a minimum of 6 sub-centres. 2 sub-centres from the PHCs which are already selected for the study is selected randomly and studied.

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Introduction Unintentional injuries are a leading cause of death among children and young adults. Over 875 000 children ≤18 years of age die annually in the world as a result of injuries, mostly in low- and middle-income countries. Objective is to describe epidemiology of childhood unintentional home injuries in Karachi, Pakistan.
Methods This was secondary analysis of a childhood unintentional injury surveillance database setup in the emergency department of four major hospitals of Karachi Pakistan for 3 months. Karachi, the largest city of Pakistan, has a population of about 17 million (43.8% are children). Caretakers of children under 12 years of age presenting to emergency department with an unintentional injury were interviewed. Analysis was done on the number of home injuries in this sample and the associated risk factors.
Results The surveillance included 566 injured children of which 409 (72%) injuries had taken place at/around home. Of 409 children, 66% were males; 54% were between 5 and 11 years of age. Injuries commonly occurred during play time (51%). Fall (59%), dog bites (11%) and burns (9%) were the commonest mechanisms of injury. Falls occurred most often from stairs/steps and burns due to hot liquids. The majority of the children (78%) were directly discharged from emergency room with predicted short term disability (42%). There were 2 deaths in the ED both due to falls.
Conclusion A majority of these unintentional childhood injuries occur at home frequently involving males. Falls, dog bites and burns are the most common types of unintentional childhood home injuries.

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Introduction To assess health inequalities is an important issue in a country like Brazil with one of the highest income inequities in the world. The aim of this study was to analyse the magnitude of social inequalities in mortality among population aged 20 and older, living in a city of one million people in Southeastern Brazil, in 2004–2008.
Methods The 49 areas of healthcare units were classified into 3 homogeneous strata using 2000 Census small-area socioeconomic indicators. Mortality rates by age group, cause of death (ICD10 codes) and sex were calculated for each stratum. Rates ratio (RR) and 95% CIs were estimated for low and middle stratum in relation to the highest.
Results In general, age-group-specific rates had a social gradient with declining risks of death from higher to lower stratum. In overall mortality, inequalities among strata were statistically significant. Inequalities between Low and High stratum were higher among females, except for external causes of injury. The greatest differences among males were recorded for homicides (RR=2.4), traffic accidents (RR=1.6) and cerebrovascular diseases (RR=1.6). Among women, cerebrovascular and chronic lower respiratory diseases showed the greatest inequalities, both with risk of death 2.2

times higher in the lower stratum. Only breast cancer had a reversed social gradient.
Conclusion Since unfavourable living conditions are related to unhealthy behaviours and to difficulties in access to health services, to reduce the health disparities, the National Health System should assure greater access to health services and promotion of healthier lifestyle among vulnerable groups.

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Introduction Anxiety is currently one of the most prevalent mental health problems. Depression and binge eating are both associated with it. The aim of this study was to evaluate the prevalence of anxiety and associated factors in Brazilian adults.
Methods and Materials A population-based cross-sectional study in Pelotas, southern Brazil. The sample was selected using a multiple stage protocol and included adults aged 20–69 years.
Results We interviewed 972 individuals, 57.0% were female. The prevalence of anxiety was 57.6%. Women (p=0.001) and individuals aged 20–29 years (p=0.003) were more likely than their counterparts to have anxiety. No associations were found according to marital status, socioeconomic status, physical activity and body mass index. The prevalence of anxiety in current smokers was 67.5% whereas the prevalence among non-smokers was 53.6% (p<0.001). Individuals with self-rated fair or poor health were more likely to have anxiety (p<0.001) as compared to those with better self-rated health.
Conclusions Knowing the population groups at higher risk for anxiety is important for the promotion of positive mental health actions. The association we found between anxiety and smoking is consistent with the recent literature.

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Aims The aim of this study was to investigate the epidemiologic features, survival analyses of colorectal cancer (CRC) and some related factors in a hospital of Tehran.
Subjects and Methods The type of study is case series descriptive study. 241 patients who registered from 2004 to 2009 were identified. Data collection was based on medical records and was completed using phone call. Survival analyses were constructed using the Kaplan–meier method. Multivariate analyses of related factors were conducted using Cox-regression analyses.
Results Mean age of participants was 59.7 year (SD=14.7), 22.4% were smoker and 24.5% have had family history of CRC. The rectum cancer was the common anatomic site of CRC and the majority of cancer grading were well differentiated status. 83.8% of participants were alive. The mean survival time for all patients was 56.5 months (±1.9). The lowest and highest mean survival time were 47.7 (±5.8) for cancer of secum and 61.1 (±3.2) for non-smokers respectively. The highest OR of survival 2.12 (95% CI 0.28 to 15.87) belongs to patients with rectum cancer.

Conclusion Our results showed that the mean survival time for CRC depends on some risk factors. It seems that, evaluation of these risk factors is necessary in lower age.

SP6-27 | **THE EFFECT CLINICAL PATHWAYS IN LENGTH OF STAY, DRUG USAGE AND CHARGE PER CASE IN INDONESIAN HOSPITALS: A QUASI EXPERIMENTAL**

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Introduction Clinical pathways (CP) are proven as tool for increasing hospital care efficiency and quality. The Indonesian's government implemented Indonesian Diagnostic Related-Groups (INA-DRGs) based on casemix system; therefore, CP becomes an important tool in reducing hospital costs.
Objective Assessing the effect of CPs implementation in reducing the average length of stay (ALOS) and charge per-case, and increasing use of generic antibiotic.
Method This study was a quasi experimental. The CP was implemented on May 2008 in Djasamen Saragih District Hospital (DSDH) at Pematangsiantar City, North Sumatera. Pirngadi General Hospital (PGH) at Medan, North Sumatera, was acted as control hospital. Total 254 appendectomy cases were analysed, which were consisted 124 cases in DSDH (pre 60 and post 64) and 130 cases in PGH (pre 60 and post 70). The study outcomes were measured 12 months before and after CP implementation and compared between two hospitals.
Result The subject's characteristics were not significant difference between two groups. The ALOS was significantly reduced from 5.2 ± 1.1 days before intervention to 4.8 ± 0.9 after intervention in DSDH, while in control hospital no difference in reducing ALOS (4.9 ± 1.2 to 4.7 ± 1.1). The use of generic antibiotics per-case were raised from 1.5 ± 0.8 to 1.9 ± 0.7 in DSDH, while in control reduced from 2.0 ± 0.9 to 1.9 ± 1.0. The charge per case was not significantly reduced in intervention, nor control hospital.
Conclusion Clinical pathways trends to improve hospital ALOS, generic use of antibiotics and charge per case, therefore, the CP may effective method to increase efficiency in hospital care.

SP6-28 | **EFFECT OF UMBILICAL CORD BLOOD ACID-BASE STATUS AND GAS VALUES ON THE YIELD OF MONONUCLEAR CELLS AND CD34 CELLS**

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Purpose To investigate the influence of umbilical cord blood (CB) acid-base status and gas values on the yield of mononuclear cells and CD34 cells, pH, pCO_2, pO_2, HCO_3^- and base excess were measured in arterial CB samples obtained from normal full-term deliveries. The relationship of these values with the yield of mononuclear cells and CD34 cells detected in venous CB was analysed.

Methods A total of 145 CB units were collected from full-term vaginal deliveries at a single hospital. Immediately after delivery, a segment of the umbilical cord was double clamped, and arterial CB was analysed to determine the acid-base status and gases. Venous CB was collected into a sterile collection bag and processed for cell separation within 24 h collection. The relationship between umbilical arterial acid-base status, each gas value, and the yield of mononuclear cells and CD34 cells was analysed.
Results Statistically significant correlations were observed between the net weight of CB and the total mononuclear and CD34 cell counts. In addition, there was a negative correlation between the mononuclear cell counts and pH, but a positive correlation between the mononuclear cell counts and pCO_2. However, no significant differences were observed between the nulliparous and multiparous groups in terms of the net weight of CB, total mononuclear cell counts and total CD34 cell counts.
Conclusions The findings of the present study show that the mononuclear cell counts are correlated with arterial CB pH and pCO_2, suggesting the involvement of fetal hypoxia on the yield of mononuclear cells.

SP6-29 | **HOMEMAKERS' PRACTICES AND PERCEPTIONS: RISK FACTORS FOR CHILDHOOD DISEASE IN AN UNDERSERVED COMMUNITY IN LEBANON**

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Introduction Diarrhoea presents a global health problem and a leading cause of morbidity and mortality in developing countries. Over the decades, the rate of morbidity due to diarrhoea among children has not changed considerably. Contaminated water, inadequate sanitation and poor hygiene remain the most predominant risk factors for this disease. Our study evaluated the prevalence of childhood diarrhoea and risk factors associated with the illness in a disadvantaged community of more than 15 000 people in Lebanon.
Methods The study utilised a random cross-sectional design and structured questionnaire with women homemakers, and included data on 460 children aged 5 years old or younger. Data on socio-demographic variables, 4-week diarrhoeal prevalence, and indicators of potential risk factors affecting the incidence of diarrhoea were collected. A multiple logistic regression analysis identified the associations between these indicators and diarrhoeal prevalence.
Results The findings showed that 21% of children experienced a diarrhoeal episode in the past 4 weeks. Children, who were not breastfed, walked barefoot, and whose mother perceives diarrhoea as non-preventable were more likely to suffer from diarrhoea.
Conclusion Based on the study findings, a strategy to reduce childhood diarrhoea might include community awareness programs promoting breastfeeding and childcare practices and improve personal and domestic hygiene conditions. It is also valuable to carry out research on the social determinants of childhood diarrhoea, which could inform relevant interventions in the local context. The combination of these strategies in turn will guide the design of contextually relevant and effective community-based programs that reduce diarrhoea.