In the WCRF/AICR 2nd expert report, it was concluded

Introduction

Hong Kong has implemented the Smokefree legislation since January 2007 and smoking is prohibited in vast public and covered areas thereafter. The Smoke free legislation aims to protect people from exposure to SHS and motivating smokers to quit. This study explored the effect of the legislation on the smoking behaviour and their attitudes of quitting among fathers of newborn babies.

Methods

This is a cross-sectional survey on families with a smoking father, a non-smoking mother and an infant under 18 months recruited at the Maternal and Child Health Centres from June 2008 to October 2009. Frequencies showed the changes in fathers’ household smoking behaviour and their attitudes of quitting after the legislation.

Results

112 fathers completed the baseline questionnaire and their mean age was 35.5 (±7.0) years and had been smoking for 17.9 (±7.2) years. 96% (1054/1097) were aware of the legislation, 27.3% (299/1097) reported they had less SHS exposure and 27% (296/1097) had smoked less at home after the enactment of the legislation. However, the majority of them had no changes in their desire to quit (63.7%, 699/1097), perceived importance of quitting (70.3%, 771/1097), perceived confidence of quitting (73%, 801/1097) and perceived difficulty of quitting (75.6%, 829/1097) compared before the legislation.

Conclusion

This study showed that some fathers improved their smoking behaviours after the Smokefree legislation but a majority had no change in attitudes towards quitting. The HK government should therefore promote the importance of quitting to the public and allocate more resources to the smoking cessation services.

Prevalence and Psychosocial Determinants of Smoking and Passive Smoking in Older People in Rural and Urban China: A Multicenter Community-based Study

Background

The prevalence and psychosocial determinants of smoking and passive smoking in older people in China are not well documented.

Methods

Using a standard interview method, we examined random samples of 6071 participants aged ≥60 years in Anhui, Guangdong, Heilongjiang, Shanghai and Shanxi provinces, China during 2007–2009. The smoking and passive smoking questionnaire was derived partly from the Scottish MONICA survey.

Results

World age-standardised prevalence for current and former smoking in men was 45.6% (95% CI 42.6% to 48.6%) and 20.5% (18.6% to 22.4%), and in women 11.1% (9.87% to 12.3%) and 4.49% (3.73% to 5.26%). Age-gender adjusted OR for current-smoking, male gender, low levels of education, occupational class and annual income, living in rural area, less satisfaction for life, alcohol drinking, widow status, having no religion, pessimism (for current-smoking), worrying and depressive syndrome. Among 3774 never-smokers, the overall results of cohort studies indicate that high intake of dietary fibre is inversely associated with decreased colorectal cancer risk. The protective effect is more evident for fibre from cereal sources. More studies in different populations are needed to confirm this observation.
1160 had passive smoking (prevalence of 31.5%, 29.5% to 33.5%), 53% of which was from exposure at home only. Its risk was significantly related to female gender, low levels of education, occupational class and annual income, living in rural area, less satisfaction for life, being married, alcohol drinking, and having a religion.

Conclusions There is a high level of smoking in Chinese older men and of passive smoking in women. Differences between active and passive smoking in association with marital status and having a religion may reflect less success in controlling smoking and passive smoking in China. The associations of smoking and passive smoking with psychosocial factors suggest priority preventive strategies.

**P1-112** ANTENATAL PREDICTION OF POOR MATERNAL AND CHILD OUTCOMES: IMPLICATIONS FOR SELECTION INTO INTENSIVE PARENTING SUPPORT PROGRAMS

**Methods**
The Avon Longitudinal Study of Parents and Children is a prospective birth cohort of 14 541 pregnant women. Childhood development was assessed with a parent-reported developmental scale at 18 months (n=7969), the Strengths and Difficulties Questionnaire at 47 months (n=8528) and teacher-reported School Entry Assessment scores at 4–5 years (n=7545). Maternal outcomes were depression at 8 weeks (n=10 070), never breastfeeding up to 6 months (n=7976), feelings of unattachment (n=8255) and hostility (n=8159) at 47 months, and not in employment, education or training (n=8265) at 61 months.

**Results**
Few families with each poor outcome (3% to 9%) had mothers aged <20 years when they were pregnant. Half to three-quarters of families with poor outcomes could be identified if information on all six predictors was used and a woman had at least one of these. Model discrimination (area under the receiver operator characteristic curve) improved from approximately 0.50 for all outcomes using maternal age only, up to 0.80 for postnatal depression when all six predictors were included in the model. Calibration also improved with the model including all six characteristics.

**Discussion**
Factors other than young maternal age, including education, smoking and depression during pregnancy should be considered in identifying those eligible for programs aimed at improving child and maternal outcomes through intensive parent support.

**P1-113** PATIENT SATISFACTION WITH URBAN AND RURAL INSURANCE AND FAMILY PHYSICIAN PROGRAM IN MARKAZI PROVINCE

**Methods**
Family physician plan is one of the basic programs of the Fourth Plan on Economic, Social and Cultural Development in the health sector. This program more than 5 years old is going, is currently deployed in all villages and urban areas with populations <20 000 people in Iran. This study was conducted with the aim of measuring User’s Satisfaction from Urban to Rural Insurance and Family Practice Program in Markazi Province in the fall of 2009.

**Results**
391 people were interviewed during the 3 months. The average age of 38.24 ± 17.02 years, 66.5% of them women and 81.3% of them, were married. 34.52% of patients in high or very high were satisfied with the whole performance of health centers. This High or very high level of satisfaction was about the performance of family physicians, midwives, laboratory and pharmacy, respectively 33.1, 57.1, 36.8 and 38.3.

**Conclusion**
In total, the program has been successful in the province. Policymakers can to achieve a higher level of satisfaction in the long term based on comments and service recipients and promoting program with some program processes.

**P1-114** WEIGHT CHANGE SINCE AGE 20 AND CARDIOVASCULAR DISEASE (CVD) MORTALITY: THE OHSAKI STUDY

**Methods**
This study is a descriptive—analytic and cross sectional, is done at 40 medical centers with family doctor services in the province. Demographic characteristics of individuals, personnel behaviour, spending time, guidance and training, service costs, adequacy of services, ability and skills of personnel, access to medical facilities, adequacy of facilities and equipment based on a questionnaire and interview patients or their relatives were registered.

**Results**
591 people were interviewed during the 3 months. The average age of 38.24 ± 17.02 years, 66.5% of them women and 81.3% of them, were married. 34.52% of patients in high or very high were satisfied with the whole performance of health centers. This High or very high level of satisfaction was about the performance of family physicians, midwives, laboratory and pharmacy, respectively 33.1, 57.1, 36.8 and 38.3.

**Conclusion**
In total, the program has been successful in the province. Policymakers can to achieve a higher level of satisfaction in the long term based on comments and service recipients and promoting program with some program processes.