

and (54.0%) of them admitted at teaching hospitals of government A University of Medical Science. The findings revealed that a vast majority of these respondents (81.5%) was satisfied with communication and information given by nurses, while the others (18.5%) were not. There was significant relationship between patients satisfaction and age group ($p < 0.05$). Also, the age group 15-44 years old and married patients were the best predictors for level of cancer patients' satisfaction with communication, information given by nurses. Key findings are that there are a number of issues with regard to information and communication which can be clearly improved within teaching hospitals of Tehran city. The paper concludes that patient-professional communication should be tailored to meet individual need.

OT15-2

Are Children of Foreign-Born Mother Not as Healthy as Those of Native-Born Mother?

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The number of cross-border marriages and the children born in those families in Taiwan has significantly increased from the 1990s. Media reporting suggested that children of foreign-born mother have worse health status than those of Taiwan-born mother. This study is to examine whether there are health disparities among children of China-born, Southeast Asia-born and Taiwan-born mother. Data for the analysis came from two waves of Taiwan Birth Cohort Pilot Study of 1617 nationally representative new born babies, conducted from April to June in 2004 and May to July in 2005, respectively, at the age of 6 and 18 months old. The babies were grouped into those of China-born, Southeast Asia-born, and Taiwan-born mother. Health variables examined include adverse birth outcome (prevalence of preterm birth, low birthweight and birth defect), early child development (attainment of developmental milestones at 6 and 18 months of age), and health conditions (child injury and fever, infectious or gastrointestinal diseases). No significant differences were found among three groups for prevalence in preterm birth, low birthweight and birth defect. Children of Southeast Asia-born mother experienced significantly poor motor developmental attainment ($OR = 1.69, 1.10-2.61$). However once controlling for family socioeconomic characteristics, the risk of adverse motor development for children of Southeast Asia-born mother disappeared ($OR = 1.56, 0.99-2.46$). Children of Southeast Asia-born mother had lower risk of fever, infectious or gastrointestinal diseases ($OR = 0.44, 0.27-0.73$) than those of Taiwan-born mother regardless of their disadvantaged family socioeconomic position. Children of Southeast Asia-born and China-born mothers did not experience worse health status in Taiwan.

OT15-3

Health Behaviors, Personal Characteristics and Healthy Aging: Cross-Sectional Evidence from the Health-Related Quality of Life Study among the Elders in Zhejiang Province of China

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In China, elderly population is expanding at a rate of 5.96 million per year which results in an increase in the burden of chronic disease leading to low quality of life. So, we conducted a cross-sectional study based on a multistage cluster sample of 4995 elderly people, 2441 in rural area and 2554 in urban area, aged 60 years and over in Zhejiang Province of China. A self-developed structured questionnaire and the SF-36 were used as an instrument of assessment.

Comparing to the elders living in rural area, the elders in the urban had much better self-related quality of life, with high proportions of scores above 70 in 8 dimensions of the SF-36 (PF 72.0%, RP 76.3%, BP 89.1%, GH 23.3%, VT 79.6%, SF 86.7%, RE 81.3%, MH 79.3%). Of 4157 subjects responding to the living arrangement, 17.54% were living alone and had significantly low scores in sub-scales of the SF-36 except BP and SF ($p < 0.05$).

The results indicated that not only in urban area, but also in rural area, high age, female, low level of yearly income and no drinking history were correlated with low quality of life. But, the factors of physical exercise and yearly income, respectively, played significantly important role in improving the quality of life of older adults in urban and rural areas.

Generally, it is important to take pertinent measures to promote healthy aging in urban and rural areas, respectively, for the distinctions of t

OT15-4

Assessing the Use of the Family Affluence Scale as Socioeconomic Indicators for Researching Health Inequalities in Adolescents

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Introduction: Inequality in socioeconomic status has been shown to be predictors of key health indicators in young children and adults. However, the association between socioeconomic inequality and health among adolescents was less clear. The purposes of this study were to examine the completion rate, internal reliability,

and external validity of the Family Affluence Scale (FAS), and to examine its ability to detect health inequality among adolescents.

Methods: The data came from a 2009 school-based survey of 3368 students (1741boys, 1627girls), aged 11 to 18 years old in Kinmen County of Taiwan. Indicators of the familial social position were parental occupation and education. Indicators of material affluence were number of cars, vacation travels, own room and computers in the family (FAS items).

Results: Father's occupation was reported by 85.6% of the schoolchildren, 54.0% reported on mother's occupation, and 88.8% on parents' education, while over 98% reported on the FAS items. The Cronbach's alpha of the FAS scale was modest (0.36). The associations between the FAS scores and parental occupation and education were low but statistically significant.

Consistent gradients were found for positive health and some health behaviors in association with FAS.

Conclusions: The Taiwan version of the FAS showed good completion rate, adequate internal reliability and moderate external validity. The clear associations between the FAS and health indicators confirm previous studies and suggest that the FAS can be used as an additional measure of socioeconomic status among adolescents.

OT15-5

Assessing the Level of Disclosure among Women Experiencing Breast Cancer and Their Husbands ***Yusoff Nasir¹, Wah Yun Low², Cheng Har Yip²***

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Background and objectives: The level of disclosure could be a good indicator to marital well-being. This paper assesses couples' level of disclosure and factors predictive of women's level of disclosure at post-chemotherapy for breast cancer.

Method: One hundred and fifty seven women with breast cancer and their husbands answered the Level of Disclosure Scale. Data was collected at three time points: 7, 14 and 23 weeks following diagnosis. High score of the scale indicate high level of disclosure. Medical and socio-demographic data were also gathered.

Results: Mean age of the women and their husbands were 48.29 (± 8.85) and 52.21 (± 9.01) years old respectively with mean duration of marriage 22.61 (± 9.9) years. Most of the women were diagnosed with stage two of breast cancer. Women's level of disclosure significantly increased throughout the treatment phases (prior= 15.99 ± 4.46 ; during= 17.77 ± 5.34 ; post-chemotherapy= 17.92 ± 5.27). Regression analysis indicated that women's disclosure prior to chemotherapy explained 94% of the variance of women's disclosure post-chemotherapy. However, women's disclosure during chemotherapy, husbands' disclosure at all treatment phases, couples' ages, duration of marriage and duration of breast cancer did not predict women's

disclosure. Types of surgery and breast cancer stages were not an important factors affecting couples' level of disclosure.

Conclusion: Counselors should assess client's level of disclosure at different phases of breast cancer treatment in order to understand the marital and global public health issues.

OT15-6

Health-Related Quality of Life (HRQOL) in Chinese Women with Urinary Incontinence: A Pilot Study ***Yaojie Xie¹, Suzanne Ho¹, Zhong He²***

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Women with Urinary incontinence (UI) are more likely to report a poorer quality of life(QOL). The lack of data on the QOL of female UI in Chinese mainland led us to conduct this study. **Objective:** To evaluate the HRQOL in Chinese women with UI; To examine the impact of UI on women's HRQOL; To determine the association between risk factors and HRQOL. **Method:** 95 women(age>18) with UI who sought medical attention at PUMC Hospital were recruited. A questionnaire consisting of SF-36, ICIQ(International Consultation on Incontinence Questionnaire), SSRS(social support scale), demographic characteristics and medical information was used to interview. The SF-36 score of a previous large survey in general Chinese women was as the normalized score for comparison; The ICIQ and SSRS were used to assess the symptoms of UI and social support condition respectively.

Results: 1) Compared with the normalized score, women with UI had lower mean domain scores(P<0.05); 2) The vast majority of the women considered that their urinary problems affected their physical activities in daily life, and almost half reported negative consequences for sex life and sentiment; 3) HRQOL was significantly ($p < 0.05$) associated with limit in daily activities, sexual quality, negative sentiment, education level, severity of symptoms, duration of UI symptoms, age, social support, income.

Conclusion: Urinary incontinence significantly impairs the HRQOL in women, suggesting the need for more social and medical study in this area.

OT15-7

Quality of Life of Migrant Labor in Samut Sakhon Province, Thailand

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This cross sectional-study was conducted to assess quality of life of migrant labors in Samut Sakhon province which attracts migrant labor in seafood