Results Compared to the urban group, rural dwellers had a greatly increased likelihood of possible/definite angina (multi-adjusted OR 2.82 (1.68 to 4.73)). Urban and migrant groups had higher levels of risk factors (eg, smoking - 20.1% urban, 5.5% rural). No diabetes was seen in the rural dwellers who complained of possible/definite angina. Rural dwellers had a higher prevalence of mood disorder and the presence of a mood disorder was associated with possible/definite angina in all three groups, but not consistently with non-exertional chest pain.

Conclusion Rural groups had a higher prevalence of angina as measured by Rose questionnaire than migrants and urban dwellers, and a higher prevalence of mood disorder. The presence of a mood disorder was associated with angina. The Rose angina questionnaire may not be of relevance to rural populations in developing countries with a low pre-test probability of coronary disease and poor mental health.

Methods A matched case-control study and prevalence studies were employed. 459 women who gestated babies/foetuses with NTDs and their controls were selected and investigated in 24 districts of two provinces in China. Logistic regression models and interaction analysis was used for data analysis.

Results Folic acid supplementation, planned pregnancy, preconception examination and health education were associated with reduced NTDs (ORs 0.52, 0.27, 0.48 and 0.36 respectively). The folic acid supplementation rate was 5.0% of cases and 17.2% of controls. Folic acid supplementation showed synergistic interaction effects with the other primary prevention measures and prevention rates were 93%, 89% and 90% respectively. 85.9% of the NTDs were diagnosed by ultrasound screening on average at 24.0 weeks gestation. The detection rates by ultrasonography before 16, 16–20, 20–24, 24–28 and after 28 weeks were 14.1%, 49.4%, 46.3%, 49.2% and 52.1% respectively (p<0.05). The detection rates were 46.4%, 52.0% and 28.1% in hospitals, maternal and child care service centres and family planning centres respectively (p<0.05).

Conclusion Folic acid supplementation rate was low in the study subjects. Its use is correlated with planned pregnancy; preconception examination and health education. The efficiency of ultrasoundography for NTDs screening could be improved in medical reproduction health institutions.

Conclusions The incidence of stomach cancer in Iran is a high with geographical variation in incidence. Data describing the geographical distribution of disease in Iran are lacking. The aim of this study was to examine geographical variation in stomach cancer mortality in Iran.

Methods We used the Iranian National Causes of Death Registry (rural/urban).

Results ASMRs of stomach cancer were 15 per 100 000 in men and 8 per 100 000 in women. The highest and lowest mortality rates were observed in Khorasan (ASMR “29.1 per 100 000) and Hormozgan (ASMR “5.0 per 100 000) provinces in the north-western and southern Iran, respectively. The mortality rates were approximately twice as high in men and rural residents as women and urban residents respectively.

Conclusions The incidence of stomach cancer in Iran is a high with evidence of regional variation. The substantial variation in stomach cancer mortality rates between northern and southern Iran warrants further investigation. The results of this study can be used for resource allocation and to inform the designing of appropriate gastric cancer control programs in Iran.