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 Pakistan, 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.

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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), 1,199 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 9.09). 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.

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.

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