Conclusions Through enabling examination of the changing relations between the representation of cancer and the social, economic and political contexts within which they are embedded, Foucault's archaeological approach provides an innovative and valuable tool to understand contemporary conceptualisations of cancer, responsibility and risk as well as different forms of CI.

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P32 USING SOCIAL MEDIA AS A RECRUITMENT STRATEGY TO RECRUIT PATIENTS, GPS AND PHARMACISTS

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10.1136/bmjopen-2019-QHRN.66

Background Social media platforms occupy an increasingly significant role in providing learning and support for people to share healthcare experiences,¹ yet little is known about their potential as participant recruitment avenues into health research.²

Aim To develop understanding of the role of social media as a recruitment tool, this paper presents conceptual and methodological insights, as well as early findings from a study using social media alongside traditional recruitment pathways,¹ to explore patient, General Practitioner and Pharmacist experiences of the local implementation of a national led digital technology. **Methods** Using a combined recruitment strategy comprising of social media and traditional recruitment pathways, patients, General Practitioners and Pharmacists are being recruited into a mixed method study, involving online surveys and telephone interviews, to explore their experiences of the local implementation of a national led digital technology.

Results Key insights include:

- Methodological design, development and implementation of a social media recruitment tool
- Barriers and enablers of using social media in comparison to traditional recruitment pathways
- Complexities of context: using a recruitment tool with an international reach to recruit locally
- Early exploratory findings and relationship to recruitment strategy
- Engagement and participation of different social media users: patients, General Practitioners and Pharmacists
- Implications for future research using social media as a recruitment tool.

Conclusions Key insights can contribute towards learning about the use of social media as a recruitment tool in health research involving digital technologies and consideration of complex interrelated methodological, contextual, relational, ethical and participation issues.

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P33 LIFE CYCLE OF HOMELESS: THE ROLE OF INTERPERSONAL RELATIONSHIPS TO HEALTH PRACTICES FOR DRUG USE

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10.1136/bmjopen-2019-QHRN.67

Background To underlie new practices towards health promotion and well-being for homeless people and drug users, it is necessary to broaden the focus to interpersonal relationships throughout their life cycle. The Community Treatment is an innovative approach, as it proposes a change in perspective. Few studies have highlighted the process of human development and interpersonal relationships as a resource for new health practices.

Objectives To understand how interpersonal relationships and substance use are modified throughout the life cycle of homeless people in urban regions of São Paulo.

Methods This study followed a qualitative methodology and took place in the biggest city of Brazil, São Paulo, in 2017/2018. Three approaches were used: participant observation, formal interviews with key informants (n=19) and homeless adults substance users (n=14) using the timeline technique, with a total sample of 33 participants. All interviews were audiotaped and observations were registered in field diaries. The audio files were full transcribed and submitted to content analysis. All procedures were aligned to COREQ (Consolidated Criteria for Reporting Qualitative Research) and SRQR (Standards for Reporting Qualitative Research) guidelines.

Results Findings of the timeline technique and observational study show that the life cycle of homeless people and substance users are marked by several family bonds broken in two moments: childhood and adolescence. Living in the streets and drug use are connected with these broken ties. Themes related to LGBTT experiences appeared with considerable frequency and are also connected to these ruptures.

Conclusions Triangulation of data indicate that it is necessary to consider these broken bonds when creating new interventions for homeless drug users. The Community Treatment is an approach that considers all vulnerabilities found in the life cycle of this populations.

P34 PARTICIPATORY RESEARCH METHODS IN EVIDENCE BASED LOCAL EMPOWERMENT FOR THE IMPROVEMENT OF ROMA HEALTH

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10.1136/bmjopen-2019-QHRN.68

In Hungary – as in other European countries – Roma experience significantly worse health outcomes than the general population. Limited access to health care services does not fully explain this gap in the Roma health status. Social and environmental determinants such as bad housing condition, limited

public infrastructure, environmental harms, geographic and social exclusion are very much related to the health condition of Roma in East-Central-Europe. When it comes to closing the health gap between Roma and non-Roma, evidence suggests that social determinants of health—social, economic, cultural, political, and environmental factors—play a more significant role than their limited access to health care services.

Our project's main objective is to collect relevant evidence on social and environmental determinants of Roma health based on fieldwork research in a certain Hungarian location, to strengthen understanding of the necessity of research based evidence in influencing relevant policies and mobilizing local Roma community for public participation in the improvement of their health outcomes. Research activities connected to our project will start on October 2018.

Participatory methods will be used for fieldwork research, including interviews, mental mapping and participatory observation of the everyday life of neighbourhood located household's members' practices connected to housework and their relationship to their environment. We will focus on the neighbourhood's environment, public infrastructure and services' availability, accessibility and affordability. There will be in-depth interviews and mental mapping with residents and other local stakeholders connected to environmental issues effecting everyday health conditions, getting an insight of the neighborhood's hidden environmental and social factors as proximities of different environmental hazards, forms of social exclusion and inefficient public services.

Based on the research participatory and mediation process will be started between neighbourhood's residents and other relevant stakeholders – local councils, public utility and health services, public institutions – strengthening evidence-based local empowerment and advocacy for public health.

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Our foundation's research project called Water Inclusion: <https://pad.network/projects/water-inclusion/>

Our project focused on the limited access to affordable and quality water and sanitation due to interference of social factors. Our research has been unfolding details of water usage accessibility, affordability and quality challenges in socially excluded neighborhoods. PAD had investigated possible, socially and environmentally conscious and sustainable local community sanitary and public service solutions – e.g. community sanitary blocks – through participatory planning and implementing processes.

Our new research project connected to Roma public health will be used and developed some of the methods used

in our previous Water Inclusion project but in a broader perspective.

P35

TRADITIONAL HEALERS AND TRUSTING COMMUNITIES IN GHANA: A CONSTRUCTIVIST GROUNDED THEORY APPROACH

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10.1136/bmjopen-2019-QHRN.69

Background In Ghana, Traditional herbal and Western medicine exist in parallel with underlying contradictions between their values and beliefs. Traditional medicine is ingrained in the ancestral and cultural history of most Ghanaian communities with an estimated 70%–80% of the population using herbal medicine alone or alongside western medicine.

Aim/Objective To explore the experiences and motivations of cancer patients to use traditional herbal medicine and traditional herbal practitioners (THPs) in Ghana in parallel to conventional medicine.

Methods Semi-structured interviews with adult cancer patients aged 25–76 years (n=35) and ethnographic observations of their staff interactions and engagement with patients at the participating hospitals and herbal clinics. The interviews were audio recorded on a digital recorder and formed the core data for the analysis, using coding and constant comparison.

Results Five main categories reflected the patients' motivations to use traditional medicine: *Tradition: Ancestral and cultural connections, Linguistic comprehension, Community and relational accountability, Reputable virtues of the THPs, Power disparity and lack of trust in doctors*. The present findings highlight the profound subtleties of trust in the THPs because of shared traditions and ancestral quintessence. Participants were found to trust the THPs because they felt they had a collective community, language and relational accountability to them and because of their renowned reputation of good character and healing practices. In contrast, there was a lack of trust in conventional medical practitioners because of inequalities of power between doctors and patients, economic disparity, and cultural divide brought about by doctors' European or Western foreign-like manner and language during the clinical encounter

Conclusions The study provides evidence that the motivations of cancer patients in their use of herbal medicine in Ghana are more profound and complex than mere socio-economic factors that most previous studies identified.