school before completion in Bangladesh which negatively influences their mental well-being. The study adopted a quasi-experimental action evaluation strategy to investigate the role of an improved school landscape on children’s subjective well-being. A Government primary school ground in Bangladesh was co-designed and developed which was used as a context and tool for formal teaching and informal play. The intervention included participatory design and development of the school ground, use of the school ground for learning of formal curriculum and also for informal play that took place between November 2014 and May 2015. Focus groups discussion were conducted with children (n=29), teachers (n=11) and parents (n=6) both before and after the intervention in order to understand whether and how a designed environment can have an impact on children’s teaching, learning and well-being. Semi-structured were conducted with teachers (n=2) who led children outdoors for teaching of science and mathematics. The findings suggest that the new schoolyard offered increased opportunities for exploration of the environment, physical activity and interaction with peers which positively influenced children’s well-being.

Conclusions VR exergames prove a stimulating way to engage in physical activity and a way to distract from negative perceptions of performing exercise. Future research calls for designing games that will stimulate the players in a realistic, intuitive, gradual step-wise way while meeting players’ needs.

P20 RATIONALITIES OF POSTPONING SCREENING: WOMEN’S INTERPRETATIONS OF CANCER RISKS AND PREVENTION

Background In mainstream public health theory and praxis, citizens’ ability to comply to healthy and preventative behaviour is often interpreted to be a question of knowledge. However, knowledge is complex, including a blend of scientific and medical knowledge, cultural attitudes, individual convictions and ignorance, in addition to personal uncertainties. Thus, in the context of cervical screening attendance, social constructions of knowledge play a pivotal role in the articulation of rationalities towards screening attendance.

Aim To generate a critical understanding of the social construction of knowledge about cervical cancer risks and prevention, in order to better understand why women in Norway may postpone cervical screening.

Methods We have completed 11 focus group interviews (FGIs) in Norway. In nine of the FGI, women who had postponed cervical screening participated. The FGI centred around six statements about cervical screening attendance.

Results Two important controversies were prominent in women’s reflection about cervical cancer risk and prevention. First, cervical cancer was throughout the discussions understood as random, but risk was modified by lifestyle, stress, genetics, and sexual risk behaviour. Secondly, women reflected conflicting views on the purpose of screening. Screening was mainly understood as diagnostic, and to less degree as prevention and for data-gathering purposes. In further analysis, we analyse how these different opinions are linked to attitudes of cancer fatalism and cancer fear, as well as cancer stigma and blame.

Conclusion Construction of knowledge of cancer risk and prevention has significance for understanding ambivalence regarding screening attendance in Norway.

P21 MY IDENTITY HAD JUST BEEN COMPLETELY DEVASTATED – EXPERIENCES OF ADOLESCENT AND YOUNG ADULTS WITH

Background Treatment of sarcoma often involves long-term hospitalisation, extensive surgery, loss of mobility, complex rehabilitation programmes, and is in many cases accompanied by low expectations of survival. Subsequently, poorer patient-
reported outcomes are recorded in comparison to patients with other cancer types. Studies examining psychosocial functioning of those affected by sarcoma are needed to improve wellbeing.

**Aim** This study aims to explore the experiences of adolescents and young adults (AYA) with sarcoma.

**Methods** A total of 35 AYA diagnosed with soft-tissue and bone sarcoma (19 females) aged 13–39 years old (M=28.8; SD=6.7) participated in semi-structured telephone/fac-to-face interviews (25 diagnosed within the previous 4 years; 4 had an amputation). Interviews were recorded and transcribed verbatim and analysed using Framework analysis.

**Results** The quality of life domains of physical, emotional and social wellbeing were the overarching themes of analysis. In addition to descriptions of the impact of sarcoma on these domains, results showed three influencing factors of AYA experience: healthcare professionals’ role; social support and coping strategies. AYA described experiences of being reassured and receiving information at the right level from professionals. Healthcare professionals’ expertise and accessibility was valued by AYA. Family, friends and interactions with peers with cancer were core elements of support. Adaptation after diagnosis, treatment and/or surgery was influenced by the way AYA dealt with stress and adversity, with some struggling with finding their ‘new normal’. Rehabilitation and therapy/counselling services had a considerable role in AYA’s physical and emotional wellbeing; however access to these services was not equitable.

**Conclusions** A sarcoma diagnosis disrupts normality and initiates a process of re-examining expectations for self, daily life, and future hopes and plans. This study shows the impact of sarcoma on AYA’s wellbeing and identity development; protective/risk factors identified could guide future support interventions for AYA with sarcoma.