

home where 59.3% assisted by traditional birth attendant. Household wealth was the only variable associated with institutional delivery. Women who had contacted and regularly attended antenatal care were more likely to be assisted by skilled birth attendant. However, antenatal care did not influence place of delivery, and age did not influence decision-making regarding place or type of delivery assistance. Feel safe, low cost and close distance from traditional birth attendant's house were the major reasons for choosing traditional birth attendant. Antenatal care did not influence women to deliver at a formal health service. However, it promoted skilled birth attendance at home deliveries.

OT10-5

Prevalence of Primary and Secondary Infertility in Sri Lanka

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Introduction: The population growth rate of Sri Lanka is in decline and the contraceptive prevalence rate is in rise. The level of infertility has both demographic and health implications. This study aimed to determine the point prevalence of primary and secondary infertility and to describe characteristics of infertility among fertility-impaired couples resident in the Colombo district.

Method: 3400 currently married women in the reproductive age resident in the Colombo district were selected using two staged stratified cluster sampling. 100 clusters with 34 respondents in each were selected with probability proportionate to the size of the reproductive age population. Information was collected using a pre-tested, pre-coded, structured interviewer administered screening questionnaire which used the WHO definition of infertility with a one year exposure period. The response rate was 96.97 %.

Results: The point prevalence of the primary and secondary infertility was estimated to be 5.52 % (95 % C.I. – 4.72 % - 6.28 %) and 10.07 % (95% C.I. 9.05 % –11.13 %) among currently married women in the reproductive age group in the Colombo district respectively. The prevalences increased with advancing age at marriage of women. The highest prevalence of infertility was observed among women who were educated beyond A/L and employed. The prevalence of secondary infertility was significantly higher among the urban residents.

Conclusions: Secondary infertility is estimated to be more widespread in the District of Colombo than primary infertility. Age at marriage, level of education and employment status were significantly associated with the level of infertility.

OT10-6

Prolonged Breastfeeding Reduces Risk of Breast Cancer in Sri Lankan Women: A Case-Control Study **Malintha Luckshan De Silva¹, Upul Senarath², Mangala Gunatilake³, Dilani Lokuhetty³**

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Objective: to assess the association between duration of breastfeeding and the risk of breast cancer in Sri Lankan women.

Methods: We conducted a case-control study in women aged 30-64 years in selected health care facilities in the Western province. A total of 100 recent cases of breast cancer and 203 controls (age and parity matched) were included. Detailed information regarding breastfeeding, menstruation, reproductive factors, passive smoking and other confounders was collected using a structured questionnaire. Adjusted odds ratios and 95% confidence intervals were calculated using multiple logistic regressions.

Results: Multivariate analysis found that those women who breastfed for ≥ 24 months during lifetime had significantly lower risk of breast cancer than those who breastfed for less than 24 months (OR=0.40; 95%CI=0.22, 0.73). Compared to 0-11 months of lifetime breast feeding, there was a 66.3% reduction in breast cancer risk in women who breastfed for 12-23 months, 87.4% reduction in 24-35 months and 94% reduction in 36-47 months categories. The significant factors associated with increased risk of breast cancer were: post-menopausal women having an abortion in the past and exposure to passive smoking.

Conclusions: prolonged breastfeeding significantly reduces the risk of breast cancer and this protective effect was supported by a dose-response relationship. Risk due to passive smoking should be emphasized in anti-smoking programmes.

OT10-7

Factors Affecting the Infant Feeding Practices among Myanmar Migrant Mothers in Mahachai District, Samut Sakorn Province, Thailand

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This study examines the infant feeding practices and its associated factors among Myanmar migrant mothers who have under two years old children in Mahachai district, Samutsakorn Province, Thailand. In this study, data was collected in three selected communities, Thetchalong, Koh Samut and Taladkung of Mahachai district. Most of the mothers (99.26%) breastfed their children, exclusive breastfeeding rate is 15.56% and 91.11% of mothers gave colostrums to their babies. The initiation time of breastfeeding within half an hour was practiced by 68.15% of mothers. The median duration of breastfeeding is 12 months. Among the breastfed

mothers, 82.22% of them practiced early introduction of complementary food. The findings showed the association between father's occupation, antenatal care, level of maternal knowledge and infant feeding practices on exclusive breastfeeding practices. Therefore, these findings recommend improvement in infant feeding practices related to exclusive breastfeeding and timely introduction of food. Intervention for health providers such as international non profit organization to improve knowledge of mothers on infant feeding practices is much needed and should be in Myanmar language.

Oral Track 11- Maternal and Child Health

OT11-1

Risk Factor of Maternal Death in Bantaeng District South Sulawesi Indonesia 2005-2008

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Indonesia is one of the country which has not been escaped from the burden of maternal mortality rate (MMR). According to Indonesian health demography survey in 2007, Maternal Mortality Rate (MMR) in Indonesia reach 248/100.000 of live birth. This Study aimed to know the risk level of maternal age, maternal parity, birth attendants, and K4 Coverage of antenatal care(ANC) to maternal mortality incident. Study method used was analytical observational study with case control design and be stronged with qualitative approach by indepth interview. This study compared case groups of all mother undergoing maternal mortality incident and control groups which didn't undergo maternal mortality incident. The samples as many as 130 respondents with ratio 1 : 4, 26 cases and 104 controls. Datas was collected primarily then analyzed by using odds ratio (OR) statistic test. The result of bivariat statistic showed that maternal parity, birth attendants, K4 coverage of antenatal care (ANC) had a significant association as risk factors of maternal mortality incident with the value of each variables namely : maternal parity (OR 2,728 ; 95%CI 2,124-4,503). birth attendants (OR 3,080 ; 95%CI 2,124-4,503), K4 coverage of antenatal care (OR 3,600; 95% CI 1,446-8,964). While maternal age variabel with value (OR 1,456 ; 95% CI 0,541-3,919) didn't have a significant association to maternal mortality incident. Maternal parity, birth attendants, and K4 coverage of antenatal care are risk factors for maternal mortality incident, while maternal age didn't have a significant association to maternal mortality incident.

OT11-2

Will Climate Change Affect the Rate of Low Birth Weight?

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Objective: To review the literature on the possible effects of climate change on the rate of low birthweight in APACPH countries.

Methodology: There is considerable potential for climate change to effect public health in many ways, for example the displacements of populations, increased rates of infectious disease and changes in food supply have been previously documented. A literature review was undertaken of trends in low birth weight (LBW) rates that have occurred in the past three decades was undertaken to find possible trends related to global warming.

Results: A review of the literature and of the trends in low birth weight rates showed a correlation in an ecological study between warmer temperatures and higher LBW rates, after adjusting for common confounding variables. A review of LBW rates over the past 25 years has shown a trend towards increasing rates in all of the OECD countries where accurate data is available. For example in Japan the LBW rate has almost doubled in 25 years. There is a possibility that at least part of this change may be related to climate change. **Conclusion:** Climate change has been known to have detrimental public health effects. However a new possible effect is an increase in low birth weight rates. If this does eventuate it has serious implications for public health through increasing infant mortality and later in life an increase in chronic disease through the operation of the Developmental Origin of Adult Disease hypothesis. Further research is required to confirm or disprove this trend.

OT11-3

Opposing Trends in Low Birth Weight Rates in Japan and Korea

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Objective: To review the changes in low birth weight rates in Japan and Korea.

Methodology: The low birth weight (LBW) rates that have occurred in the past three decades in Japan and Korea were examined to find trends and causal factors. **Results:** During the past three decades there has been a steady decline in the LBW rate in Korea from 9% to 4%. Since 1960 the infant mortality rate (IMR) has declined from 90 to 4 per 1000 live births. By contrast the rate of LBW in Japan has increased by 80% since 1980 to reach 9.7%. At the same time the IMR in Japan has declined continuously to a low of 4 per 1000 live births in the most recent reported year. Recently Korea has had increasing LBW rates. Both countries enjoy a high standard of living, but have high rates of smoking for developed countries. Korea has a higher rate of caesarean section delivery than Japan. Japanese obstetricians advise