

working age population death due to leading causes of mortality on economy.

Conclusion: The mortality slightly increased in last 5 years among all age groups in the country and the fact of starting to use the specialized estimation of effects of population mortality from leading diseases on economy in policy formulation operation in developed countries is being essential.

SP-202

Globalization as a Social Determinant of Health: Influence on Food Consumption among Young People in Bangladesh

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Globalization as a social determinant of health is a relatively new construct. Worldwide, globalization is beginning to be associated with the rise of non-communicable disease via different pathways. Changes in food consumption pattern is one of the pathway through which globalization has affected the health of the young people in recent decades. Since 1990, Bangladesh has experienced major changes due to the structures and processes of globalization. The current qualitative focused ethnographic study explores the macro structures and processes of globalization in Bangladesh and examines the food consumption pattern of young students in a private university of Dhaka. It was found that most students are regular consumers of 'fast food' and many suffer from health consequences, e.g., obesity etc. Health information, education and services are inadequate even if financial access is not an issue. Globalization seems to have promoted an uncontrolled growth of trans-national food corporations (TNC) as well as a 'global' lifestyle. Policy and programs are found to be inadequate to combat the aggressive advertising of the TNC and consumerist youth lifestyle. Immediate action is required to address the negative effects of globalization on the food consumption pattern of the youth.

SP-203

Socio-Cultural Dynamics in an Upazila Health Complex: An Exploration

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Understanding the dynamics in Upazila Health Complex (UHC) is imperative in Bangladesh as it is the nucleus of PHC delivery. The study aimed at describing the epidemiological trend that lead the patients towards UHC and consequently drive them through the complex socio-cultural dynamics among different stakeholders that influences the perceived responsiveness of the patients. The mixed method study comprised inter-disciplinary approaches: epidemiology, anthropology and health systems. Quantitative data for

epidemiological pattern was generated through Patient Flow Record, Disease Profile and SRS from Patients Registry Book. Participant observation, document review, in-depth interview, FGD and debate between attendants and providers were used for qualitative data collection. Responsiveness data were generated through exit surveys. Epidemiological data suggested dramatic increase of Inhalation poisoning during the Bengali months of Bhadra-Ashwin (paddy plantation time) going overlooked by authority. Manpower shortage was the mother cause of many consequences which again was linked with problems of rural settings e.g. undue political pressure, cultural mismatch, electricity shortage, lack of security, transport facility, educational institutions for children and entertainment. Some innovative therapeutic (using straw as dropper, strap of saline bottle as micropore) and management practices (using medicine of affluent patents for needy ones) were observed utilizing locally available resources. Responsiveness of the hospital was perceived 'good' by patients using WHO questionnaire but 'bad' using proposed questionnaire. The inter-disciplinary approach yielded policy recommendations e.g. considering Disease Profile for rational medicine supply, performing anthropological research to understand local construct of prevalent diseases, introducing realistic client complain mechani

SP-204

Life Satisfaction Trajectories, Economic Status and Successful Aging among Taiwanese Elderly

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Purpose: Successful aging is composed of physical, mental and social dimensions of health. However, the economic dimension is often neglected, and the relationship of dynamic change among successful aging indicators to overall subjective well-being was less explored. This study was to explore the life satisfaction trajectories, and the relationship of subjective economic status with the time-varying successful aging to life satisfaction among the Taiwanese elderly.

Methods: Data were from the four waves of "Survey of Health and Living Status of the Elderly in Taiwan" in this study. Multilevel regression analysis was conducted. Economic status was measured by individual-level childhood economic status and time-varying subjective economic satisfaction. Time-varying physical, mental, and social successful aging variables and demographics were also used to describe the life satisfaction trajectories.

Results: Life satisfaction showed a slightly increasing linear trajectory across time. Higher educated and female had higher increase of life satisfaction across time. Childhood financial status was not related to the life satisfaction trajectories, but the lagged ($\beta=0.338$, $p<0.05$) and the change ($\beta=0.290$, $p<0.001$) of economic satisfaction was associated with life satisfaction. The lagged and the change of depressive

symptoms and cognitive function were related to life satisfaction trajectories, but other time-varying successful aging indicators were not significant. Discussion: Subjective economic status and mental health are important factors of subjective well-being for the Taiwanese elderly. Economic security and mental health of the elderly should be particularly noticed in the elder policy.

SP-205

Informal Payment in Health Sector and Its Financial Burden to Households

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Background: Some survey reports showed that main reasons for health care service informal payment were low salary of health professionals (85.9%), limited situation of service sufficiency (84.3%), and the majority of informal payments were given in hospitalization (44.7%). According to these study result influence of this condition to individual and/or household's financing is not mentioned.

Methodology: In this study used a self-administered questionnaire and data collected from patients in the secondary and tertiary level hospitals in Ulaanbaatar city, and Darkhan-Uul, Orkhon aimags.

Objective: To identify informal payment burden to households. Results: In this study participated 673 inpatients and 35-54 year old people were the majority of the inpatients and the average age was 45, when we studied the age groups and gender relevance of total survey participants. 97.6 percent of participants had health insurance in our study, 59.6 percent of the has answered "Yes" in the question "Have you paid fees to receive other hospital services?" which implies still existing informal payment in hospitals. We found that informal payment is a financial burden to poor people and 30 percent of the family monthly income of poor household is spent on informal payment when one of the family members becomes sick. Conclusion: People are paying in average of 99200 tugriks as informal payment during hospitalization and it is becoming an extreme financial burden to poor households with low income. Although health insurance is not being able to protect the poor people from the financial risks.

SP-206

A Study on the Factors of the Willingness to Use Community-Based Long-Term Care Services

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Aim: The purpose of this research is to assess whether the disabled were willing to co-pay for community-based long-term care services.

Methods: Study subjects were selected from Sansia township, Yingge township, and Chia-yi city.

Face-to-face interviews were conducted with disabled persons. Only those who were 20 years or older and those who have responded to needing either home care, day care, or respite care were included in the analysis. The final number of respondents included was 702. Results: Respondents averaged around 65 years old. As many as two-third of them had fewer than six years of education. Less than 30% of them were willing to co-pay for using any one of these three long-term care services. Logistic regression shows that after controlling for other variables, being younger, having more ADL disabilities, and being more educated were associated with willingness to co-pay for using these services. Conclusion: Willingness to co-pay for using services were low among the disabled in need of these services. Health and social welfare agencies should attempt to increase the awareness and acceptance of co-payment among the disabled. Furthermore, a low-level of co-payment may very well significantly decrease access to community-based long-term care among the disabled, and any attempt to set the level of co-payment should be well supported by economic and service utilization research.

SP-207

Health-Related Quality of Life and Neighborhood Disadvantages among Diabetes Patients

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Objective: The purpose of this study is to examine the association of the county- and individual-level socioeconomic status, and health related quality of life of diabetes mellitus (DM) patients in Taiwan.

Methods: Data on individual-level characteristics, socioeconomic status and health related quality of life (SF-36) were obtained from National Health Interview Survey in 2005. Individual characteristics were included sex, age, and marital status; and individual socioeconomic status was measured by education attainment, employment, and household income per month. The county disadvantage score was derived from the Important Indicators of County, and was calculated for each county using a z-score summing by three indicators: (1) percentage of unemployed population, (2) percentage of population with a level of education less than high school, and (3) percentage of population living below poverty line. Multilevel model was used to examine this question.

Results: We excluded from under age 20 and missing data on individual information and the remaining study sample included 540 DM patients nested within 23 counties. County-level disadvantage score is negatively related to physical health (PCS), and positively related to mental health (MCS). Individual-level socioeconomic status such as unemployment and low income status were related to physical health and mental health, and yet marital status and education were related to mental health only.