

information. The one from UK further emphasized the care coordination and continuity from hospital to community; while the US one included pain management and the Australia one highlighted the mechanism of complaints management. All of these 3 instruments are now used in regular patient satisfaction survey exercise in general in-patients and will be further developed for special groups including obstetrics cases, palliative cases, and cases with mental diseases.

Conclusions: A standard and validated patient satisfaction survey tool is very important for service quality improvement; however, there is no such centralized and validated survey being conducted in Chinese population, including Hong Kong. The next step of this study is to develop a validated instrument through qualitative and quantitative study in Hong Kong and conduct a benchmark survey.

SP-228

Awareness of the Senior Citizen's on the Physical Restraints in Okinawa, Japan

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The enlightening activity should be necessary to prevent the physical restraint. This study aims to reveal the awareness of the senior citizen's on the physical restraints. Senior citizens are 167 people who execute the questionnaire survey by the mailing method of the senior citizen club of 44 districts in 41 municipalities in Okinawa prefecture and obtained. As a contrast, we chose 93 non-medical faculty student and 189 health science department students. The survey was carried out with a questionnaire of J-PRUQ capable to measure the score of physical restraints. The score obtained were widely ranged from 17 to 83. It means that the more the score, the less aware of physical restraints. The average score of J-PRUQ was senior citizen was 54.9 ± 12.8 , non-medical faculty student 54.4 ± 11.6 , health science department student 49.3 ± 11.0 , and a senior citizen and non-medical faculty student had significant higher than the health science department student ($p < 0.001$). When asking it, "Has the word elderly abuse been heard?", "Does it know the law that prevents the elderly abuse?", "Does it know the physical restraint prohibition regulations?", the difference was not admitted in J-PRUQ in the answer of each group though a significant difference was seen. As for the senior citizen, 49.5% knew the physical restraint prohibition rule of the elderly abuse prevention law only by 24.6%. The enlightening activity that can be correctly understood about the cruelty prevention law and the physical restraint prohibition regulations to the general population is requested.

SP-229

Adolescent Sexuality and Childbearing in Chinese Societies

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Introduction: Following fast westernization, both Chinese societies and the lifestyles of Chinese have changed quite a lot in past decades. Among which, the adolescent sexuality is particularly concerned by educational as well as health care community..

Methods: Collected from official websites and literature, sex knowledge, sex attitude, and dating and sexual behaviors of the adolescents in Taiwan, Hong Kong and Mainland China are analyzed and compared one another.

Results: The results showed that in Hong Kong, 40% of the adolescents in the first and second grade year of junior high school had a dating experience, while 60% of students in the second and third grade year of high school did. An investigation from Mainland China shows that sexual practice occurred in 32% of teenage males and 12% of teenage females who were in love. However, only about one thirds of teens used contraceptives during their first time sexual practice, no matter in Taiwan, Hong Kong or Mainland China.

Based on a national survey in 2000, among the adolescents aged 15-19 years old, 13.9% of males and 10.4% of females (15-19 years old) in Taiwan claimed that they have had sex experience, while up to 30% of the adolescents in a metropolitan city of mainland China experienced sexual intercourse. The fertility rate for women aged 15-19 years old was 8/1000 in Taiwan, much more higher than that of 4/1000 in Japan and 2/1000 in Korean.

Conclusions: In Taiwan, Hong Kong and Mainland China, the adolescents showed a poor sex knowledge but an open sex attitudes and behaviors in terms of dating and unmarried sexual practice without safe contraception which then resulted in a high rates of unexpected pregnancy and childbearing. All these warn us to be much active in having more effective prevention and management plans on adolescent sexuality, through a comprehensive sex education, empowering teens self-efficacy and providing friendly adolescent reproductive health services.

SP-230

Women's Health after Childbirth: Experiences of Immigrant and Australian Born Women in the First Three Months Postpartum

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Objective: To investigate differences and similarities in the postpartum health status of mothers born overseas of

non-English speaking background (NESB) compared with Australian-born mothers.

Methods: Prospective pregnancy cohort study conducted in Victoria, Australia. Analyses are based on questionnaires completed in pregnancy and at three months postpartum.

Results: 1507 nulliparous women enrolled in the study (mean gestation = 15.3 weeks); 95% completed follow-up at three months postpartum. Immigrant mothers of NESB (n= 243) were more likely to have a low income, and higher educational qualifications than Australian born mothers (n =1,115). Women in both groups had similar obstetric characteristics and postpartum physical health outcomes. Immigrant women were more likely to say they had been depressed for two weeks or longer since the birth (OR =1.89, 95% CI 1.3-2.7); to report relationship problems (OR= 1.26, 95% CI 0.9-1.8) and to report lower emotional satisfaction with their relationship with the partner (OR=1.58, 95% CI 1.1-2.3). Immigrant mothers were less likely to be asked about feeling low or depressed by general practitioners (OR=0.69, 95% CI 0.5-0.9) and about relationship problems by maternal and child health nurses (OR=0.67, 95% CI 0.5-0.9).

Conclusions: Immigrant women of NESB reported greater psychological distress, less emotional satisfaction with their partner and more relationship problems in the first three months postpartum than Australian born women. Immigrant mothers had an equivalent level of contact with primary care practitioners in the first three months postpartum, but were less likely to be asked about their emotional well-being or about relationship problems.

SP-231

Coping with Infertility Marital and Social Life Experiences of Sri Lankan Women with Primary infertility

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Introduction: Infertility threatens the marital relationship which transforms an individualized health problem into social suffering. These consequences are likely to be greater in developing nations, where motherhood enhance their status within the family and community. This study described the impact of infertility on marital and social relationships of infertile women and the coping mechanisms adopted by them in the Sri Lankan setting.

Method: In depth interviews with 30 randomly selected (of the women identified in the community prevalence survey) primary infertile women were carried out using a systematically developed pre-tested interviewer guide where all the selected informants responded.

Result: Infertility had resulted in a strained marital relationship when their initial relationship was not very stable. Their closeness to each other, intimate communication was affected while some had been abused, physically and verbally by their partners. For couples who talked to each other openly, this had been another problem in life keeping the relationship alive. The sexual relationships were affected in some. The relationship with own parents/ siblings was not usually affected but that with in-laws especially had they lived in the same household. Some were forced to divorce and excluded from family inheritance. The coping strategies adopted by them were continuing with the busy life schedule, continuing with treatment, adoption, avoiding relatives, friends and neighbours and accepting a childless life.

Conclusions: The marital and social lives of some primary infertile women were disrupted while they were trying to cope up with infertility adopting different measures.

SP-232

Health Care Seeking of Women for Delay in Child-Bearing in Sri Lanka

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Introduction: Despite the great advancements, availability of infertility services range from non-existent to virtual oversupply while utilization of available infertility services too varies due to cultural and socioeconomic differences between countries and regions. This described the health care seeking behavior of infertile women in Sri Lanka.

Method: Primary (n= 177) and secondary infertile (n= 329) women identified through community prevalence study were administered pre tested questionnaires by the interviewers.

Results: Health care seeking for infertility was 52.6 % while significantly (p<0.001) high proportion of primary infertile been ever investigated/treated (78.5%). Primary infertile couples had commenced treatment with a shorter waiting time (mean=22.91, SD = 24.90 months) and continued for a longer period (mean=31.17, SD=27.84 months), trying more methods (mean=2.56, SD=1.21) compared to secondary infertiles (61.4%, mean=26.61 SD=19.15 months, mean=18.91 SD= 20.69 months, mean=1.64 SD=0.79 respectively). Of who sought care (n=266), the majority (n=143) had opted for both medical and non-medical modalities. The most preferred sequence was from private allopathic to private allopathic to religious methods. The main reasons for discontinuing treatment were fed up with treatment and husband's unwillingness/fear of investigations. The main reason for not seeking treatment were 'too early to go for treatment' (n=21) and 'wait and see since there were