

**P2-358 HIV/AIDS STATUS IN A HILL-TRIBE POPULATION, THAILAND**

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**Introduction** We aimed to describe the current HIV/AIDS situation, sexual behaviours, access to care and survival time in the six main hill-tribe people in Thailand; Akha, Lahu, Karean, Mong, Yao, and Lisaw. This is where much of the epidemic of HIV/AIDS in Thailand occurs.

**Materials and Methods** Using a retrospective cohort study design we systematically extracted data from the medical records of hill-tribe HIV/AIDS patients from a total of 37 hospitals. We also studied risk factors by administering a questionnaire delivered by fact-to-fact interview. The questionnaires had been tested for validity and reliability. Statistic analyses were contribute by Survival Analysis and Cox-Regression

**Results** A total of 608 cases came from 37 hospitals. Only 581 cases were included in the analysis. 64.9% of cases were female, 39.6% aged 26–35 years at diagnosis, 94% infected from their spouse, 22.6% were infected by sexual intercourse and 6.2% by IDU. 48.9% received ARV and 47.1% received OI drug. Survival analysis found that those who received ARV had a 50% survival time of 12.4 years ( $p < 0.001$ ) and those who received OI had a 50% survival time of 6.0 years ( $p < 0.001$ ). Cox-Regression showed that having receiving ARV, OI, female sex, religion were factors favouring improved survival time. In addition, among men: 19% gave a history of IDU, 63% had their first sexual experience below age 20 years, 23% had 2 or more partners, and 27% reported using condoms. Among females: 10% had work as masseuses, and 3% as sex workers.

**Conclusions** This study shows that a given our knowledge of HIV/AIDS there is scope for peer education among hill-tribe people, especially with regard to promoting condom use.

**P2-359 TOTAL AND CHRONIC DISEASE MEDIATED EFFECTS OF EDUCATIONAL ATTAINMENT ON MULTI-DIMENSIONAL HEALTH SCORE**

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**Introduction** Education, chronic disease, and other factors such as occupation play a role in how one perceives and reports their health. The interrelationships of these factors are not well understood; specifically it is unclear how much of the education contribution can be explained through other factors such as chronic disease and whether this varies by world region and by gender. In this paper we quantified the total and mediated associations between educational attainment and multi-dimensional health score spanning eight health domains, across the world stratified by world region, national income, and gender.

**Methods** Using hierarchical regression methods to analyse World Health Survey data on 146561 individuals in 51 countries, we estimated the influence of education on a multidimensional health score that is calculated using self-reported assessments of eight global states of general health. We quantified both the total effects and effects not mediated by chronic disease status and occupation, with(out) stratification by world region, national income, and participant gender.

**Results** We found that individuals with no formal schooling consistently reported the lowest levels of health. How occupation and chronic disease mediated this association varied widely by world region and national income. Chronic disease status and occupation

accounted for much more of this relationship in developed regions and higher income countries. On average, the results for women reflected an increased importance of education on health score compared with men.

**Conclusion** Western and wealthy countries and regions and women appear to be more successful at converting their educational attainment into better health.

**P2-360 THE INFLUENCE OF HEALTH STATE DOMAINS ON OVERALL SELF-REPORTED GENERAL HEALTH AMONG INDIVIDUALS IN 68 COUNTRIES**

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**Introduction** Self-reported health is commonly used as an outcome in health and social science research, but how general health is related to specific health states or functional domains such mobility, affect and cognition remains unclear. Also, there is a paucity of research on whether, if any, such associations differ across world regions and countries. In this paper, we explore the influence of individual health domains, such as vision and mobility on self-reported general health, and how this influence may vary across world regions as categorised by geography, economy, and mortality.

**Methods** Applying multilevel regression methods to World Health Survey data on 255 000 individuals in 68 countries, we quantified associations between eight detailed health state domains (namely, mobility, self-care, pain, cognition, interpersonal activities, vision, sleep, and affect) and self-reported general health with(out) stratification by world region, national income grouping, and country mortality.

**Results** Overall, by region, and by income, levels of mobility and pain consistently had the most influence on general health score. For other health domains, similar patterns of influence were observed in Europe, the Americas, and the Middle East, but these patterns differed in Sub-Saharan Africa, Asia and the Pacific Islands. Differences in health state influence were also evident when comparing lower middle and low income countries with higher income countries.

**Conclusion** Although reduced mobility and increased levels of pain consistently predict self-assessed general health scores in all areas of the world, there are substantial differences, by geography and economic development, in how other health states impact general health.

**P2-361 DEMAND AND SUPPLY SIDE DETERMINANTS CAUSING LOW ORS AND ZINC USE RATE FOR DIARRHOEA TREATMENT AMONG CHILDREN IN UTTAR PRADESH (UP), INDIA**

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**Introduction** Several studies have established the significance of ORS and Zinc in management of diarrhoea—ORS in terms of reducing the level of dehydration and Zinc for reducing the frequency, severity, duration and future episodes of diarrhoea - thereby contributing towards reducing child-mortality. The state of UP has an overall ORT use rate of only 29.2% in contrast to 88.4% in Meghalaya state and national average of 53.6%.<sup>1</sup>

**Objective** The main objective of this analysis is to identify the bottlenecks in prescription, accessibility, availability and utilisation of ORS and Zinc for management of diarrhoea in the community in the state of UP.