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Statistical Reporting of Breastfeeding Rates: The Method Determines the Answer

Yun Zhao¹, Colin Binns¹, Liqian Qiu², Fenglian Xu³, Andy Lee¹

1. Curtin University, Australia

2. Zhejiang University, China

3. University of NSW, Australia

Objective: To review the methods used in the statistical analysis and reporting of breastfeeding rates.

Methodology: Using databases from breastfeeding studies in China breastfeeding rates were calculated using different methods identified from reports in the literature.

Results: Breastfeeding is the foundation of infant nutrition and lifetime health. To monitor breastfeeding rates must be reported accurately and consistently. Breastfeeding definitions influence results. In the Zhejiang cohort study the exclusive breastfeeding rate at one month was 59.6% using the 24 hour measurement favoured by UNICEF but only 39.5% using exclusive breastfeeding status since birth. At 3 months the rates were 60.7% and 30.3% respectively and at six months were 6.3% and 2.7%. Cohort breastfeeding rates were analysed using life table and Kaplan-Meier survival analysis procedures. Life tables are almost always more concise than Kaplan-Meier survival tables because the widths of time intervals in the Kaplan-Meier procedure depend on the events actually occur, not on fixed equal intervals set by the researcher. The narrower the interval widths set in the life table procedure, the more the two procedures will be close to each other. Life table and Kaplan-Meier survival analysis are only descriptive procedures and if covariates are thought to be important in determining duration of breastfeeding, regression modeling which incorporates covariates, such as Cox regression may be preferred.

Conclusion: Accurate definitions and consistent/standardized observations are imperative for reporting breastfeeding rates. The way breastfeeding rates are calculated determines the results and is important for public health.

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The Investigation of Affecting Factors on the Biological Features of the Umbilical Cord Blood Units

Wan Ling Zou, Shu-Hui Wen

Tzu Chi University, Taiwan

The engraftment outcome of umbilical cord blood (CB) transplantation is highly dependent on hematopoietic stem cell content including some laboratory parameters such as CD34, and total nucleated cell (TNC). It would be helpful to predict CB cell count based on the donor-related variables before cell processing. In this study, a total of 1589 CBs preceded from January 2007 to December 2007 were obtained from the Buddhist Tzu Chi Stem Cells Center. We studied the effect of maternal variables such as number of gestation weeks, delivery

method, mother's age, birth order on CB characteristics. Besides, neonatal factors including baby's sex, birth weight, cord length, and placental weight were evaluated. The mean of CD34, TNC, cord blood volume and platelet were 28.63($10^3/\text{ul}$), 88.02($10^3/\text{ul}$), 93.26(ml), and 222.67($10^3/\text{ul}$), respectively. CB characteristics were correlated significantly. In multiple regression analysis, mother age and cord length had no effect on these CB characteristics, however, delivery method and gender of newborn significantly affected CB characteristics. The results also indicated that the significant factors influencing CD34 were gestation week and placental weight. For TNC, the significant factors were birth order and gestational week. The gestational week, birth weight and placental weight had significant effect on the volume. Those findings might be useful for consideration to collect more qualified CB units efficiently.

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Acceptance of Contraception among Married Women in the Reproductive Age Living in the Refugee Camps in Kathmandu, Nepal

Neeta Shrestha

Mahidol University, Thailand

The descriptive cross-sectional study was undertaken to determine the contraceptive prevalence rate, the factors affecting the acceptance of contraception and to find the association between them among married women in the reproductive age living in the refugee camps in Kathmandu, Nepal. Convenient sampling was employed to interview 178 married women. Chi square test and fisher's exact test was used for data analysis. Only 33.7% were using contraception with injectables being the most favored method. The main reason for using contraception being to limit the births. Side effects was the main reason for stopping the method used in the past. Women with higher age at marriage, higher education and those working outside were more likely to use contraception. About 51.7 % had poor knowledge and was associated with acceptance of contraception ($p < 0.001$). Level of attitude did not show any association and majority had an unfavorable attitude. Discussing about contraception with husband, friends and health personnel showed an association and support from husband, parents and friends was also associated with acceptance of contraception. Information from husband, health personnel and media showed an association ($p < 0.001$). Source of contraceptive service and waiting time was associated with acceptance of contraception ($p = 0.025$ and $p < 0.001$). The attitude as well as knowledge of these women regarding the risks, benefits and side effects of the contraceptives remains deficient. Therefore, the result suggests a need for improving the knowledge and attitude among these women living in the refugee camps.