this field to document its use or explore its theoretical underpinnings.

This presentation will outline the design and development of an ambitious programme of QL research, the Health Utilisation Dynamics Study, directed by PATH. This is a qualitative 'add on' to a large-scale evaluation of the Malaria Vaccine Implementation Programme in Ghana, Kenya and Malawi. QL enquiry is uniquely placed to investigate health and illness biographies, changing health policies, the delivery, uptake and sustainability of new treatments, and to produce dynamic case studies of local health care systems. These are central themes in this study. In particular, we will explore innovative ways to discern causal mechanisms across the micro-macro plane. Our aim is to reflect the dynamic, open-ended and fluid nature of social actions, reactions, effects and counter effects in complex systems of change.

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04 VIEWS OF KEY STAKEHOLDERS IN SAUDI ARABIA ON PROTECTIVE SEXUAL HEALTH STRATEGIES

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10.1136/bmjopen-2019-QHRN.4

Background Approaches to sexual health education diverge between promoting abstinence-until-marriage and supporting harm reduction (HR). The latter acknowledges that adolescence is a period of risk taking and aims to reduce the harms of STIs and unplanned pregnancies. In Saudi Arabia, there is no sexual health education and the sensitivities surrounding sex-related issues in a country that rules exclusively by Islamic laws, creates challenges for the provision of sexual and reproductive health information. This study aimed to explore the views of key stakeholders in Saudi Arabia on the relative merits of adopting an abstinence-only approach or HR strategies within a proposed sexual health education program and to examine which approaches are likely to be feasible in Saudi Arabia, and by extension in other Muslim communities around the world.

Methods In this qualitative study, semi-structured interviews with 28 participants were conducted. Four different groups were targeted, policymakers (n=6); healthcare providers (n=10); teachers (n=9); and religious scholars (n=2).

Results The need for sexual health education for adolescents was universally acknowledged by participants. Stakeholders' views spanned a spectrum rather than fitting in clear cut categories of adopting abstinence vs HR strategies. The concept of harm was conceptualized, contrary to the conventional public health discourse, as strictly health-related but focused on social and religious harm. Those who opposed HR strategies believed that these messages can encourage premarital sexual activity and hence damage traditional family norms. While those who leaned towards adopting HR strategies viewed it as a necessary step in preventing infectious harm from pervading the rest of society. Opinions varied on who should formulate the program and in what context it should be delivered.

Conclusion The results showed that understanding the local interpretations of harm and HR strategies is vital to formulating a culturally sensitive sexual health education program that can expand beyond international public health definitions and messaging.

05 COMPETING EXPECTATIONS: ADVANCED CARE PLANNING FROM THE PERSPECTIVES OF DOCTORS AND NURSES IN THE SOUTH-EAST ASIAN CONTEXT

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10.1136/bmjopen-2019-QHRN.5

Introduction Singapore has the fastest ageing population in the world, with the number of individuals aged 65 and older increasing to an estimated 9 00 000 in the next thirty years. Corresponding demand for health and social care among the aged could surge, especially in terms of palliative care, which will more than double by 2020 to over 10 000 patients per year. In response, the national Advance Care Planning (ACP) programme was launched in Singapore in 2011 with the purpose of improving quality of palliative care through enabling patients to express their end-of-life care needs and wishes to healthcare professionals and caregivers. The purpose of this study is to examine the perspectives of doctors and nurses on facilitation of end-of-life care conversations and decision-making in Singapore

Methods Eight focus group discussions and dyadic interviews were conducted with physicians and nurses. Discussions were facilitated by members of the research team and focused on participants understanding of their role as a healthcare professional in the context of end-of-life care and their adherence to precepts of ACP. Transcripts and audio recordings of FGDs were stored digitally and analysed through QSR NVivo. Themes emanating from transcripts were identified through a framework analysis approach.

Results Facilitation of end-of-life conversations and decision-making processes were influenced by life and death culture. The ACP programme was mostly conducted in acute medical settings, wherein the prevailing institutional philosophy was that of the biomedical model of care. Consequently, the organisation of services was primarily focused on curation, with doctors playing a leading role in terms of decisions on patients' care. Nurses were often disempowered in terms of making decisions on patients' pathways through care.

Conclusion End-of-life conversations were often conducted in acute care settings, in which the structure of services were often hierarchical and predicated on the biomedical model of care.

06 PREVENT DISSENT: IMPLICATIONS OF NEW COUNTER-TERRORISM DUTY ON PRACTITIONER FREEDOM OF CONSCIENCE

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10.1136/bmjopen-2019-QHRN.6

Background The PREVENT policy introduced a duty for health professionals to identify and report patients they suspect may be vulnerable towards radicalisation. Research on