

1160 had passive smoking (prevalence of 31.5%, 29.5% to 33.5%), 53% of which was from exposure at home only. Its risk was significantly related to female gender, low levels of education, occupational class and annual income, living in rural area, less satisfaction for life, being married, alcohol drinking, and having a religion.

Conclusions There is a high level of smoking in Chinese older men and of passive smoking in women. Differences between active and passive smoking in association with marital status and having a religion may reflect less success in controlling smoking and passive smoking in China. The associations of smoking and passive smoking with psychosocial factors suggest priority preventive strategies.

P1-112 ANTENATAL PREDICTION OF POOR MATERNAL AND CHILD OUTCOMES: IMPLICATIONS FOR SELECTION INTO INTENSIVE PARENTING SUPPORT PROGRAMS

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Objective To determine which factors are the best predictors of poor maternal and child outcomes up to age 5, so that parent support program can better target interventions to those who will benefit most.

Methods The Avon Longitudinal Study of Parents and Children is a prospective birth cohort of 14541 pregnant women. Childhood development was assessed with a parent-reported developmental scale at 18 months (n=7969), the Strengths and Difficulties Questionnaire at 47 months (n=8328) and teacher-reported School Entry Assessment scores at 4–5 years (n=7345). Maternal outcomes were depression at 8 weeks (n=10070), never breastfeeding up to 6 months (n=7976), feelings of unattachment (n=8253) and hostility (n=8159) at 47 months, and not in employment, education or training (n=8265) at 61 months.

Results Few families with each poor outcome (3% to 9%) had mothers aged <20 years when they were pregnant. Half to three-quarters of families with poor outcomes could be identified if information on all six predictors was used and a woman had at least one of these. Model discrimination (area under the receiver operator characteristic curve) improved from approximately 0.50 for all outcomes using maternal age only, up to 0.80 for postnatal depression when all six predictors were included in the model. Calibration also improved with the model including all six characteristics.

Discussion Factors other than young maternal age, including education, smoking and depression during pregnancy should be considered in identifying those eligible for programs aimed at improving child and maternal outcomes through intensive parent support.

P1-113 PATIENT SATISFACTION WITH URBAN AND RURAL INSURANCE AND FAMILY PHYSICIAN PROGRAM IN MARKAZI PROVINCE

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Introduction Family physician plan is one of the basic programs of the Fourth Plan on Economic, Social and Cultural Development in the health sector. This program more than 5 years old is going, is currently deployed in all villages and urban areas with populations <20000 people in Iran. This study was conducted with the aim of

measuring User's Satisfaction from Urban to Rural Insurance and Family Practice Program in Markazi Province in the fall of 2009.

Materials and Methods This study is a descriptive—analytic and cross sectional, is done at 40 medical centers with family doctor services in the province. Demographic characteristics of individuals, personnel behaviour, spending time, guidance and training, service costs, adequacy of services, ability and skills of personnel, access to medical facilities, adequacy of facilities and equipment based on a questionnaire and interview patients or their relatives were registered.

Results 391 people were interviewed during the 3 months. The average age of 38.24 ± 17.02 years, 66.5% of them women and 81.3% of them, were married. 34.52% of patients in high or very high were satisfied with the whole performance of health centers. This High or very high level of satisfaction was about the performance of family physicians, midwives, laboratory and pharmacy, respectively 33.1, 37.1, 36.8 and 38.3.

Conclusion In total, the program has been successful in the province. Policymakers can to achieve a higher level of satisfaction in the long term based on comments and service recipients and promoting program with some program processes.

P1-113A EPIDEMIOLOGICAL PATTERN OF INJURY BY DISTRICT IN TEHRAN

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Introduction Tehran is the capital city of IR Iran with about 12000000 inhabitants. Consisting of 22 districts. Injuries happen with different rate and type in different zones.

Methods 10% of population of Tehran considered for the households survey based on Urban HEART (urban Health Equity Assessment and Response Tool) interviewer were trained uniformly. The result will be used as a baseline for the future assessment.

Results Females are mostly involved in fall, burn and poisoning while men are mostly involved in traffic accidents, interpersonal violence and electric shocks. Most accidents were among families with 3–5 members. Aged 15–40 years old from the low income groups were affected more. In traffic accident the young males are the most affected victims more are living in districts 14, 15, 18, 9, 19 & 4 respectively. In district 11, 12, 14 most of the victims were motorcyclists. In districts 2, 3 & 5 victims were pedestrians predominantly. Children and old ages are the victims of Fall, there is no gender differences in most of the districts area except in district 19 where males are falling twice than females and in districts 1, 2, 3 & 12 this ratio is vice versa ($p \leq 0.05$). Burns were more recorded in districts 13, 16, 17, 12 respectively and the least from districts 3, 2, & 5. At the level of $p \leq 0.05$ with 95% CI differences between districts were significant.

Conclusion Tehran is mega city. By knowing the districts characteristics and sex and age differences, the urban managements will be improved through better policy making.

P1-114 WEIGHT CHANGE SINCE AGE 20 AND CARDIOVASCULAR DISEASE (CVD) MORTALITY: THE OHSAKI STUDY

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Introduction Long-term weight change since young-adulthood is a better indicator of distribution of body fat mass. We investigated