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Introduction High proportion of fetal autopsy is supposed to furnish information of better quality to death certificates.

Methods The completeness and underline cause of death was studied in a sample (212) death certificates from public system hospitals (539), 1st semester 2008, in São Paulo City, Brazil. This information was compared to hospital and coroner's office records and interviews were carried out with these professionals.

Results Public System Hospitals respond for 57.5% of all deliveries; 78.5% of fetal deaths were sent to coroners' office (CO) to be autopsied. The completeness of data of death certificates fulfilled by CO was worse than those emitted by hospitals. CO death certificates presented low completeness for mother's age (39.2%); parity (29.9%); type of gestation (3.9%) and low concordance with hospital records. Gestational age (97.8%) and birthweight (99.3%) showed high completeness and were obtained from autopsy. Two causes of deaths respond up to 90% of CO death certificates: fetal death unspecified cause (65.8%) and intrauterine hypoxia (24.3%). The main causes from hospital certificates were: intrauterine hypoxia (41.7%); fetus affected by maternal complications of pregnancy (19.4%); fetal death unspecified cause (18.1%).

Conclusions fetal deaths are mainly ante-partum and are understood as furnishing ill defined causes of deaths by obstetricians and were sent to autopsy. CO does not have accesses to hospital records, resulting in poor data quality. Instead of receiving social support to face fetal deaths, families were sent to police offices to get authorised file to transport fetus from hospitals to CO.

SP6-16 THE ASSOCIATION OF BMI WITH SELF-RATED HEALTH AND FUNCTIONAL CAPACITY AMONG COMMUNITY-LIVING JAPANESE PEOPLE AGE OVER 75 YEARS

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Objective Increasing age is strongly associated with poor nutritional status, hence approaching the risk of poor nutrition in the elderly people is important. This study aimed to identify the associated factors of body mass index (BMI) among community-living Japanese people age over 75 years.

Methods A cross-sectional study was conducted using with a self-administered questionnaire, and 658 participants (347 men and 331 women) were analysed. Demographic, lifestyle (eg, dietary habits, physical exercise), oral status, chronic illnesses, self-rated health, and activity of daily living (ADL) were asked. BMI was calculated from self-reported weight and height, and it was classified as underweight (<18.4), normal weight (18.5–24.9), or obesity (≥25.0). Multiple logistic regression model were applied for analysis.

Results The study demonstrated that 70% of participants were normal weight, following to obesity (21.4%), and underweight (8.5%). Number of taking medicines, hypertension, diabetes, hyperlipaemia, and gastroenteropathy were associated with BMI. The adjusted OR with age, gender, economic status, number of drugs being taken, and presence of associated illnesses for excellent/good self-rated health tended to be lower among underweight participants (OR=0.40, p=0.008), whereas higher among obese participants (OR=2.53, p=0.001) than normal weight. In contrast, ADL was not associated with BMI. Compared to normal weight participants, underweight participants tended to perceive chewing problem (OR=2.47, p=0.003), and not always eat 3 meals in a day (OR=3.75, p=0.003).

Conclusion The results suggested that nutritional interventions should be targeted particular to underweight latter-stage elderly

people for promoting their health. Moreover, keeping good oral health is key element to prevent underweight among elderly people.

SP6-17 SMOKING, LABOUR MARKET STATUS AND GENDER AMONG BRAZILIANS

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Introduction Employment relations play an important role in explaining social inequalities in health.

Objective To investigated whether labour market status of men and women is associated with current smoking status, after adjusting for education, income and health and discuss hypotheses to explain the associations.

Methods Study included participants from National Health Survey of a nationally representative sample of Brazilians who were aged 15–64 years, economically active and residing in the eight metropolitan regions. Current smoking was defined as having a smoked at least 100 cigarettes in their life and who were currently smoking. Labour market status Associations were estimated by prevalence ratio and its 95% CI obtained by Poisson regression.

Results Among men, after all adjustments, workers without social protection and unemployed had higher prevalence of smoking (PR 1.31; 95% CI 1.24 to 1.38 and PR 1.31; 95% CI 1.18 to 1.44, respectively). Among women, corresponding figures were PR 1.22 (95% CI 1.12 to 1.31) and PR 1.16 (95% CI 1.03 to 1.32). The highest prevalence of smoking was found among male workers without social protection.

Conclusion Our results confirm that labour market status is an independent dimension of social inequalities related to smoke exposure. Despite being more pronounced among men, the social gradient was present in both genders. Future research should examine factors explaining this differences.

SP6-18 UNEMPLOYMENT AND SELF RATED HEALTH: NEIGHBOURHOOD INFLUENCE?

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Objetive To investigated whether unemployment and socio-economic characteristics of the neighbourhood are associated with poor self rated health after adjustment for individual sociodemographic characteristics, behavioural risk factors and health status. Moreover, it tests whether living in socioeconomic deprivation areas modifies the association between unemployment and self rated health.

Methods Participants aged 15–64 years, living in four Brazilian Capitals included in the National Household Survey on Risk Behaviours and Reported Morbidity from Non-Communicable Diseases (2002/2003). Data from the 2000 Brazilian Population Census were used for building up two socioeconomic neighbourhood indicators: the proportion of householders with low income, a compositional variable of individual level characteristics, and residing in slums, a contextual variable not captured by individuals properties. Logistic regression analysis was estimated by Generalised Estimating Equations.

Results From the 6426 participants, 20.6% reported poor self-rated health. Unemployment as well as residing in slums or in low income household areas were significantly associated with poor self-rated health. The magnitudes of these associations were attenuated after