed to make space for community members (with direct experiences of suicide) to discuss meanings and experiences with suicide, alongside more creative responses, using paper, pens, and paint. Workshops addressed different themes relating to suicide (including help-seeking, gender, and communicating about suicide). Analysis has drawn on narrative approaches.

Results: Working with stories told and images made during the workshops, we analyse suicide as an affective, socially situated, embodied and emplaced practice. To illustrate, we focus on the recurring metaphor of being 'on the edge' – which was invoked in multiple ways by participants, in relation to austerity, precarious employment, and relationship breakdown. Drawing on the related concepts of haunting and slow death, our analysis offers a way of considering how suicide is understood and experienced, how it can be connected to affect and body, but also to a range of social circumstances which may lead some bodies, more than others to 'the edge'.

Discussion: Qualitative, interpretive methodologies offer vital ways of theorising suicide sociologically, of connecting 'public issues' to 'private troubles' and demonstrating how these are experienced and given meaning. Such approaches also evidence the social causes of suicide – underlining the equally vital need for social and political responses to suicide which tackle social suffering.

Associations between antipsychotics and risk of violent crimes and suicidal behavior in personality disorder

Kimmo Herttua 1, Mike Crawford 2, Tapio Paljarvi 3, Seena Fazel 3 4

1 University of Southern Denmark

2 Imperial College London

3 University of Oxford

4 Oxford Health NHS Foundation Trust

Background: Despite uncertain benefits, patients with personality disorder are commonly treated with antipsychotic medication. We investigated the association between antipsychotics and violent crimes and suicidal behavior in individuals with personality disorder.

Methods: We used nationwide Danish registries to identify all individuals with diagnosed personality disorder aged 18-64 years during 2007 to 2016. Antipsychotics were recorded in dispensed prescriptions, and individuals were followed up for police-recorded violent crimes and healthcare presentations of suicidal behavior. We applied a within-individual design where outcome rates for individuals with personality disorder during medicated periods were compared with rates during nonmedicated periods.

Preliminary results: The cohort included 166,328 people with diagnosed personality disorder, of whom 79,253 were prescribed antipsychotic medication, presented at least one outcome and were thus included in the within-individual analyses. Preliminary findings show that compared with periods when individuals were not on antipsychotic medication, both violent crimes and rates of suicidal behaviour were lower both in men and women. In subgroup analyses, the magnitude of the association varied across specific personality disorders for criminality but less for suicidal behavior, with largest association in dissocial personality disorder for violent crimes.

Conclusions: If confirmed using other study designs, antipsychotics may have a role in the management of people with personality disorders.

Psychosocial determinants of self-neglect in older people in Poland

Katarzyna Zawisza, Beata Tobiasz-Adamczyk, Tomasz Grodzicki – Jagiellonian University Medical College

Why some people self-neglect, why they behave in self-damaged ways? Several concepts psychological and even psychiatrics have been developed but this phenomena is still poorly recognized and described. Social perspective try to explain self-neglect of older people as a manifestation of subjective loneliness, broken social ties and lack of participation in social life caused by different reasons. Older people suffering from self-neglect need social support and active response from surrounding them environments.

The study aimed to verify the role of demographic, socioeconomic, social interaction-related, psychological, health-related characteristics, abuse and neglect as determinants of self-neglect in older people. Psychosocial characteristics were analyzed according to the Berkman and Glass model. This is a model of assessment of the pathways from social integration to health, which was adapted to explains a mechanisms potentially leading to neglect or self-neglect.

Results of the cross-sectional study (2017) are based on 1,641 face-to-face interviews with randomly selected individuals aged 65+ from Lesser Poland. The data were weighted to generalize the study sample to the reference population.

A structured questionnaire was used to collect information. Self-neglect was measured by Self-Reported Self-Neglect Scale (SRSNS) and two objective measures: the Objective Assessment of the Level of Self-Neglect - Physical Appearance (OALSN-PA), the Objective Assessment of the Level of Self-Neglect - Standards of Living Arrangements (OALSN-SLA). Multivariate two-part regression models were used.

Among others the results showed that female gender, living in rural area (in case of objective measures), poor self-assessment of material conditions rather than other socioeconomic indicators (level of education, income), kin-centered social network structure, living alone, feeling of loneliness was found as determinants of presence any symptoms as well as level of self-neglect.

Work and health 2

The cumulative effects of work precarity on health

Mikucka Malgorzata (Mannheim University)

Past research suggested that the experience of work precarity erodes health. Theoretical models of health formation postulated that such effects are cumulative, i.e. they reflect the time spent in precarity. However, such cumulative effects have only rarely been studied. This paper attempts to fill in this gap by estimating the contemporaneous and cumulative effects of work precarity on physical and mental health. Because work precarity is more frequent and plausibly less harmful during early career stages, we focused on older workers.

We used German SOEP data (v35) for men and women aged 45-65. To be able to estimate cumulative effects, we limited the sample to respondents observed for at least 11 years (n=4,500 respondents, N=27,495 observations). To account for the multidimensionality of work precarity, we considered insecurity of work, high job demands, and low incomes, and we included objective and subjective indicators. Health was measured by mental and physical health indexes derived from the SF-12 scale. We used regression models with individual fixed effects and we controlled for educational differences in the rate of health decline with age. We estimated separate models for men and women and physical and mental health.

Our results showed that intrapersonal changes in subjective work precarity, but not the objective ones, predicted shifts in physical and mental health. The effects also accumulated over time: people who spent more years in subjectively perceived work precarity experienced a faster health decline during late careers. The sizes of the cumulative effects were smaller than of contemporaneous effects. Being unemployed also had a cumulative negative effect on health. Cumulative effects played a similar role in shaping physical and mental health, and for men and women.

Our results demonstrate that work precarity has cumulative negative effects on health, but the predictive power of various dimensions and indicators differs considerably.

Precarious employment and mental health in the Belgian service voucher system: the role of working conditions and perceived financial strain

Christophe Vanroelen (Vrije Universiteit Brussel), Eva Padrosa Sayeras (Universitat Pompeu Fabra), Jessie Gevaert (Vrije Universiteit Brussel), Kelly Huegaerts (Vrije Universiteit Brussel), Mattias Vos (Vrije Universiteit Brussel), Kim Bosmans (Vrije Universiteit Brussel)

Most jobs in domestic services are held by lower social class female workers and are known for adverse conditions of work (e.g. physically demanding, unhealthy, poor job content) and employment (e.g. informality, low wages, lack of social protection). In sum, such jobs are often seen as ‘precarious employment’ (PE) – i.e. a condition of accumulated adverse characteristics of employment (e.g. low pay, contractual and work schedule instability, lack of rights, lack of training) due to a worker’s weak labour market bargaining position. Against this background, the Belgian Service Voucher System (SVS) was implemented with the aim of creating formal and stable, subsidized domestic services jobs.

Current study assesses the relationship between a scale of PE and mental health in the Belgian SVS, accounting for the potential mediating role of working conditions and perceived financial strain at the household level. We analysed a sample of 1,115 Belgian SVS-domestic cleaners that was collected in 2019 by means of an online survey. The respondents filled out the EPRES-Be questionnaire on PE and provided information on socio-demographics, other working conditions, perceived household-level financial strain and mental well-being (WHO5). A formal mediation model was estimated.

Results. The crude effect of PE on adverse mental well-being was strong (β 0.545 – S.E. 0.063). The mediation analyses showed that 50% of the association between PE and mental well-being was mediated by work task characteristics (quantitative demands, physical demands, task variation and autonomy) and for 25% by household-level perceived financial strain. The remaining direct effect of PE on adverse mental well-being is β 0.066 (S.E. 0.032 – 25% of the total effect).

Conclusion. These findings on a specific sub-population are consistent with earlier-made – but seldom formally tested – assumptions on the mechanisms relating PE to adverse mental well-being – i.e. involving direct associations and indirect associations via adverse working conditions and material deprivation.

Birth weight and NEET status in young adulthood and the role of parental education: Evidence using sibling fixed-effects

Laura Salonen (Finnish Institute of Occupational Health), Sanni Kotimäki (University of Turku), Niko Eskelinen (University of Turku | Finnish Institute for Health and Welfare)

Exclusion from educational system and labour market at a young age can have adverse long-term effects on an individual’s quality of life, well-being and socioeconomic opportunities later in life. Previous research has contributed to our understanding on the risk factors for exclusion from education and the labour market, but the role of perinatal health in this exclusion remains unclear. Poor perinatal health is associated with lower cognitive abilities and behavioural problems in childhood and with later disadvantages, such as lower education, lower income, and unemployment, suggesting that the risk factors for exclusion can be traced back to birth and beyond.

To shed light on how poor perinatal health is linked with the exclusion from education and labour market, we analyze the effect of birth weight on the probability of being Not-in-Employment-Education-or-Training (NEET) among young adults born in 1987–1992. We further examine whether the adverse health effects of low birth weight vary by parental resources. We use family fixed-effects models drawing on high-quality population-level Finnish register data.

Our analysis showed that low birth weight (LBW, 1500–2499 g) and very low birth weight (VLBW, <1500 g) have strong effects on NEET status in young adulthood. While the probability of NEET was higher among LBW or VLBW children, especially when mothers had only compulsory education, VLBW was a stronger predictor of being NEET during young adulthood among children of at least secondary educated mothers. The results indicate that the unobserved family characteristics are important predictors of NEET among children of low educated mothers.

Findings provide new important insights on how perinatal health is linked with later NEET status, that is considered a good indicator of youth disengagement particularly in the Nordic context. Further research should analyze the effects of perinatal health on NEET status in contexts with less generous welfare policies.

Unemployment and health in Norway 2000-2016: Women get sicker, men die quicker? A register-based study of hospital admissions, health-related benefit utilization, and mortality

Kristian Heggebø (NOVA & NTNU)

The COVID-19 pandemic is a global health crisis, with severe ripple effects on national labor markets. Unemployment rates have skyrocketed in many countries due to the combined impact of the pandemic and the imposed infection control measures (e.g., closing of businesses), leading to renewed research interest in the negative health consequences of unemployment. It is well documented that unemployment leads to poorer mental (e.g., depression) and somatic (e.g., inflammation) health, and excess mortality tends to be high among the unemployed. Whether the health consequences of unemployment differ between males and females is more disputed, though. Some studies find that males are more prone to health deterioration post-unemployment, whereas other studies cannot discern any noticeable gender differences. Inconsistencies in the existing literature can probably be explained partly by differing data materials and health outcomes. Furthermore, the presence or absence of strong cultural expectations for men to provide financially for their families (sometimes labelled the 'male breadwinner model') might matter. If so, we should observe rather small gender differences in countries where gender norms are comparatively egalitarian. This paper illuminates the gendered health consequences of unemployment after the turn of the century in one of the most gender-egalitarian countries in the world: Norway. The current study analyze linked Norwegian administrative register data sources by means of linear probability models. Three health outcomes are examined, which correspond with the 'etiology' of health conditions that may arise due to unemployment and associated stress and worries: (1) contact with healthcare facilities (i.e., hospital admissions), (2) utilization of health-related benefits (e.g., sick pay and disability benefits), and (3) mortality. Health trajectories among unemployment benefit recipients in 2000, 2006, 2009 and 2011 – four years with very similar economic conditions (registered unemployment=2.6-2.7 percent) – are followed until 2016, and compared with labor market insiders.

Healthcare organisation

A qualitative study on cancer patients' perspectives towards the integration of e-PROMs into clinical routines

Linda Lombi (Università Cattolica del Sacro Cuore), Sara Alfieri (IRCCS Istituto Nazionale dei Tumori), Cinzia Brunelli (IRCCS Istituto Nazionale dei Tumori)

Research evidence for significant benefits for using electronic patient-reported outcome measures (PROMs) in oncology routine clinical practices is accumulating (Greenhalgh et al. 2005; Chen et al. 2013; Dawson et al. 2010; Basch et al. 2016). Despite this, the studies were mainly focused on HPs' perspectives (Jagsy et al. 2013; Hubbard et al. 2014), while the research on the patient's perspectives is limited. In this presentation, we will discuss the main finding of a qualitative study based on 19 semi-structured interviews among cancer patients to investigate their experience and perception of e-PROMs, focusing particularly on the following two aspects: (i) patients' beliefs about the value and potential benefits associated with e-PROMs; (ii) the impact of e-PROMs on the doctor-patient communication during the clinical encounters.

The main findings of this study suggest patients may perceive value and potential benefits for routine collection of e-PROs in cancer settings, particularly concerning the increase of self-awareness on symptoms, the feelings of being supported through a holistic approach that keeps into account also their psychological health, and the patient engagement in clinical research. Nonetheless, our results also highlight that several patients declared that the routine use of PROMs did not increase the discussion of their symptoms during the clinical interview and some of them were sceptical about the clinical

consultation of e-PROMs. We recommend improving doctors' training not only on how to interpret and use e-PROMs but also how to effectively communicate the results to their patients.

Evaluating the Cascade of Hypertension Care in Belgium

Philippe Bos, Veerle Buffel, Katrien Danhieux, Josefiën van Olmen, Prof. Roy Remmen, Edwin Wouters – University of Antwerp

Background: Although effective hypertension (HTN) treatment exists and is widely available, few patients achieve blood pressure control. As HTN is a chronic condition requiring lifelong continuous action from healthcare systems, there is a need to evaluate the delivery of HTN care accordingly, along the continuum of HTN care.

This study uses a cascade of care (CoC) approach to identify where most patients are lost along the continuum of HTN care in Belgium. Additionally, patient characteristics associated with leakages in the CoC are identified.

Methods: Using cross-sectional data from the 2018 Belgian Health Interview Survey and Belgian Health Examination Study, we estimate the prevalence of HTN among the population aged 40-80 and the proportions that reach each stage of the HTN CoC: being screened, diagnosed, linked to care, treated, followed-up and well-controlled. Cox regression is used to assess factors associated with an elevated risk of not being linked to care, treated and followed-up.

Results: 44.7% of the Belgian population aged 40-80 has HTN. Of these, 96.7% had their BP measured in the past 3 years, but only 56.1% self-reported having been diagnosed. Furthermore, 52.9% is linked to care, 49.5% is in treatment and 43.1% is followed-up appropriately. Finally, only a quarter (25.8%) is well controlled.

Men diagnosed with HTN are more likely to be unlinked to care, while once they are in treatment, they are more likely to be followed-up appropriately. Age is positively associated with patient retention along the HTN CoC once diagnosed, whereas both depressiveness and lower BMI is associated with an elevated risk of being enrolled in care but remaining untreated.

Conclusion: The largest loss of patients occurs early in the cascade: less than half of the HTN population is diagnosed. Once diagnosed, the healthcare system retains patients fairly well, but there are differences between population sub-groups.

Cooperation and collaboration in the aftermath of the COVID-19 pandemic: a multidisciplinary approach

Valentina Rotondi (SUPSI & University of Oxford), Margherita Luciani (SUPSI), Giuseppe Landolfi (SUPSI), Masiar Babazadeh (SUPSI), Laura Uccella (Ente Ospedaliero Cantonale - Lugano)

Fighting a global pandemic requires a high collaborative capacity between the States that, necessarily, are called to coordinate policies and between the institutions and companies that must implement them and between the individuals who live in these States and work in these institutions and companies. When groups of individuals face a crisis or an immediate danger, the collective benefit of collaboration is very high. However, the cost of helping is high as well, and the temptation to desert is strong. By definition, collaboration requires people to bear an individual price for the benefit of other people (Nowak 2006). Collaborating during a pandemic can be particularly costly for individuals because it requires overcoming the conflict between short-term self-interest and long-term collective interest. Furthermore, during an emergency, different collectivities come into play (the family, the community to which one belongs, the community in which one works, etc.) which can decide to collaborate particularly difficult because they express interests in conflict with each other (Bavel et al. 2020). Collaboration is further complicated by the propensity of individuals to be more willing to interact to promote the well-being of members of the same group (in-group) than that of members of a different group (out-group) (Ruffle and Sosis 2006). Collaboration between individuals has proved to be crucial in tackling the COVID-19 pandemic, but fragile as it is put under pressure by the conditions of emergency and uncertainty brought about by the pandemic. This project studies collaboration during a pandemic by resorting to qualitative and experimental sociology methods in a sample of health workers in Canton Ticino.

The structure of health across Europe: patterns in different populations

Aija Duntava, Ilkka Henrik Mäkinen, Liubov V. Borisova – Uppsala University

Background: Research on the core aspects of health as one interconnected system is rare. The existence of diversity in health in Europe is well-established, but diversity in health structures in European populations have hardly been studied at all.

Aims: The main objective of the present study is to explore and compare the interrelations between the three major aspects of health – morbidity, functional limitation, and subjective health - in Eastern, Northern, and Western Europe.

Methods: Data from the European Social Survey (Round 7; 2014) are used in structural equation modelling (SEM) to study the relationships in the three regional subsamples, and a pooled sample of 30,815 respondents. The analysis was performed on 24 samples in total. Cluster analysis and independent-samples t-tests assist in locating similarities and differences between the regionally divided age/gender groups.

Results: The main model was confirmed in 20 out of 24 samples. NE was found to differ from the other regions both as regards the relationships between the different aspects of health and the model fit. The gender differences in the structure of health were found in WE and NE, while EE region is an exception showing the similarities in the estimates between the genders. As regards to the agewise differences, the young and the elderly were (with one exception) more similar to each other than to the middle-aged, irrespective of region. Additionally, the consistent regional differences in the number of reported health conditions and the evaluation of subjective health were found.

Conclusions: The study confirms that the main model of health structure used here is applicable to the majority of the studied subgroups. The health structure of Europeans shows different patterns, probably due to different ideas of health across the regions, genders, and age groups and the differences in the socio-political contexts.

Preventive medicine and genetic testing

A sociology of preventive healthcare: the case of cancer screening participation and inequalities across European countries

Vladimir Jolidon 1, Vincent De Prez 2, Piet Bracke 2, Stéphane Cullati 1,3, Claudine Burton-Jeangros 1

1 University of Geneva

2 Ghent University

3 University of Fribourg

Increasing attention has been paid to macro-level determinants of health and health inequalities in social epidemiology and health sociology. However, such approach has been lacking in the study of preventive healthcare participation, such as cancer screening. Socioeconomic gradients have been evidenced in cancer screening uptake across European countries, yet these have rarely been contextualised within macro-level institutions and social structures (e.g. social policies, healthcare systems, etc.). We argue for the need of applying ecosocial models which isolate the effect of micro and macro-level variables and examine their interactions. This is essential in order to understand how context-level factors shape individual-level resources which, in turn, affect individuals' health and healthcare uptake. To support this claim, we draw on empirical studies on cancer screening participation and inequalities in Europe and Switzerland. These studies have used nationally representative health survey data, which were analysed with multilevel regression techniques and cross-level interactions. Results of these studies have provided essential insights on inequalities in cancer screening uptake across Europe and confirmed that individual-level determinants of preventive healthcare uptake should be carefully contextualised. Namely, failing to account for contextual effects may be misleading for the interpretation of individual-level effects. Nevertheless, it should be noted that multilevel modelling of social processes involves strong theoretical and methodological assumptions, which need to be carefully exposed and discussed. Additionally, cross-level interactions reveal that macro-level factors may "discount" or "multiply" the effect of an individual-level determinant of screening uptake. Finally, results of multilevel analyses not only contribute to revealing upstream determinants of preventive healthcare, they can potentially shed light on specific (sub)groups who face cumulative (dis)advantages, at the intersection of interacting social processes. That

is, these can help uncover the underlying conditions of specific groups (from a “vulnerable populations” approach), which should be taken into account for sound public health intervention.

Cancer prevention in cis women with and without obesity – Does weight bias determine cancer prevention behaviour?

Bernard, Marie a, b, c, Löbner, Magrit. b, Lordick, Florian b, Mehnert-Theuerkauf, Anja d, Riedel-Heller, Steffi G. b, Luck-Sikorski, Claudia b, c, e

a Martin Luther University Halle-Wittenberg

b University of Leipzig

c SRH University of Applied Health Sciences

d University Hospital of Leipzig

e Helmholtz Zentrum München

Background Women with obesity are not only at higher risk of developing cancer such as gynaecological malignancies but are also less likely to attend cancer prevention screenings (CPS). In this study, we aimed to obtain a better database for Germany and to investigate whether women with obesity are less likely to undergo CPS compared to women without obesity. Moreover, it was aimed to identify factors that determine CPS behaviour.

Methods A quantitative cross-sectional survey was conducted that assessed data of 1,003 cis women in the general public with obesity (BMI \geq 30 kg/m²; n=500) and without obesity (BMI $<$ 30 kg/m²; n=503). We assessed participants’ utilization of cervical, breast, and colorectal CPS. Group differences were investigated by using Chi-Square tests, whereas influencing factors that might determine CPS behaviour were examined by multivariate logistic regression analyses. Therefore, logistic regression models for a) the full sample and b) for the obese sample were conducted. Explanatory factors (i.e., cancer awareness, the internalisation of weight bias (WBIS) and perceived weight-based discrimination) were included.

Results Women with obesity were less likely to undergo Pap smear (χ^2 (1)=13.90, $p<0.001$) and clinical breast examination (χ^2 (4)=14.41, $p<0.01$) compared to women without obesity. In contrast, the utilization of all other CPS methods did not differ between women with and without obesity. Logistic regression analyses revealed neither an association between CPS behaviour and WBI nor perceived weight bias. Instead, previous cancer diagnoses and knowledge about CPS forms were found to reinforce CPS behaviour.

Conclusion Although data did not suggest that internalised or perceived weight bias deter women with obesity from undergoing CPS, the role of weight bias has not yet been conclusively clarified. Future studies should address potential methodological limitations and evaluate the effectiveness of most recently established cancer prevention programs and how they affect CPS behaviour in women.

What makes a next-generation sequencing result a diagnosis? A multi-site case study

J.M.L. Kuiper, Ine Van Hoyweghen – KU Leuven

The latest DNA testing technologies, next-generation sequencing (NGS), allow to sequence the whole exome or even whole genome at once. Allowing for significantly more diagnoses to be made, but also heightening the chances of having to deal with more complex and uncertain results. Where a diagnosis is often expected to bring about information on causality, treatment and prognosis, this is often not the case for even the more certainly pathogenic NGS results. Drawing on extensive fieldwork in two European human genetics centers, this paper explores the boundaries between ‘a result’ and ‘a diagnosis’ for variants that are deemed (partially) causative of a patient’s symptoms. Through a qualitative analysis of observations in clinical consultations and multidisciplinary team meetings and semi-structured interviews with healthcare professionals (HCPs) and patients, we examine when a causative genetic variation is presented and perceived as ‘a result’ and/or as ‘a diagnosis’. We explore which factors play a role in making this distinction in clinical practice and how it is subsequently taken up by patients and discuss the clinical and social power of either a result or a diagnosis. We assess why knowing the illness’s origin is a prominent concern for many patients and argue how this might be related to the successful positioning of genetics as the ‘privileged site of understanding the origins of abnormality’ (Navon 2019: 292). We show how this hegemony is reinforced through the language used around genetic variation and the enactment in the practices of care, where HCPs and patients are entangled in keeping the search for genetic difference

highly relevant. In doing so, we further the understanding of what is at the core of a (genetic) diagnosis. Furthermore, we stress the wider politics of care involved in making the often poorly understood genetic variations relevant and question who ultimately benefits from this.

Life Course Perspective on the decision-making process to undergo genetic testing in hereditary cancer at risk families

Aceti Monica (University of Basel), Caiata-Zufferey Maria (University of Applied Science and Arts of Southern Switzerland), Pedrazzani Carla, Schweighoffer Reka, Baroutsou Vasiliki, Burki Nicole (University of Basel, Basel), Chappuis Pierre (Geneva University Hospitals), Graffeo-Galbiati Rossella (Oncology Institute of Southern Switzerland (IOSI)), Monnerat Christian (Jura Hospital, Délémont), Katapodi C. Maria and the CASCADE Consortium

Facilitated access to genetic information makes it possible to determine whether an individual is a carrier of a disease-causing variant and to provide clinical management options to reduce disease risk. For pathogenic variants predisposing to early cancer onset, such as BRCA1 or BRCA2 genes, research indicates that up to 50% of individuals from affected families remain unaware of their predisposition, do not get tested, and do not benefit from risk reduction measures.

Aim: We investigate the timing and social aspects - using the Life Course Perspective (LCP) – of decision-making processes leading to undergoing, deferring or foregoing Hereditary Breast and Ovarian Cancer (HBOC) genetic testing.

Theoretical Framework: LCP addresses the biographical trajectories and life transitions of individuals in their socio-economic, historical, and cultural contexts (Burton-Jeangros et al., 2015). LCP (Hamilton, 2016) provides a comprehensive exploration of the experience of people living with a positive test result for a genetic mutation. The interactions between risk factors, resources in everyday life, as well as cultural and socioeconomic dispositions impact HBOC mutation risk management.

Method: Ongoing qualitative analysis of interviews and focus groups conducted with 57 HBOC carriers from the Swiss CASCADE cohort.

Discussion: First, having family members who had either a positive or negative experience (trauma) with cancer influences decisions. Second, long-term risk management and agency related to uncertainty are strongly linked to the dimensions of life in relation to couple formation, births, and parenthood issues. Third, genetic testing results can also impact "significant others" (Kenen et al., 2004) or any members with caregiving concerns and influence decision-making processes. The deciphering of the "best" time, as early as necessary, in interaction with social determinants, LCP and relational support for undergoing genetic testing would be helpful for genetic counseling practitioners to offer comprehensive HBOC cancer prevention advice.

Parallel sessions 7 (27th August 2022, 09.00-10.30)

Covid-19 and students' mental health

Social norms, mental health and well-being in times of COVID-19 pandemic: a qualitative study among University students

Justine Daverio (University of Geneva)

Background: The COVID-19 pandemic has been associated with several adverse consequences on the well-being and mental health of young individuals, in particular university youth. Research shows that the young adult category has experienced an increase in mental health problems. Nevertheless, the link between social norms and mental health remains unclear.

Objectives: to investigate whether perceived social norms could impact the mental health of young university students in times during and outside the COVID-19 pandemic.

Method: Five Swiss university students and six persons over 65 years old living in Switzerland participated in focus groups to compare perceptions of social norms and their perceived effects on mental health. Based on a sociological theoretical framework on social norms, the themes of mental health well-being, risks, academic and professional life, increasing individualization, social representations of adult life and the labor market, and loss of solidarity were addressed in the focus groups. They were conducted between the end of January and the beginning of February 2022.

Results: The preliminary analyses showed a difference in the intensity of negative feelings between young and older people in the different periods of the COVID-19 pandemic (discomfort versus malaise). The younger group reported a more negative perception of the social norms associated with the world of work than the older group. These perceptions seem to affect students' well-being, especially in this time of pandemic. Nevertheless, a slight discrepancy within the group of young people could be observed: apprehension and anxiety were opposed to a vision of the job market as distant and not relevant to them.

Discussion: The COVID-19 has aggravated the sense of unease with the idea young adults had constructed of their future life in a normalizing society. Public policies and their implementation should revalue other non-academic pathways and help individuals become more aware of the plurality of life-making possibilities they have.

Is there an unequal impact of the COVID-19 pandemic on students' mental health status through the role of financial stressors?

Veerle Buffel, Edwin Wouters – University of Antwerp

Background: The COVID-19 pandemic and related containment measures have a large impact on countries' economy and the financial situation of numerous households. The specific financial situation of students has also deteriorated due to reductions in paid work hours and reduced financial support from their parents. Research has already shown large socioeconomic inequalities in depression and that financial stress is an important predictor of depression. This raises the question whether the increase in financial stress due to the pandemic has aggravated existing socioeconomic inequalities in students' mental health at individual and country level.

This study examines the relationship between financial stressors due to COVID-19, and students' depressive feelings and the role of students' socioeconomic background and countries' macroeconomic conditions. Relying on the fundamental cause theory, we test 'differential exposure' and 'differential vulnerability' as potential mechanisms of the observed inequalities.

Methods: The COVID-9 international student wellbeing study collected cross-sectional data in 26 countries during the first wave of the pandemic. This multi-country data is used for multilevel analyses with depressive feelings (measured by the CES-D 8) as the depending variable.

Results: In the majority of countries there is a significant increase in struggling with financial resources and a decrease in paid work hours, and both financial stressors were positively related to depressive feelings. A decrease in paid working hours was more stronger related to students' depressive feelings in countries

with poorer socioeconomic conditions, while the economic stressors were not stronger related to depression among students with a lower socioeconomic background.

Conclusions: There is no clear evidence for an exaggeration of the existing socioeconomic inequalities in depression among students. Students with a lower socioeconomic background are not significantly more exposed to and/or vulnerable to COVID-related financial stressors. However, the existing socioeconomic inequalities do persist and at country level, they have even increased.

An international comparison of gender differences in mental health among higher-education students during the COVID-19 pandemic

Sarah Van de Velde – University of Antwerp

Background: Mental health problems are a common phenomenon within higher-education students. How these mental health problems manifest themselves appears to differ between male and female students. While the latter group bears a greater risk of developing internalizing problems, with depression being particularly prevalent, these problems manifest themselves in male students mainly via externalizing disorders, with alcohol abuse being the most prevalent. Moreover, male and female students also appear to differ in their vulnerability to the stressors connected to studying and student life and how they cope with these stressors.

Recent studies show that the COVID-19 pandemic caused additional stressors for higher education students, including elevated levels of social isolation, financial problems, and academic stress. In countries with stricter and broader implementations of COVID-19 protective measures, higher levels of depressive feelings in students were also found. However, available cross-national research on students' mental health during the COVID-19 pandemic, to date, mainly focused on the prevalence of depressive symptoms, thereby ignoring a possible gendered impact of the pandemic.

Methods: The COVID-19 ISWS is used, which collected data on students' mental health during the first wave of the C19 pandemic in 27 countries (N Male: 5,215, Female: 14,817), as well as multilevel modelling.

Results: Overall, female students reported more depressive symptoms, and male students higher levels of alcohol abuse, but these differences were substantially more pronounced in some countries than others. The strictness of the governmental containment measures explained a substantial amount of these gender differences in mental health.

Conclusion: Our results reveal that (1) the COVID-19 pandemic had a gendered impact on students' mental health, and (2) substantial cross-national variation in mental health problems existed, which could mainly be attributed to the strictness of governmental containment measures. Studies that ignore the gendered impact of the COVID-19 pandemic are limited in scope.

A Mixed Methods Study Assessing Associations Between Social Support and Depressive Feelings in Students During COVID-19

Kilian Van Looy, Nina Van Eekert, Kimberly Jacobs, Sarah Van de Velde, Edwin Wouters, Veerle Buffel – University of Antwerp

Social support is established as an effective protective factor against depressive feelings. Yet, due to measures taken in order to contain the COVID-19 pandemic, social contacts were largely limited, which decreased the availability of social support resources. Concurrently, depressive feelings have been on the rise in the general population, especially within student populations. In Belgium, depressive feelings increased threefold for students during the first wave of the COVID-19 pandemic, compared to other age groups. How the protective potential of social support (1) changed due to COVID, and (2) how this affected already vulnerable student populations differently, has not yet been researched. The current study therefore aims to bridge these gaps by examining how different types of social support (such as support being organized online, rather than offline) are associated with depressive feelings in Belgian students. Therein, we identified four subpopulations potentially being more at risk, namely: students with a migration background, students having financial difficulty, first year students, and international students. The lion share of social support research is exclusively descriptive. We therefore argue that a more comprehensive, mixed-methods approach is merited. In the quantitative phase of this study, we extracted data (N=19,280) from the extensive COVID-19 International Student Well-Being Survey (C19 ISWS) and applied structural equation models to test for the different associations. The qualitative phase comprised

of a case study in which 48 students at the University of Antwerp were interviewed via focus group discussions. We found that offline social support is significantly more beneficial to students, when compared to online social support. This effect however differs between subpopulations, which suggests an unequal availability of social support recourses. This is confirmed in interviews with students, often citing the lack of physical social contact and peer support due to the inability to build (new) networks as the primary cause for negative well-being during the COVID-19 pandemic.

Covid-19 and healthcare organisation

Viral vs. Institutional Burden: What torments Russian healthcare the most?

Anastasia Novkunskaya, Ekaterina Borozdina – European University at Saint-Petersburg

SARS-COVID-19 has shown that the biological threat, even now in the 21st century of technically high-developed medicine, is quite real. The pandemic has revealed that all social relationships and all social systems can be affected by the negative effects of a viral infection. At the same time, it has shown that some stable and accustomed social institutions, under certain circumstances, can have no less negative effects. All healthcare systems faced and have been suffering extreme workloads, unknown risks, lack of economic, informational and social resources. However, political regimes, institutional settings, organizational features and cultural beliefs varied greatly, and were among other factors resulting in different outcomes in terms of public health and healthcare sustainability.

Basing on the 52 in-depth semi-structured interviewed with healthcare providers collected during the first wave of COVID -19 in Russia (April-June 2020), this research focuses on those institutional factors, which had become key prerequisites for the fighting the pandemic, and probably will remain after its end. In particular, it reveals how centralization and bureaucratization of control, regulatory insensitivity and informality shaped the work of covid-fighters, and why these social aspects affected healthcare no less than pandemic itself.

Post-hospitalisation care pathways for COVID-19 patients: qualitative case studies from the UK

Natalie Armstrong, Charlotte Overton, Tristan Emerson (University of Leicester)

Background: COVID-19 patients discharged from hospital often require ongoing support from healthcare and rehabilitation services due to prolonged symptoms and unpredictable recovery trajectories. Within the UK, follow-up services post-discharge from hospital typically initially developed organically and subsequent guidance on service specification has been based on expert opinion rather than research evidence. As part of a wider project linked to a large UK-based post-hospitalisation for COVID-19 study (PHOSP-COVID), we sought to understand how different types of follow-up service had developed, and how these had been experienced by patients.

Methods: We used a qualitative case study design with a purposively sampled set of NHS sites. Within each case study, we interviewed key members of staff, both healthcare professionals and managers, who had been involved in the design and/or implementation of their organisation's follow-up pathway. Interviews focused on participants' accounts of how their care pathway(s) developed and were implemented, why they took the form they did, the influences that shaped these decisions, and the range of groups/stakeholders involved. For each case study, we also interviewed patients to explore their experiences of their local post-hospitalisation service, their views on how effectively it met their needs, and how well follow-up for their COVID-19 has fitted with other healthcare they may be receiving. Data analysis was based on the constant comparative method.

Findings: Provision of post-hospitalisation follow-up services varies across the UK. In this presentation we will draw on comparative analysis across our case studies to understand what shaped the development of each pathway, how these were organised and delivered locally, which group(s) of healthcare professionals were involved, and to which groups of patients these services were offered. We will explore the different types of 'work' involved in getting these services up and running, and how this was accomplished during a time of national crisis.

The impact of COVID-19 on the illness trajectories of cancer patients: between invisible work and new care practices

Marta Gibin (University of Bologna)

The outbreak of the COVID-19 pandemic has led to a substantial reorganisation of hospital facilities. Oncological care itself has been reorganised trying to ensure, on the one hand, the safety of patients and healthcare professionals, and on the other, continuity of treatment. The project analyses the impact of this reorganisation on the illness trajectories of cancer patients and on the care work of the actors in various ways involved in the definition of this illness trajectory. The research was conducted through 41 semi-structured interviews with healthcare professionals, voluntary associations, cancer patients and informal caregivers in the Italian region Emilia-Romagna. The exclusion of family members and voluntary associations from hospital facilities, imposed as a safety measure, meant greater patient loneliness at all stages of the treatment process. The assistance usually provided by family members and voluntary associations includes a component of “invisible work” that the pandemic has allowed to come to light. In fact, family members and voluntary associations informally support the work of healthcare professionals within the hospital setting – helping the patient in the activities of daily life, offering psychological and emotional support, managing the communication with doctors, etc. Healthcare professionals, and nurses in particular, have tried to, at least partially, replace the care work usually provided by family members and voluntary associations: on the one hand, by increasing their effort in terms of sentimental work, and therefore of emotional support to patients; on the other hand, with the implementation of new care practices aimed at responding not only to the biomedical needs of patients, but also to the psychological and relational ones, paradoxically showing a greater attention towards the humanisation of care.

Role of Community First Responders during Pandemic in England; a Bourdieusian perspective

Gupteswar Patel, Niro Siriwardena – University of Lincoln

Introduction: Community First Responders are trained by the NHS England to respond to patients needing emergency medical care. The field in which the CFRs operates had changed with the onset of the COVID-19 pandemic, which caused the health system to restructure their priorities and objectives. However, how has the pandemic affected CFR operations, and the understanding of the function of the broader field remains underexplored.

Method: In a qualitative study, we conducted 47 interviews with patients and relatives (5), CFRs (21) and CFR leads (15), ambulance clinicians (4), and commissioners (2) in England. Thematic analysis, supported by NVivo and guided by Bourdieu’s theory, enabled the identification of themes and subthemes.

Findings: The ambulance services implemented the broader NHS agenda for managing the pandemic and its repercussions, which represented changes in field with changing priorities and strategies. Initially, CFRs were not assigned work and stood down while making deterministic judgments about the habitus of CFRs as their practice was shaped by institutional guidelines rather than the needs of the community. Later in the pandemic, with persisting uncertainties within the changing field, CFRs were engaged in community and welfare services, where the CFR practices were not only in accordance with their own individual habitus, but also within the collective habitus with shared actions. The CFRs who were adapted into new field with welfare services had normalised the ambulance services’ revised CFR roles, and it was a part of their habitus, with concurrent disengagement with the application of their skills that they had previously learned and earned through cultural capital and training.

Discussion/Conclusion: The Bourdieusian perspective of CFRs’ role highlighted the notion of top-down policy implementation, and the CFRs often restructure their roles around the instructions provided rather than feeding back the community needs, as expected from a community engagement initiative.

Healthcare professionals’ education

Learning by drawing. Understanding the potential of comics-based course within medical school

Veronica Moretti (University of Bologna), Alice Scavarda (University of Turin)

The use of comics and graphic novels in research is increasingly widespread in the medical context, and the field of Graphic Medicine has emerged to address work that exists at the intersection of the medium of comics and the discourse of health care.

As Graphic Medicine has emerged as a field of study over the past decade, medical educators have begun to integrate comics into their medical teaching. Some courses take a piecemeal approach by including comics in lectures, while others are fully devoted to the topic of comics in medicine, with the ambitious goal of advancing important professional skills in communication, empathy, and self-reflection. While self-report data supports success at achieving these aims, little is known about the long-term impact of the use of comics in medical education.

For this reason, the aim of the study is to analyze the impact of the use of comics in medical education, especially in the development of professional identity.

To analyse students' perception of the use of comics in medical education we sampled medical students throughout the U.S. (n=17) who have completed a course on comics and medicine within the previous 5 years.

Participants reported that the use of comics within medical school is most impactful in two areas: formation of Professional Identity (PI), a process whereby students stop merely acting as a physician and begin to think and feel as a physician (Merton, 1957), and development of Professional Skills (PS), such as communication, professionalism, and mastering the social and cultural context.

The integration of comics-based courses within medical schools can help reveal these complex processes, with regard to both the individual domain (which includes personal characteristic, beliefs about one's self and some life experiences) and the relational domain (expressing the influence on identity of significant individual such as mentor, co-workers).

Between expert and lay knowledge: involving Service Users' as experts by experience in future healthcare professionals Education

Professor Elena Allegri (University of Piemonte Orientale)

One of the challenges facing health services and professionals today is the unprecedented involvement of users and their "lay" reference systems "in the management of health and illness. The studies and the extensive literature produced by health and medical sociology on the participation of citizens-users/patients in the process of treatment and in the organisation of social and health services demonstrate the importance that this issue in regard to the empowerment. Over time, it has become very important to train future professionals in order to create a welfare system that is more inclusive and sensitive to the demands of citizens-users/patients.

This paper critically analyses an innovative experience of the University of Piemonte Orientale, Alessandria, Italy. Since 2013, it has introduced a systematic Service users' -considered experts for the experience with services and social workers- in social work education. The first section outlines the conceptual and value basis, the structure of the group called 'Diversamente esperti' (Other-wise experts), the method and main activities, as well as the main results achieved, and obstacles encountered. The second part concerns the evaluation of the experience, detected through an anonymous questionnaire, with 10 closed questions aimed at evaluating the agreement (with values from 1 to 5) on the proposed statements, administered to students and service users and the conclusions that derive from it. The results, based on the analysis of the responses of 100 questionnaires completed in the 2019-2020 academic year, highlight the value of Service users' involvement in education and some useful suggestions to develop it further in Social Work degree courses.

Narrative Medicine Groups Online: The Experience of the Centre Hospitalier Intercommunal de Créteil (CHIC) during the pandemic

Christian Delorenzo (Centre Hospitalier Intercommunal de Créteil & Université Paris-Est Créteil), Jean-Marc Baleyte (Université Paris-Est Créteil & Centre Hospitalier Intercommunal de Créteil)

We have been carrying out a Narrative Medicine training at the Centre Hospitalier Intercommunal de Créteil (CHIC) since 2018. Once a month, five interprofessional groups attend a two-hour workshop based on close reading, writing on a prompt, and text sharing (as suggested by Rita Charon and her group at Columbia University). At least a literary consultant and a health professional provide the facilitation. We

have developed a three-phase training model (basic workshops, creative workshops, and cofacilitated workshops) that could be transferable to other hospitals and healthcare facilities.

However, since February 2020, COVID-19 disrupted our experience. We had to resume our basic workshops by videoconference (via LifeSize) not to lose our groups. Thus, we developed a particular type of Narrative Medicine workshop based on the use of an image and a short text. We will describe it and provide feedback from participants to evaluate and appreciate the effects of Narrative Medicine training on healthcare professionals during the pandemic.

Cultural Conversations in Psychotherapy: Perceptions of Ethnic Minority Clients on What, When and How (Not) to Broach

Hilde Depauw, Alain Van Hiel, Bart Van de Putte, Piet Bracke – Ghent University

Broaching - i.e., a counsellor's skill to have meaningful conversations in psychotherapy concerning one's cultural identity (Day-Vines et al., 2007;2020) - is a strong predictor of positive treatment outcomes and client satisfaction, especially for minority identified clients (Fuertes et al., 2002; King & Borders, 2019; Knox et al., 2003; Meyer & Zane, 2013 Zhang & McCoy, 2009). However, despite this understanding, broaching literature has struggled to translate broaching principles into concrete behaviours and microskills. The current study therefore examines the effects of language in broaching statements on cultural topics including ethnicity, religion, gender expression and socioeconomic status on the perceived multicultural orientation of the therapist and perceived frequency of microaggressions during therapy. Moreover, we investigate whether the effects of broaching depend on identity saliency of the topic, the timing of the broaching statement and the strength of the therapeutic relationship, as perceived by the client. This issue was investigated in a sample of ethnic minority clients (N = 231) who followed at least one session of mental health care counselling during the past 12 months. As the sample is collected during the COVID-19 pandemic, we also study the moderating effects of online therapy (i.e. therapy via video or phone call) on the relationship between broaching and outcome measures. The increased need for mental health services caused by the coronavirus pandemic and the implemented restrictive regulations calling for online therapy form an unusual situation for both care provider and client, especially affecting interpersonal aspects of communications, and thus also of broaching. The results lay the basis for practical guidelines for broaching in psychotherapy, and provide counsellors with a foundation to approach cultural conversations effectively, both on- and offline.

Mental health and inequalities

Unintentional discrimination towards migrant patients by General Practitioners in depression: An experimental study

Camille Duvéau (Institute of Research Health and Society, Belgium), Camille Wets (Ghent University), Katrijn Delaruelle (Ghent University), Stéphanie Demoulin (UCLouvain), Marie Dauvrin (Institute of Research Health and Society, Belgium and Belgian Health Care Knowledge Centre, KCE, Brussels), Brice Lepière (Institute of Research Health and Society, Belgium), Melissa Ceuterick (Ghent University); Stéphanie De Maesschalck (Ghent University), Piet Bracke (Ghent University), Vincent Lorant (Institute of Research Health and Society, Belgium)

Background: Migrant patients generally have a higher prevalence of mental health problems than their native counterparts. Besides, they face more unmet medical needs and less frequent referral to mental health services. One potential explanation could be that general practitioners (GPs) may unintentionally discriminate against these patients, particularly when they dehumanize them. Yet, to date, no experimental study has empirically investigated this hypothesis. This paper, therefore, assesses whether humanization influences GPs' discriminatory attitudes towards diagnosis, severity of symptoms, treatment and referral regarding depressed patients with(out) a migration background.

Methods: A balanced 2X2 factorial experiment was carried out with Belgian GPs (N = 797), comprising of four video vignettes depicting either a native or a migrant patient with depressive symptoms. Half of the respondents were exposed to an intervention that aimed to humanize the patient by providing more

details about the patient's life story. Then, GPs responded to an online questionnaire regarding diagnosis, assessment of severity of symptoms, treatment and referral decisions. Chi-square, two-way ANOVA and MANOVA were used for the analysis.

Results: GPs systematically assessed the migrant patient's symptoms as less severe than those of the native ($F = 7.71$, $p < 0.05$). In addition, GPs prescribed less often benzodiazepines to migrant ($F = 8.79$, $p < 0.01$) and this result was not explained when adjusting the model with severity of symptoms ($F = 9.94$, $p < 0.01$). However, we observed little effect of the humanization intervention in the diagnosis, treatment and referral of depressed patients, whatever the migration status.

Conclusion: In summary, the results indicate that ethnic difference in the management of depression still persist in Belgian primary care such as in the assessment of severity of symptoms and in the treatment prescription. However, we cannot assert that the humanization intervention is a factor mitigating these differences in medical decisions and in the use of mental health services.

The social gradient in depression treatment: Educational inequalities in the treatment of depression in Belgium between 2004 and 2018

Lisa Colman (Ghent University)

Background. Research shows that SES not only relates to inequalities in the prevalence of depression but also to inequalities in the treatment of depression. However, current research mainly analyses the relation between SES and one type of treatment, mostly medicine treatment, without focussing on the comparison between different types of treatment. Inequalities in the followed depression treatment may be the result of countrywide institutional arrangements, wherein in this study the Belgian reimbursement structure of (mental) health care and the influential role of GP's are put forward as explanations.

Objectives. The objective of this study is to analyse whether there exists a social gradient in depression treatment. It is hypothesised that because of Belgian institutional arrangements regarding (mental) health care, individuals with a lower SES have higher chances to use medicines as treatment for depression, while individuals with a higher SES have higher chances to use psychotherapy or a combination of medicines and psychotherapy as a treatment for depression.

Methods. Data are obtained from the Belgian Health Interview Survey (BHIS). This study covers information from four successive waves: 2004, 2008, 2013, 2018. The weighted data represent a sample of 2.298 Belgian respondents older than twenty-five years, who reported to have had a depression within the past twelve months. The research aims are analysed using a multinomial regression model estimating regression coefficients. Time evolutions are plotted using marginal means postestimation.

Results. Preliminary results show that individuals with shorter education have lower chances to use psychotherapy treatment or a combination of medicines and psychotherapy as a treatment, compared to individuals with intermediate or longer education. Further, time evolutions show that treatment with only medicines, the most common treatment, is declining, whereas psychotherapy treatment is slightly increasing together with a steady increase in combination treatment. However, clear educational inequalities in treatment over time are observed.

General Practitioners' Recommendations Towards Patients With Mental Health Problems And Diverse Migration Backgrounds

Camille Wets, Melissa Ceuterick – Ghent University

Despite a higher prevalence of mental health problems such as depression among people with a migration background, recent studies indicate these patients face more unmet medical needs and are underrepresented in mental healthcare services. General practitioners (GPs) are the main gatekeepers when it comes to treatment and referral to specialized mental healthcare services. However, their recommendations may be influenced by time constraints, biased by unconscious prejudices and other barriers.

Therefore, the REMEDI project investigates contextual variation in GPs' recommendations towards these patients and how these differences can be tackled, using an innovative mixed-method design.

The qualitative part of this study entails a combination of 25 semi-structured interviews and 3 focus groups with Flemish GPs, focusing on their personal experiences and perception of treating and referring patients

with diverse migration backgrounds with mental health problems. A discourse analysis based on the principles of critical discursive psychology (Wetherell & Edley, 2001) will be performed to analyze (1) how GPs discursively construct their decision-making regarding patients with a migration background, (2) how GPs accounts of these patients add to the discursive justification, perpetuation and contestation of attitudes measured within the quantitative part of this study and potential discrimination of migrant patients with mental health problems and (3) which tools GPs use to overcome possible barriers in treating and referring patients with a migration background. Moreover, the data will allow us to investigate whether the discursive construction of GPs decision-making towards these patients differs between individual and shared accounts. The ultimate objective is to identify and interpret GPs attitudes towards patients with a migration background suffering from mental health problems and to translate them into constructive recommendations to eradicate unconscious stereotyping and consequently to eliminate accessibility barriers to mental healthcare services. In this presentation we will outline the first results of this ongoing study.

The mental health of the migrant patient: Negotiating repression, medicalization and self-expression

Roberta Bova (University of Bergamo)

Scientific studies (e.g., Close et al., 2016) have shown that immigrants (especially refugees, asylum-seekers, and women) are more likely to experience common mental disorders such as depression, post-traumatic stress disorder, and anxiety than indigenous people. The present paper used a mixed-method approach to investigate care practices in mental health settings accessed by immigrants. The paper is based on an empirical research I conducted in the city of Bergamo (Italy) between 2019 and 2021. After carrying out an epidemiological mapping of immigrants' access to local mental health services, I conducted 22 discursive interviews with professionals who interact daily with immigrants – psychiatrists, psychologists, social workers, nurses, and cultural mediators working in psycho-social centres, emergency rooms, psychiatry wards, therapeutic communities, addiction services, and municipal social assistance counters. The results showed that access to mental health settings by immigrant patients, rather than representing a threshold, led to the beginning of a process of negotiation in which health professionals mediated their actions between contrasting tensions. First, they had to mediate with a repressive system of psychiatry that aimed to guarantee public order (Molodynski et al., 2016). This tension was particularly evident in the case of the immigrant population since they often had precarious legal status and multi-problematic lifestyles (e.g., many of them were addicts, subjects of criminal proceedings, and poor). Second, health professionals had to mediate with the medicalization of immigrants' mental health. Diagnostic categories and social suffering are not two corresponding or isomorphic systems (Devereux, 1970). The former are abstract principles which associate mental disorders with organic malfunctioning. These principles are born of a specific tradition of thought (positivism) and transmitted within a scientific community (Maturò 2007; Lusardi and Tomelleri, 2018). Social suffering instead derives from a complex of experiences, intersubjective relationships, cultural references and social presentations of the relationship with the self (Beneduce 2007). A forced correspondence between these two different systems, along with a lack of awareness of the structured and structuring nature of medical knowledge, threatens to reproduce misleading categories (both ethnocentric and coercive; Fassin, 2011) and medicalize the entire migration experience.

Migration and health

Health and well-being of economic undocumented migrants, in Geneva Switzerland: insights from an intersectional perspective

Claudine Burton-Jeangros, Aline Duvoisin, Liala Consoli, Julien Fakhoury, Yves Jackson – University of Geneva

The flows of economic undocumented migrants towards higher income countries reveal global connections around care work. The health status and living conditions of these migrants reflect their

specific situation at the intersection of several social stratification axes including gender, migration accentuated by the absence of legal status, and work sectors. Intersectionality offers a particularly relevant framework to better understand the cumulative role of their different underprivileged positions in relation to health inequities.

The Parchemins study aims at assessing the impact of obtaining a legal status on the health and living conditions of undocumented migrants in canton of Geneva in Switzerland. This mixed methods study has collected longitudinal data since 2017 through questionnaires (4 waves, n=464 in wave 1) and in-depth interviews (3 waves, n=39 in wave 1), along the implementation of a regularization programme. Next to health status, well-being and health care access, the study also gathered data on housing, working conditions, social integration including discrimination.

Building from analyses indicating that discrimination is a significant determinant of health and well-being among that population, this paper will examine the health and well-being trajectories of undocumented migrants undergoing regularization through an intersectionality perspective. Combining quantitative and qualitative data, this perspective will be used to operationalize experiences of cumulative disadvantage. It will help to interpret the contradicting influences leading to accept living and working undocumented while providing for family members who stayed in the country of origin, through an approach considering mechanisms underlying health inequities at both the individual and structural levels. The paper will contribute to the development of empirical research around the intersectionality perspective and to the debates about the operationalization of intersectionality in health research.

Social and emotional loneliness in newly arrived minors in Flanders: The role of migration-related factors

Sarah Devos (Ghent University)

Dr. Katrijn Delaruelle - Ghent University, Faculty of Political and Social Sciences (Department of Sociology) Loneliness is a public health concern that increases the risk for several health, behavioral and academic problems among adolescents. Previous studies suggest that adolescents with an ethnic minority and migration background have a higher risk for loneliness than adolescents from the majority population. This is of major concern as it further exacerbates existing ethnic inequalities regarding health and school outcomes. Nonetheless, whilst extensive attention has been devoted to the mental and physical health of newly arrived minors (NAMs), little empirical work has focused on their social well-being, of which loneliness is one of the most important indicators.

The present research aims to address this gap by further investigating loneliness, both social (the absence of 'an engaging social network') and emotional (the absence of 'an intimate attachment'), among NAMs. To achieve these goals, this research will address: (1) whether the prevalence rates of social and emotional loneliness among NAMs are higher than the rates found in native adolescents, and (2) whether experiences of social and emotional loneliness among NAMs depend on varying migration-related factors, such as country of origin, residence permit type, housing- and family situation.

Specifically, a quantitative study will be carried out in 30 secondary schools in Flanders offering reception education, surveying approximately 2000 NAMs regarding their loneliness and their migration-background. This quantitative data will be compared with the data collected in the Flemish 2022 Health Behaviour in School-aged Children survey: a nationally representative sample of 12000 native adolescents. All collected data will be analyzed using frequency statistics and logistic regressions with robust variance estimators analyses so as to address the objectives of this research. This research will add important findings concerning the impact of migration on loneliness and the social well-being of adolescents, and the various migration-related factors that influence NAMs' experiences of both social and emotional loneliness.

The impact of service access on well-being amongst female Ukrainian refugees in the United Kingdom

Maureen Seguin (The London School of Hygiene and Tropical Medicine)

Background: The government of the United Kingdom (UK) unveiled visa schemes in 2022 intended to expedite arrivals and facilitate access to a range of services (including health, housing, education and income/livelihoods). However, significant barriers remain in accessing these services critical to well-being and positive mental health.

Objectives: This qualitative pilot study outlines key challenges faced by Ukrainian refugees as they attempt to access services in the UK, drawing on concepts from 'Strong Structuration Theory' to interpret the context surrounding their relocation.

Methods: Mixed qualitative methods were conducted (~20 semi-structured interviews [with refugee women, local authority staff, and representatives of community/legal organisations], ethnographic fieldwork, and a document analysis). Ethnographic data centred on observation and participation at community-based organisations supporting Ukrainian refugees. Document analysis focused on legal ordinances on visa schemes, media coverage, and materials distributed to refugees by London councils and community organisations. Analysis drew upon Strong Structuration Theory, specifically the concepts of external and internal structures, actions and outcomes to interpret barriers to services.

Results: Barriers to accessing housing and health services were widely reported and observed, threatening the well-being of refugee women. Shortages in housing stock and school places for families with children were identified as major obstacles to well-being, as well as the language barrier. Insufficient guidance and resources from central government to support councils to assist Ukrainian refugees was evident.

Discussion/conclusions: The disparity between the stated intentions of schemes to support Ukrainian refugees' access to services and their lived realities is large. Hardships due to lack of service access caused considerable stress, threatening well-being and hindering efforts to cope with displacement. Alongside mental health interventions, policy interventions are required to address barriers stemming from lack of resources and guidance from central government to sufficiently meet the needs of Ukrainian refugees in the UK.

Exploring the roots of (dis)trust through the Dutch health system narratives of Afghan and Italian migrants

Patrick Brown, Mehri Samim, Irene Bozzeda

The starting point of this paper is the sociological and ethnomethodological understanding that processes of (dis)trust are largely taken-for-granted. Our (dis)trust amid healthcare encounters involves largely implicit understandings and forms of knowledge we are often unaware we know; or as per Garfinkel's metaphor, we might think of trust as an iceberg, whereby the parts we observe are merely a small fraction of a much larger sociological entity. This represents an important methodological challenge for trust researchers, or indeed for wider research into 'healthscapes' - how do we get below the surface to develop a deeper, more three dimensional, grasp of (dis)trust, when for much of our time we have arguably been merely scratching the surface?

In order to do this we draw on two complementary case studies of migrants' experiences of the Dutch healthcare system. To shift metaphors from Garfinkel's iceberg to our preferred image of a tree, when trust is uprooted from one healthcare system to another, our participants' narratives illuminate many of the common shared understandings they had taken for granted about the former system. Moreover, as they learned to trust amid an unfamiliar system, the participants needed to acquire understandings of the Dutch system which expose this systems' underlying logics, socialised norms and demands.

Exploring and comparing the narratives of Afghan and Italian migrants, our findings shine light on the more active or passive roles patients are expected to play in different systems, assumptions pertaining to the actions of 'good' doctors and how competence and benevolence are inferred or assumed differently across different systems, and the sometimes painful journeys migrants go through as they are socialised into how to act and trust in an unfamiliar healthcare system. We conclude by reflecting on various methodological techniques for accessing the deeper dimensions of patient-lifeworlds or healthscapes.

Parallel sessions 8 (27th August 2022, 11.00-12.30)

Covid-19 and vaccines

What is more dangerous – the disease, the vaccine or the government? Using governmentality theory to understand vaccine hesitancy in times of Corona

Ariela Popper-Giveon (David Yelin Academic College of Education), Yael Keshet (Western Galilee College)

The Covid-19 pandemic and the introduction of the Covid-19 vaccine presented a rare opportunity to study risk perceptions that underline vaccine hesitancy and refusal (VHR). Drawing on Foucault's governmentality theory, we aimed at studying the risk perceptions that underlie VHR in Israel by ascertaining why people decided not to be vaccinated against Covid-19. To learn about these risk perceptions we conducted 20 semi-structured in-depth interviews with Israelis who decided not to be vaccinated against Covid-19. The interviews reveal that the motives for Covid-19 VHR are rooted in a discourse of risk and uncertainty. The interviewees express mistrust of the Israeli government. This mistrust manifests in allegations that the government conceals and manipulates data, and makes decisions in a non-transparent manner; that it is driven by political interests; and helps the big pharma companies to promote their economic interests. They resist the Israeli government's dangerous coercion and mistrust of its risk discourse. They express inverse risk considerations, perceiving the vaccine to be potentially dangerous, and the disease as less dangerous.

Covid-19 VHR in Israel in particular, can be seen as resistance to perceived biopower, biopolitics, and bioeconomy, alongside a deconstruction of experts' calculated risk that leads one back into uncertainty. In general, examining risk perceptions associated with vaccines through the lens of governmentality theory can help to better understand VHR, as well as other reactions to situations of risk, and to illustrate how people's bodies become an arena for exercising power and negotiating risks.

"Vaccine Hesitancy": Repoliticising a concept from the experiences of undocumented migrants in Rome

Sara Vallerani (University of Roma Tre), Costanza Torre (London School of Economics and Political Science), Eloisa Franchi (Université Paris Saclay/Università degli Studi di Pavia)

Evidence indicates that the COVID-19 has exacerbated pre-existing inequalities for those who were already living a condition of uncertainty and suffered most the consequences of the pandemic. Even before the pandemic, undocumented migrants and people on the move have been considered at high risk of under-immunization given the challenges they often experience in accessing health services.

WHO identified 'vaccine hesitancy' as one of the main global health threats. In the context of the recent efforts to expand the COVID19 vaccination, emerging evidence from high-income countries has raised concerns about the reluctance of migrants to receive a vaccine (ECDC 2021).

Our research, part of the "Ethnographies of (Dis)engagements" project set out to investigate the perceptions and experiences of vaccination of undocumented migrants in Rome.

Data was collected in November 2021 through qualitative methods such as observation and semi-structured interviews, with migrants, social and health workers involved in the vaccination campaign.

We show that during the pandemic undocumented migrants have been noted to have further reduced access to health services, including vaccination. On the one hand, people are reluctant for fear of being reported because of illegal situation, on the other there are formal and substantive barriers to access.

It is governance of COVID-19, rather than fear of contracting the virus, which has become central to interviewees lives. The perception of the COVID-19 danger or need for vaccination is often closely linked to the Green Pass. Interviews reveal that the main reason why they decided to do the vaccine was to ensure their ability to work. Furthermore, attitudes towards COVID-19 vaccination are mixed, but frequently characterised by frustration, anxiety and/or a widespread feeling of having been coerced to obtain one. In conclusion, we reflect on how a debate focused only on vaccine 'hesitancy' is misleading, as it shifts responsibility on individuals, drawing moral connotations about their choices to be (un)vaccinated while simultaneously disregarding the structural elements that inform people's choices. Failing to consider and address systemic vulnerabilities to which marginalized groups are exposed fosters deep mistrust in

institutions and public services. In this sense, mistrust needs to be understood less as the basis for vaccine hesitancy, and more as something that is created through processes that ignore structural mechanisms of social exclusion.

Healthcare and social workers' COVID-19 vaccination decision: A qualitative study in Southern Switzerland

Maria Caiata-Zufferey (University of applied sciences and arts of Southern Switzerland), Kleona Bezani (University of Lugano), Maddalena Fiordelli (University of Lugano), Rebecca Amati (University of Lugano), Emiliano Albanese (University of Lugano), Suzanne Suggs (University of Lugano), Marta Fadda (University of Lugano)

Background. In January 2021, the Swiss government introduced the first covid-19 vaccines and prioritized allocation to healthcare and social workers caring for at-risk individuals. Despite this opportunity, vaccine uptake among healthcare and social workers employed in retirement homes and institutes for people with disabilities was lower than expected.

Objectives. This study aimed to capture real-time decision-making concerning the covid-19 vaccine among these workers.

Methods. We adopted a qualitative methodology based on Grounded Theory. Semi-structured phone-interviews were conducted with 25 healthcare and social workers employed in retirement homes and institutes for people with disabilities. Data were collected between February and May 2021, i.e., precisely when participants were required to make their vaccination decision or had just made it. Among participants, 18 had just been or were in the process of being vaccinated, while 7 reported they did not intend to do so.

Results. For most participants, the vaccination choice was a complex process: information appeared to be lacking and conflicting; numerous moral principles were at stake and contradictory; the way vaccination was organized clashed with the health values to which respondents had been previously exposed; finally, the risk of discrimination loomed over the vaccination choice. In this context of rational and normative uncertainty, participants decided for or against vaccination based on four decision-making processes: identity-driven, traditional-driven, emotional-driven, and reflexive-driven decision making, the latter being the most common within the investigated sample.

Conclusion. This study shows that deciding to get vaccinated against covid-19 is a complex and nuanced process and that individuals cannot simply be categorized as either novax or provax based on their vaccination decision. It also highlights the importance of proximity communication, aimed at supporting the individual's reflexive choice by providing the necessary tools (e.g., quality information, reliable interlocutors, dialogical spaces) to build an informed and reasoned decision.

Social capital and willingness to participate in COVID-19 vaccine trials in Italy

Valeria Quaglia (Università di Bologna), Marco Terraneo (Università degli Studi di Milano-Bicocca)

What leads healthy people to enter in a volunteer register for clinical trials? This study aimed to investigate the relationship between the decision to volunteer in clinical trials for a COVID-19 vaccine and social capital, in a sample of healthy volunteers in Italy. Since people with higher social capital are characterized by greater trust, reciprocity, and social and political participation, we claim that it is key in leading individuals to actively take action to protect public health, and take a risk for the (potential) benefit not only of themselves, but for the entire community. In times of crisis like the current pandemic, the participation of healthy populations in clinical trials is crucial for the development of new vaccines that will help stop the pandemic. Since vaccine trials rely on volunteers, understanding the reasons that influence their willingness to participate is fundamental in order to inform future scientific decisions in (COVID-19 as well as other) vaccine trials and to identify possible social factors associated with vaccine uptake. This study was conducted through the administration of a questionnaire to healthy volunteers registered for clinical trial for a COVID-19 vaccine during phase 1, in the Unit Research Centre of ASST-Monza. Our final sample included 636 individuals, 318 cases (healthy volunteers) and 318 controls (general population), constructed using a matching procedure. The findings highlight the positive impact of social capital in the choice of healthy individuals to volunteer in COVID-19 vaccine clinical trials. Our findings make an empirical

contribution to the research on vaccines and its intersection with social behavior, and provide useful insights for policy makers to manage current and future outbreaks.

Covid-19 and management of chronic illnesses

The management of chronic illness in the Covid era: type 1 diabetes from the children's and adult's point of view

Francesca Zaltron (University of Eastern Piedmont), Anna Rosa Favretto (University of Turin), Stefania Fucci (University of Parma)

The spread of COVID-19 and the adopted containment measures have had important effects in the management of chronic illness due to the closure or re-organization of health services and the transformation of our daily lives. These effects include: difficulties in access and continuity of care, delays in emergency department access and reorganization and increasing allocation of care responsibilities at the family level (both patients and their families). These effects have had different outcomes in relation to the socioeconomic and cultural contexts, and have also covered the area of childhood chronic illness management.

This paper aims to present some results of a research that intends to explore, starting from the perspectives of the Childhood Studies and of the sociology of health at microsocial level, if and how Covid-19 has changed the daily practices of diabetes management in the family and in the relation with health services. In particular, we investigated: 1) possible changes in the recognition of the competencies that children attribute to themselves and that parents and healthcare professionals recognize them in the daily management of diabetes due to the pandemic event; 2) how these changes converge towards a child's representation as a vulnerable subject/to be protected or as an autonomous subject oriented towards an increasing self-responsibility.

The research used qualitative methods (Mosaic Approach) and involved 9 and 12-year-old children with type 1 diabetes belonging to Italian and foreign families living in Piedmont, their parents and healthcare workers of the hospitals where they are treated.

The results of this research are intended both to increase knowledge of a little-explored area, that of childhood chronic illnesses during the pandemic, by bringing into dialogue the point of view of children and that of adults, and to provide policy-makers with ideas for the redesign of community services dedicated to chronically ill children.

Telecardiology in Italy during the COVID-19 pandemic. A mixed picture

Alberto Ardisson (Università di Macerata)

Cardiovascular disease is the primary cause for death and invalidity worldwide. The COVID-19 pandemic has worsened the situation, leading to an increase in mortality. The extant literature detected two kinds of consequences provoked by COVID-19 in this domain: direct and indirect. We focus on the latter, namely on the reduced access to healthcare services. In this sense, some authors have described this phenomenon as 'collateral damages' (Kiss et al., 2021), or indirect toll (Wadhera et al., 2021). Kiss and colleagues (2021, p. 25) reported a 40-50% reduction in hospital admissions for acute coronary syndrome (ACS) and a 12-40% reduction for stroke emergencies.

Telecardiology represented one strategy to deal with this problem and support patients with cardiovascular conditions (e.g., Neubeck et al., 2020; Ploux et al., 2021; Tersalvi et al., 2020). In Italy, one of the first documents to enact a proper service of telecardiology was presented by May 2020. Even though this document analytically explained activities, organization, professional figures involved and processes, the actual experience in Italy was fragmented.

The research led to five main suggestions for future research:

1. A patchwork implementation; telecardiology was not implemented everywhere, and when it was, services and organizations followed different patterns;
2. Discrepancy between expectations on one hand, and actual concretization on the other;
3. The need to re-organize services and processes, also identifying specific professional figures;

4. Trade-off between face-to-face visits and online visits;
5. Different skills required of healthcare professionals for conducting online meetings, also due to average age of patients, potential geographical and generational digital divide.

Generally speaking, in Italy, telecardiology did not express its whole potential and individual initiatives prevailed over organic policies. While the COVID-19 pandemic could contribute to an important shift towards its development, for it to become reality, a stronger commitment of the Central and Regional political and healthcare institutions is needed.

The caring process of caregiver-mediators and health professionals: reconfiguring care according to a posthuman and sociomaterial vision

Elisa Castellaccio (Università di Bologna)

The research proposes reflections on the concept of organization and care in the health care context. The role of the caregiver is to mediate the practices of care and management of patients in healthcare facilities in order to achieve the most appropriate care. During the pandemic, the system of synergy between inside and outside of the facilities had to find other ways of collaboration.

According to the strong sociomaterialism of knowledge, in organizational processes, knowledge and practices are "equivalent" to each other: they are practices of community in which learning takes place through social relations between humans and the material world. The posthuman approach considers caring as a social relationship between professionals and caregivers. Caring is a situated and collective competence, an emergent process composed of human bodies, tools, technologies, rules, non-humans and more-than-humans that performs an adaptive knowledge that continuously responds to the needs of the other. RSA are an example of caring because this knowledge emerges in everyday and organizational relationships oriented towards the care of patients.

The pandemic has redefined caring relationships and practices: professionals and caregivers managed to remain connected with the purpose of their action, through continuous negotiations between internal and external and with the rethinking of tasks. Maintaining organisational and caring relationships, also through the use of new digital mediums, has needed a continuous effort. The caring of professionals and caregiver-mediators is therefore open to a more dynamic and changing reflection, where reconfiguring organisations requires alliances, intra-actions, often involving multiple actors.

This research aims at investigating empirically (in an RSA of the Romagna territory) how the concept of caring is defined, focusing on how the agential responses of human and more-than-humans actors configure the organisation of care processes in the emergency context of the pandemic.

Even the future is no more what it was: Narrative medicine to strengthen the imaginative capacity to cope with a changing horizon

Guenda Bernegger (University of Applied Sciences and Arts of Southern Switzerland)

The pandemic confronted us with issues of uncertainty, risk, forecasting, prevention; with new, unprecedented and therefore hardly representable scenarios. It severely challenged imaginative capacities: the social and health context continues to change, making it difficult to develop in real time a lifelike representation of what is and a realistic anticipation of what will be. The pandemic shattered the feeling of trust, as the ability to anticipate showed its limits. It reduced the breadth of the horizon within which each person projects himself. It highlighted both the limits of our capacity for representation and the need to strengthen it, to give back to the subjects that feeling of control and agency necessary to stay anchored in their reality and to allow themselves to plan, albeit in uncertainty.

If the pandemic, like any crisis, has increased dualistic thinking, generated oppositions and created new categories of 'others', it has at the same time sharpened the awareness of a common vulnerability.

Living with uncertainty is a difficult posture, which requires giving up the temptation to wait for a newfound quiet in order to invest in new existential planning. However, this posture is familiar to those in the health field, particularly when confronted with chronic/genetic diseases – patients or caregivers.

It is precisely from narrative medicine that tools can be borrowed to acquire skills for coping with uncertainty. Through the use of narratives, particularly fictional ones, and by confronting a plurality of unique ways of dealing with the unknown, it enables the exercise of that very imagination which has proved to be fragile in our time. This way, it can strengthen resilience in the face of uncertainty, to nourish

the courage to represent possible horizons, actions and projects, even in the absence of guarantees, so as not to let uncertainty dominate and hinder action and planning.

Health and social workers

Decision-Making and Experiences of Gynecologists Regarding Second- and Third-Trimester Termination of Pregnancy

Fien De Meyer, Kim Beernaert, Kenneth Chambaere, Sigrid Sterckx, Sarah Van de Velde, Kristof Van Assche

Background: The Belgian law only permits terminations of pregnancy (TOP) beyond 14 weeks of amenorrhea on two health-related grounds: when there is a serious threat to the health of the pregnant woman, or when the child to be born will suffer from an extremely severe and incurable disease. Because these substantive requirements are not described in detail, the medical profession is in charge of interpreting them on a case-by-case basis. Yet, prenatal and maternal diagnoses and prognoses do not always lend themselves to clear-cut answers. In the current study, we investigate whether those in charge of clinical judgment consider multiple risk factors, including not only clinical but also non-clinical factors when advising the pregnant woman/couple on the TOP option.

Methods: A total of 23 in-depth interviews were conducted with gynecologists on second- and third-trimester TOPs under the Belgian legal framework. During data collection, we explored the decision-making processes and experiences of Flemish hospital gynecologists involved in second- and third-trimester termination of pregnancy. All interviews were conducted by two interviewers and were openly coded independently by two members of the research team.

Results: Preliminary results show that gynecologists factor in not only clinical features (e.g., the severity and prognosis of the fetal abnormality), but also non-clinical factors (e.g., perceived parental capacity, maternal substance abuse, maternal socioeconomic status, possibility to conceive again, maternal health literacy, etc), characteristics of the gynecologist (e.g., their gender, being a parent, own religious and ethical beliefs, professional experience), institutional factors, and timing-related factors (later timing, required TOP method, the viability of the fetus).

Conclusion: This study shows that not only clinical but also social and institutional factors are of relevance to gynecologists to grant a request for TOP in the 2nd or 3rd trimester.

Smooth operator? Coordinating care in cancer patient pathways (CPPs) in Norway

Erna Håland (Norwegian University of Science and Technology (NTNU)), Line Melby (Sintef)

Standardised national cancer patient pathways (CPPs) were introduced in Norway in 2015 to assure efficient and equal access to cancer diagnostics and care for all patients. The CPPs comprise the period from suspicion of cancer to the beginning of treatment, and describe steps, e.g. referral to specialist healthcare and tests that should be performed, in different phases of the pathway within specific time frames. The aim is to ensure that cancer patients experience a well-organised, coherent and predictable pathway without any non-medical delays. Similar initiatives have been introduced in Denmark and Sweden, and such care pathways are part of general trends across Europe regarding the organisation of care. A crucial part of the CPPs are patient coordinators. The coordinators (nurses or clerical workers) are responsible for the coordination of health personnel's clinical tasks across different departments (and sometimes hospitals), for communication with patients, and for administrative tasks (such as coding of patient data). Some of them also participate in multi-disciplinary team-meetings regarding diagnoses and follow-up of patients. The coordinators are often seen as the hub in the pathways by other groups of health personnel, and represent a new group in the organisation of care, thus of interest to investigate. In this paper, based on qualitative interviews with 15 coordinators from four hospitals, we explore how the coordinators work to coordinate care in the pathways. With the concepts of work and negotiated order from Strauss serving as a framework, we find that this position is less smooth and more complex than described in the official documents. The coordinators are assigned to, claim and refuse different tasks, and work to negotiate their role, responsibilities, status and legitimacy. We argue that more research is needed

to understand the complex work of the growing number of new coordinating actors in the healthcare system.

Applying anti-oppressive lens to analyze social work practices in the health/welfare system. Findings from an Italian research

Elena Allegri (University of Piemonte Orientale), Mara Sanfelici (University of Milano-Bicocca), Barbara Rosina (University of Piemonte Orientale)

Anti-oppressive perspective is becoming a central topic among medical sociological and social work matters, guiding the analysis of practices, services and policies and highlighting the importance of raising awareness about the multiple conflicting mandates of practitioners.

To deeply analyze this topic, our research team carried out a national research.

The aim was not to provide an objective description of the phenomenon, but to offer a first partial picture to consider the wider complex interaction of variables that lead to oppression and those that foster or hamper the possibility of growing as anti-oppressive professionals analyzing social workers' opinions about their 'political role' in fighting against oppression and discrimination, in the everyday practice within the social work agencies.

This study was guided by a mixed-methods approach: 1) 12 focus groups involving about 120 social workers employed in different settings (including healthcare services) organized to analyse structural and professional conditions that may induce or prevent anti-oppressive practices; 2) findings from qualitative phase were used to design an online survey- by a questionnaire composed of many Likert scale questions- conducted on a self-selected non-probabilistic sample of 3,887 Italian social workers in different settings. Quantitative data was analyzed using SPSS software for descriptive statistics.

Findings confirm that there is a gap between the 'perceived role' and what professionals can do in their everyday practice; moreover provide useful insights to explain tensions and ambiguities in social work practice.

Participants clearly explained their need to comply with procedures they find oppressive to users as the only way to ensure access to benefits and, at the same time, how they disagree with this way of doing social work.

Moreover, it emerged from the quantitative data how almost unanimous was the opinion about the power of professionals to ask for social change if involved in collective actions. Other findings concerning health services will be presented at ESHMS conference.

Unconscious Bias in European Health Care: preliminary results of a scoping review

Ursula Meidert, Godela Dönges, Thomas Bucher, Andreas Gerber-Grote – Zurich University of Applied Sciences School of Health Sciences

Introduction: Unconscious or implicit biases (UB) are associations or attitudes that reflexively and unknowingly alter our perceptions. UB can affect behavior, interactions, and decisions. In the health care setting UB can lead to adverse health outcomes for people affected (FitzGerald & Hurst, 2017; Staats et al. 2017). Numerous studies show the effect of UB on health care disparities in North America. These studies predominantly explored UB in relation to skin color or affiliation to an ethnic minority. The findings from these studies are not easily applicable to a European context as there are considerable differences in the social and health care systems, awareness of disparities, and history of oppression. Little is known about the UB amongst health care professionals and its impact on health care disparities in the European context.

Objective: The objective of this study is to obtain an overview of UB amongst trained health care professionals at a global level. For this conference we focus on UB in a European context.

Methods: A scoping review is conducted using the PCC framework. PubMed/MEDLINE, PsycINFO, PsycArticles, AMED and CINAHL Complete were searched for peer reviewed articles published between 2011 and 2021. Included were empirical studies assessing UB in trained health care professionals in relation to patients.

Results: A total of 5186 articles were found, 286 of which were duplicates. All articles were screened by two researchers for eligibility of inclusion. The screening process is currently ongoing. Results will be available at the conference. Preliminary findings show that UB in health care is not a well explored topic in Europe.

Discussion and Conclusion: Health care disparities and the role of UB need to be addressed to provide equal health care for everyone.

Vaccination hesitancy

Health Care Professionals, Vaccination and the Social Construction of Trust

Dino Numerato (Charles University)

Health care professionals and paediatricians are agreed to represent one of the most influential actors in vaccination programmes. They are commonly viewed as the most trustful actors among parents as well as among health authorities. However, this trust is not taken for granted and represents an outcome of complex social processes that we can observe within and across professional communities, in the everyday dynamics between paediatricians and parents, and in the interactions between health care professionals with policy-makers and controlling agencies. Against this backdrop, the aim of this contribution is to analyse the social processes contributing to the construction and reproduction of trust in paediatricians. The study is based on semi-structured interviews with two dozen paediatricians in the Czech Republic, where childhood vaccination is mandatory. By identifying different layers of trust, we explain that the social construction of trust is firmly intertwined with an alleged vision of homogenous professional identity, reinforced through high levels of professional control and reproduced thanks to the relations between professionals, policy-makers and expert bodies, notably vaccinologists. We concur that such a perspective commonly leaves unobserved an existing community of vaccine-hesitant professionals whose position has been marginalised in their professional community, yet not viewed as unfounded by some members of immunological or neurological professional communities. We conclude by stressing the need to analytically consider the internal heterogeneity of the paediatricians' community in the scholarly debates concerning vaccination.

A cross-national comparison of childhood vaccine hesitancy in Europe: the moderating impact of a "preventive lifestyle culture"

Esther Lermytte, Melissa Ceuterick, Katrijn Delaruelle, Piet Bracke – Ghent University

Childhood vaccination is one of the strongest primary preventive health measures. Despite the availability of vaccination services, many people still delay acceptance or refuse (some) vaccinations for their children. The continuum between complete acceptance and refusal of vaccination is referred to as vaccine hesitancy. Healthcare professionals (HCP's) are identified as crucial stakeholders in parental decision-making concerning childhood vaccination, as they form a trusted source of information and recommendation. Additionally, while HCP's are often referred to as proponents of vaccination, many studies overlook that some HCP's can be identified as vaccine hesitant themselves. For example, the literature has documented that physicians who use complementary and alternative medicine (CAM) in their practices, are generally less likely to recommend vaccination to their patients. This underscores the importance of understanding the perspectives of HCP's on childhood vaccination. To shed light on this, this article explores the knowledge and attitudes of HCP's concerning childhood vaccination and how this affects the manner in which they engage with vaccine hesitant parents.

This study consists of 39 semi-structured interviews with healthcare professionals in Flanders, Belgium. The interviews were conducted either online or face-to-face. The sample contains HCP's involved in communication about childhood vaccination and includes GP's, pediatricians, nurses, midwives and some CAM specialists. Interviews were analyzed using a thematic analysis.

Infrastructure of distrust: vaccination hesitancy among Russian parents

Ekaterina Borozdina (European University at St.Petersburg)

Russia was one of the first countries to develop its' own COVID-19 vaccine and to use it for the purposes of vaccination diplomacy. However, in terms of vaccination rates inside the country Russian achievements have been rather modest. In early 2021 - within eight months after the local watchdog registered the

vaccine - only 6% of Russian population received at least one dose of it. By January 2022, only around 47% of the population have been fully vaccinated.

While this paper does not directly address this puzzling hesitancy in relation to COVID-19 vaccination, it aims to discuss the broader topic of Russians' distrust in vaccines. The study relies on and contributes to two lines of academic research. First, by showing how vaccination hesitancy is grounded in the context of post-socialist healthcare it adds to the institutional explanation of vaccine refusal. In particular, the paper emphasizes how rapid and inconsistent healthcare reforms contribute to citizens' distrust toward medical services and give rise to several models of vaccination hesitancy – namely, political and consumerist critique of Russian healthcare institution. Second, following the STS approach in studies of medicine, the paper discusses how the persistency of these models is determined by the infrastructure of distrust – a network of organizations (kindergartens, medical facilities), experts and Internet resources that provides a turf for vaccination hesitant behavior.

The study relies on the materials of qualitative sociological research that was conducted in October 2019 – February 2021. In the frame of the project 30 interviews with professional middle-class parents, who avoid vaccinating their children were collected in major Russian cities of Moscow and St. Petersburg.

Methodological and practical pitfalls in recruiting vaccine-hesitant parents in Europe: insights from VAX-TRUST research project

Ana Patrícia Hilário (Instituto de Ciências Sociais da Universidade de Lisboa), Alice Scavarda (Università Degli Studi Di Torino), Alistair Anderson (University of Nottingham, UK), Dino Numerato (Univerzita Karlova), Esther Lermytte (Universiteit Gent), Jaroslava Marhankova (Univerzita Karlova), Joana Mendonça (Instituto de Ciências Sociais da Universidade de Lisboa), Johanna Nurmi (University of Turku), Luigi Gariglio (Università Degli Studi Di Torino), Mario Cardano (Università Degli Studi Di Torino), Paulina Polak (Uniwersytet Jagiellonski), Petra Auvinen (Tampere University), Pia Vuolanto (Tampere University), Piet Bracke (Universiteit Gent), Pru Hobson-West (University of Nottingham, UK), Tadeusz Rudek (Uniwersytet Jagiellonski)

The term 'vaccine-hesitant parents' broadly refers to parents who may either delay or refuse the vaccination of their children as recommended by local health authorities. Despite the growing public debate on vaccine hesitancy, there is insufficient in-depth data on vaccine-hesitant parents in Europe. One potential reason for this relative lack of research is that they represent a hard-to-reach population in terms of research. Extensive empirical evidence from seven European countries generated as part of the VAX.TRUST project suggests that vaccine-hesitant parents are hard-to-reach for several reasons. These include their potential vulnerability, in being subjected to discrimination or stigma and their relative lack of organisation, making identifying the relevant population challenging. While recruitment is an essential aspect of any research project, its challenges are rarely treated as the main focus of published literature. We intend to address this gap by describing the individual barriers to the participation of vaccine-hesitant parents in the development of in-depth interviews. The difficulties in reaching vaccine-hesitant parents were very much related with issues concerning trust as there appears to be a growing distrust on expertise which is extended to the work developed by researchers and their funding bodies. In addition, these difficulties have also been accentuated by the public debate around Covid-19 vaccination, in that this have increased parents' hesitance to participate in research. Findings from recruiting approximately 200 vaccine-hesitant parents in seven European countries suggest that flexible and culturally sensitive recruitment approaches should be developed. Indeed, different sampling strategies (e.g., behavior and evidential sampling) have been applied to address context sensitivity. The paper provides a map and critical commentary on the barriers to participation from vaccine-hesitant parents, as well as present the strategies developed for overcoming these barriers to enhance participation.

Work and health 3

Contribution of compositional changes in the workforce to sickness absence trends in Finland

Taina Leinonen (Finnish Institute of Occupational Health (FIOH)), Elli Hartikainen (FIOH), Laura Salonen (FIOH), Eira Viikari-Juntura (FIOH), Svetlana Solovieva (FIOH)

Background: On the long term, sickness absences have decreased in Finland. Factors driving this trend are not fully understood.

Objectives: We assessed whether trends sickness absences are explained by observed and unobserved compositional changes in the workforce.

Methods: Utilising register-based panel data on Finnish private and public sector employees aged 30-62, we examined annual changes in the onset of compensated full sickness absence (granted after 10 working days) in the period 2005-2016. We applied random effects models adjusting for changes in observed sociodemographic factors of the employed population. We also applied fixed effects models, with corrections of the estimates for cohort ageing, to additionally account for unobserved time-invariant characteristics of individuals belonging to the employed population over the years.

Results: Of the observed factors, increases in educational level partly explained the decreasing trend in sickness absences, and more so among women than men and among private than public sector employees. Changes in occupational class and industrial sector played little role in the public sector and only slightly further explained the sickness absence trend in the private sector. The decreasing trend in sickness absences appeared to be largely explained when further accounting for unobserved individual characteristics.

Conclusions: The decrease in sickness absences appeared to be more strongly influenced by compositional changes in factors that are established before fully entering the labour market — such as educational level as well as unmeasured individual characteristics that remain unchanged after childhood and early adulthood — than in the work environment or other factors contributing at working age. The contribution of these compositional changes may have been driven either by actual increases in the prevalence of factors that reduce the likelihood of sickness absence or by the exclusion of individuals with a high likelihood of sickness absence from the workforce.

Working life expectancy and working years lost after part- and full-time sickness absence in Finland

Elli Hartikainen, Svetlana Solovieva, Eira Viikari-Juntura, Taina Leinonen – The Finnish Institute of Occupational Health

Background: Part-time sickness absence (pSA) instead of full-time sickness absence (fSA) is known to reduce the duration of sickness absence (SA), enhance return to work and increase subsequent work participation. Yet, its effect on the total length of working lives has remained unclear.

Objectives: We aimed to carry out a quasi-experiment to assess the impact of the use of pSA instead of fSA on the length of working lives.

Methods: We used register data on a 70% random sample of the working-age population living in Finland on 31 December 2007 to form propensity score matched groups of users of pSA and fSA and to calculate their working life expectancy (WLE) and working years lost (WYL) at age 30. We applied the Sullivan method based on daily measured time spent at work and other labor market statuses followed up over a four-year period until the end of year 2017. We restricted our study population to private and public sector employees with SA due to mental disorders and musculoskeletal diseases, i.e., the diagnostic groups where pSA has been primarily used.

Results: Among both genders, the pSA group had significantly higher WLE at age 30 years than the fSA group, with largest differences seen in men, mental disorders, and the private sector. Furthermore, the pSA group had fewer WYL due to time-restricted work-disability, unemployment, other non-employment, disability retirement and other retirement but more expected years with partial work-disability than the fSA group.

Conclusions: The use of pSA instead of fSA appears to lengthen working lives specially among men, persons with mental disorders and private sector employees.

Socioeconomic circumstances and food habits after transition to statutory retirement: the Helsinki Health Study

Jatta Salmela 1, Eva Roos 2,3, Ossi Rahkonen 1, Anne Kouvonen 1,4, Tea Lallukka 1

1 University of Helsinki

2 Uppsala University

3 Folkhälsan Research Center, Helsinki

4 Queen's University Belfast

Background: Socioeconomic differences in food habits are broadly observed in adults, such as disadvantaged socioeconomic circumstances being associated with lower consumption of fruit and vegetables. Only limited research exists, however, on socioeconomic differences in food habits after transition to statutory retirement.

Objective: This study examined the associations between multiple socioeconomic circumstances and recommended food habits after transition to statutory retirement among former municipal employees.

Methods: We used data from the Helsinki Health Study cohort, which included four questionnaire surveys during 2000-2017. At baseline (2000-2002), the respondents were 40-60-year-old employees of the City of Helsinki, Finland (N=8960, 80% women). This study included 2810 women and 734 men who retired during the follow-up. We used five socioeconomic measures (participant's education, former occupational class, current household income, housing tenure, and financial difficulties) and seven measures of food habits (consumption of fresh vegetables, fruit or berries, dark bread, skimmed milk products, fish, fat spread, and cooking oil) from a 14-item food frequency questionnaire. We analysed the associations using binary logistic regression models.

Results: Of women, 49% had several (5-7) recommended food habits, and of men, 33%. Among women, advantaged socioeconomic circumstances were associated with recommended food habits, regardless of the socioeconomic measure used. The strongest associations were found for occupational class (e.g., for professionals/semi-professionals, OR 2.21, 95% CI 1.67-2.94). Among men, being an owner-occupier (OR 2.53, 95% CI 1.53-4.18) and the lack of financial difficulties (OR 2.46, 95% CI 1.64-3.70), in particular, were associated with several recommended food habits. The associations remained after further adjustments.

Conclusions: Transition to statutory retirement is a key turning point in the life course; one that can enable individuals to make changes to their lifestyles. This study suggests, however, that socioeconomic differences in food habits are persistent, thus, not easily to be reduced in life transitions such as retirement.

Social class trajectories in physical functioning among employed women facing retirement

Lahelma Eero, Lahti Jouni, Pietiläinen Olli, Rahkonen Ossi, Lallukka Tea – University of Helsinki

Background: Social class differences in health trajectories among ageing female employees are poorly understood. Furthermore, factors shaping these trajectories remain to be established. We examined social class trajectories in physical functioning among female employees 10 years before and after transition to mandatory or disability retirement.

Methods: Helsinki Health Study cohort data were used. Baseline data in 2000-02 included 7168 women, aged 40-60, employed by the City of Helsinki (response 67%). Follow up data were collected in 2007, 2012 and 2017 (response 78-83%). The outcome was RAND-36 Physical Functioning subscale, ranging 0-100, with higher scores indicating better functioning. Social classes included upper and lower class, and covariates age, working conditions and health behaviours. Mixed-effect growth curve models were used to estimate functioning scores and their 95% confidence intervals (CI) in relation to retirement (+/-10 years).

Results: Those ending to mandatory retirement, showed minor class differences in functioning ten years before retirement transition, with upper class scoring 92.9 (CI 90.3-95.8) and lower class 91.1 (CI 88.4-93.6). Functioning declined and class differences widened, and were 86.1 (85.2-86.9) vs. 82.2 (81.5-83.0) at retirement transition. Subsequently functioning declined and differences slightly widened. Those ending to disability retirement, lacked class differences in functioning ten years before retirement, with upper class scoring 89.5 (83.1-85.9) and lower class 90.5 (85.7-95.5). Functioning scores declined with emerging class differences, and were 70.3 (67.8-72.9) vs. 62.2 (60.4-63.9) at retirement transition. Subsequently, the decline plateaued and class differences narrowed. Working conditions and health behaviours had minor effects on the class trajectories.

Conclusions: Class differences in physical functioning were found among female employees before and after transition to mandatory retirement, with a simultaneous decline in functioning. Among those ending to disability retirement, the decline in functioning was steeper and large class differences were found around the retirement transition.