

**P1-312 SOCIOECONOMIC INEQUALITY AND UNINTENTIONAL INJURIES AMONG CHILDREN IN TEHRAN, FINDINGS OF URBAN HEART PROJECT**

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**Introduction** The assessment phase of Urban Health Equity Assessment and Response Tool (urban HEART) project was carried out in Tehran in 2008. The objective of this study is to determine the socioeconomic inequality in unintentional injuries in children <5 years of age using the survey data.

**Method** More than 21 000 households contain 81 418 individuals were randomly selected by a three-stage sampling scheme. The sample included 4394 subjects <5 years old. In each household, the respondents were asked to describe all unintentional injuries occurred for any of the household members during past 12 months which needed treatment in a medical facility or caused to at least 1 day loss of normal life activities. Asset data was used for assessment of the socioeconomic status by applying principal component analysis. To measure inequalities, concentration indices were calculated for each type of unintentional injuries.

**Results** Annual incidence rate for all injuries was 33.0 (95% CI 28.1 to 38.7) per 1000 person years. It was 47.8 (95% CI 35.5 to 64.0) per 1000 person years for the poorest and 19.3 (95% CI 12.1 to 30.8) for the richest quintile. Concentration index for all types of unintentional injuries was -0.40 (SE=0.07). Concentration indices for traffic injuries, falls, burns and poisonings were -0.41 (SE=0.09), -0.37 (SE=0.07), -0.62 (SE=0.21) and -0.35 (SE=0.9) respectively.

**Conclusion** Results of this study showed substantial differences in children's unintentional injuries between socioeconomic groups. Although the first phase of Urban HEART project was primarily intended to measure inequality in health among urban communities; it is expected that appropriate responses undertake to modify the observed inequalities.

**P1-313 WORK-RELATED FACTORS OF INSOMNIA AMONG HOSPITAL DOCTORS**

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**Introduction** This study aimed to elucidate the relationship of night duty, on-call duty, average working hours and job stress to insomnia among hospital doctors.

**Methods** Questionnaires including job factors and the Brief Job Stress Questionnaire, were sent to all alumni of Asahikawa Medical University (n=2937). Of the 568 medical doctors who responded, 430 were hospital doctors; 424 questionnaires were analysed after excluding six because of missing values. Insomnia was estimated using the Athens Insomnia Scale ( $\geq 6$  points). Explanatory variables were sex, age, specialty, location, night duty, on-call duty, average working hours, job effort, level of job control, support from supervisors, support from co-workers and support from family/friends. Logistic regression analysis was used; sex, age and specialty were forced into the model and other variables were entered into the model in a reverse stepwise manner.

**Results** In the stepwise logistic regression analysis, night duty had a significantly higher OR for insomnia (OR=2.00; 95% CI 1.24 to 3.27). A high levels of job control and high job support had a significantly lower ORs (OR=0.76, 95% CI 0.68 to 0.86; OR=0.88, 95% CI 0.79 to 0.98, respectively). Average working hours was selected in final model but the relationship was not significant. The other variables were not selected in the final model.

**Conclusion** Night duty may induce insomnia, but a high level of job control and a high level of support from co-workers may have a protective effect against insomnia among hospital doctors.

**P1-314 KNOWLEDGE, PERCEPTIONS AND PRACTICES CONCERNING PAP SMEAR SCREENING FOR CERVICAL CANCER IN LEBANON**

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**Objective** Determine the effect of sociodemographic and gynaecological characteristics of Lebanese women aged 18 to 65, and the effect of their knowledge and perceptions on the prevalence of use of Pap smear.

**Methods** This cross-sectional study randomly sampled 2255 women. The questionnaire was based upon "Health Belief Model". The use of Pap smear was distributed: "never", "old", "recent".

**Results** The weighted prevalence was 35% (24% "old", 11% of "recent"). This was significantly correlated with older age, capital residence, marital status, high education of women and husbands, with the fact that most women don't work, with higher professional level of the husband, with maximum health coverage and lesser crowding index. This prevalence was not significantly correlated with sexual practices. Knowledge did not affect significantly the practice, except knowing the utility of screening and being in contact with women who did the test or who have cancer. The use of Pap smear was significantly related to the scores of perception of susceptibility, barriers, advantages and motivators. Only the perception of severity did not significantly affect the use.

**Conclusion** The prevalence of use is far from international rates. The absence of national screening programs and of medical referrals explains. Although women know the utility of Pap smear, it is not knowledge of the aetiology of cervical cancer that got them one. The prevalence was blocked by: embarrassment, cost and accessibility. The perception of barriers minimised all others. This study proposes to: organise targeted campaigns, develop a national program of screening and decide of HPV vaccination.

**P1-315 EPIDEMIOLOGICAL PROFILE OF LEPROSY IN AN ESF PAULO AFONSO/BA IN 2009**

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Leprosy is considered a public health problem that can be monitored using the methods currently available. In Brazil, a country with higher prevalence in the world, this control is one of the actions attributed to the Family Health Strategy. The purpose of this study was to build a network of knowledge about the epidemiological profile of leprosy patients in 2009 to a Family Health Team's Paulo Afonso/BA. The objective was to identify the particular mode of manifestation of the patients studied. The sample consisted of 27 leprosy patients who attended for treatment along with the ESF in