

processing industry. 279 migrant labors who were over 18 years old, and working more than 6 months were interviewed by health volunteers using the structured-questionnaire in February 2008. The data were analyzed by Chi-square test and multiple logistic regression analysis. Almost all of the migrant labors (91.5%) were Myanmar nationality, about half of them (53.8%) were educated at a primary level. More than half of them (61.7%) were manufacturing workers, and the average monthly income was 5,168.7 baht. For quality of life, 49.8% and 50.2% of the migrant labors had a high satisfactory level for physical and mental components respectively. It was found that age, sex, educational achievement, occupation, monthly income, documentation and history of illness were significant associated with physical component of quality of life ($p < 0.01$). For mental components of Quality of Life, sex, educational achievement, occupation, monthly income, documentation and history of illness were significant variables ($p < 0.01$). The three significant predictors of physical component of Quality of Life by multiple logistic regression analysis were living conditions (adjusted OR=4.09, 95%CI=1.97-8.51, $p < 0.001$), working conditions (adjusted OR=4.59, 95%CI=1.99-10.59, $p < 0.001$) and educational achievement (adjusted OR=2.86, 95%CI=1.07-7.60). The three significant predictors of mental components of Quality of life were history of illness (adjusted OR=3.13, 95%CI:1.020-8.19, $p=0.020$), living conditions (adjusted OR=2.30, 95%CI:1.41-4.62, $p=0.020$), and working conditions (adjusted OR=5.93, 95%CI=2.28-15.42, $p < 0.001$). The provincial health officers should be more focused on occupational health program of migrant labor to protect them from job-related health problem and also living conditions need to be improved.

OT15-8

Gender Differences of Health Behavior in Kazakhstan

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Objective: To study of health behaviour gender differences of Kazakhstan population.
Context: Gender factor have a significant influence on the health of population in Kazakhstan that leads to gender mortality gap and gender differences of morbidity rates. In connection with it we have conducted investigations in the sphere of gender peculiarities of health behavior among adolescents and adults. Analysis of morbidity rate showed that boys' morbidity higher than girls' among children aged 0-14 y. ($p < 0.001$), but in the group of adolescents aged 15-17 y. girls' morbidity higher than boys' ($p < 0.001$). It is established

that boys more often try to use harmful substances, have earlier sexual intercourse debut, spend more time playing computer games, but they have higher level of physical activity and more positive self-esteem in comparison with girls. Girls characterized by higher rates of subjective psychosomatic complaints, low level of life satisfaction and self-rated health. Multifactor analysis established that life circumstances factors such as family, school, peers have a gender specific influence on the adolescents' health behaviour.

Gender differences of psycho-emotional factors and gender specific features of life style and health behavior were revealed among adult population.

Conclusion: Thus, revealed gender differences of health behavior and life circumstances factors should be taken into account to provide different needs of population gender groups and in developing health policy and public health programs in Kazakhstan sensitive to gender issues.

Oral Track 16- Community Health

OT16-1

Building Environmental Health Capacity in the State of Qatar: A Canadian Experience

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Developing and building a professional, sustainable environmental health workforce is one key feature of the College of the North Atlantic-Qatar's (CNA-Q) mandate to build human resource capacity in the State of Qatar. CNA-Q provides a Canadian based, student centered post secondary training institution in the State of Qatar. Integrating Canadian environmental health officer competencies of the Canadian Institute of Public Health Inspectors certification body (CIPHI) into a cross cultural, English as a second language environment are both unique, challenging opportunities to environmental health capacity building. The successful features of the environmental health program at CNA-Q include the following process indicators: 1. The Environmental Health curricula foundation based on 488 instructional objectives identified by CIPHI over 16 major topic areas. 2. Focus group meetings attended to by the Supreme Council of Health and private industry. 3. A Canadian standard for Environmental Health course content, outcome objectives, performance evaluation, and academic council approvals. 4. Language training pre-requisite standards for entrance to the Environmental Health Program. 5. Full sponsorship opportunities for Qatari Nationals entering the Environmental Health program. 6. Work-term experiential practicum's offered to all students. 7. Environmental health course reviews every two years with stakeholder input. 8. Professional development opportunities to existing environmental health officers with the CNA-Q "Train the Trainer" program. The goals of the presentation are to identify the successes, the unique cross cultural opportunities, and