Results Among 25.005 participants, prevalence of daily and occasional household exposure was 12.5% and 21%, respectively. Compared to non-exposed, daily household exposure decreased with increasing age, schooling and income. Occasional household exposure is not influenced by age, but decreases with increasing schooling and income. Compared to the Southeast Region, the most developed region in Brazil, daily exposure was lower in the North and Central West and higher in the Northeast. Among 10.933 participants with indoor occupations, 55% of men and 45% of women reported worksite exposure to passive smoking and 67% of them also reported household exposure. Prevalence of worksite exposure is higher in men, older adults (55+ years) and among participants with lower schooling and income and lower among South Region residents.
Conclusion Exposure to secondhand tobacco smoke, at home and at work, is very high and socially unequal in Brazil.

SP4-15 | **BUILDING RESEARCH CAPACITY IN DEVELOPING COUNTRIES-COST EFFECTIVENESS OF AN EPIDEMIOLOGY COURSE TAUGHT BY TRADITIONAL AND VIDEO-TELECONFERENCING METHODS IN PAKISTAN**

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Building research capacity in developing countries using cost-effective methods has been recognised as an important pillar for the production of a sound evidence base for decision-making in policy and practice. We assessed the effectiveness of a research training course using traditional as well as video-teleconference method in Pakistan. A 9-day epidemiology research training course was offered to physicians in Pakistan (92%) and Bangladeshis (8%). The course was taught using (a) a traditional class room—face-to-face (F2F) method at the Aga Khan University, Karachi, Pakistan; and (b) Video Tele-Conferencing (VTC) method at two medical institutions within Pakistan. A total of 40 participants were selected for F2F and 46 for VTC group. Outcome parameters were assessed pre- and post-course (short-term) as well as after 1 year (long-term). Costs of conducting the training in both methods were also identified using cost-effectiveness analysis.
Results The total study sample included 56 participants (F2F=38 and VTC=18) for the short-term and 49 participants for long-term assessment. After the end of the course (9th day), mean post-test1 scores showed significant improvement in both the groups that is, 15.08 ± 1.75 in F2F (p=0.001) vs 13.122 ± 1.87 in VTC (p=0.001). Mean scores after 1-year of the course (post-test 2) were lower than mean post-test 1 scores in both groups (13.42 ± 2.61 in F2F vs 12.31 ± 2.08 in VTC), however, were higher than the baseline pre-test scores.
Conclusion The use of e-technologies in developing countries proves to be an effective way of building capacity and reducing the problems of brain drain.

SP4-16 | **DOES EDUCATION MODIFY THE ASSOCIATION BETWEEN SELF-RATED HEALTH AND MORTALITY AMONG OLDER PEOPLE IN INDONESIA?**

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Introduction Evidences on whether poor self-reported health (SRH) predicts subsequent mortality across different socio-economic groups are inconsistent. This study assesses whether education modifies how poor SRH influences mortality among older people in Indonesia.
Methods A cohort of 11 753 men and women aged 50 years and over was recruited in the INDEPTH/WHO Study on Adult Health and Global Ageing (SAGE) in Purworejo Health and Demographic Surveillance (HDSS) site in 2007. SRH was measured using the single global SRH question with 5-point response scales (very good, good, moderate=moderately good SRH; bad, very bad=poor SRH). The baseline data were linked to the HDSS mortality data in 2010. HR for mortality was calculated for poor SRH using Cox proportional hazard regression after adjustment for age, education levels, age, marital status, living area, history of chronic diseases, and presence of disabilities.
Results During follow-up (median duration=37 months), 1199 deaths (10.2%) and 1.9% lost to follow-up were identified. Poor SRH increased the mortality risk in men (HR 3.59, 95% CI 1.96 to 6.57) and women (HR 3.16, 1.12 to 8.90). Education levels were not associated with mortality risk. The association between poor SRH and mortality did not differ across education groups, neither in men nor in women. Presence of disabilities, history of chronic diseases, and living alone increased the mortality risk.
Conclusion Poor SRH predicts mortality among older population in Indonesia. Education does not modify the association between poor SRH and mortality. Health promotion in the general population is important for the reduction of the mortality risk among older people.

SP4-17 | **PREVALENCE OF HEPATITIS B AND C AMONG PREOPERATIVE CATARACT PATIENTS OF KARACHI**

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Introduction Hepatitis B and C are among the leading causes of morbidity and mortality, worldwide as well as in Pakistan. We intended to find out the prevalence of hepatitis B and C among preoperative cataract patients in Karachi. It is hypothesised that a high proportion of patients undergoing elective cataract surgery are infected with hepatitis B and C. Thus, it is imperative to come up with frequency to design strategies to decrease the burden.
Methods A descriptive study was conducted among 240 patients presenting for cataract surgery to Civil Hospital, Karachi. Diagnosis were made on the criteria that a patient must be positive for either HBsAg or Anti-HCV, or both. Convenience sampling was done after getting written informed consent.
Results Overall, five out of 235 (2.13%) patients were HBsAg positive and 29 out of 239 (12.13%) were Anti-HCV positive. One patient had a co-infection with both HBsAg and Anti-HCV positive.
Conclusion High proportion of Hepatitis B and C are reported among preoperative cataract patients of Karachi. Routine serological screening prior to surgery should be made mandatory so that standard precautions could be taken and asymptomatic carrier patients would no longer pose a threat to its spread.

SP4-18 | **A NEED ASSESSMENT STUDY OF HIV VOLUNTARY COUNSELLING AND TESTING SERVICES IN BANGLADESH**

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Backgrounds VCT is considered as an entry point for prevention and care and is acknowledged internationally as an effective strategy for