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NCD.B3c Analysis Of Risk Factors Lifestyle And Hypertension At Various Levels Of Social Economy Urban Area In Indonesia, Nurhaedar Jafar, Siswanti Lusiana Public Health Hasanuddin University

"Diet and lifestyle changes, especially in urban areas have an impact on individual health status. Mechanization led to reduced physical activity, access to less healthy foods, smoking and stress of urban living. Hypertension is a major cause of stroke, CHD, and renal failure, cases estimated to increase in developing countries. This study aims to analyze the lifestyle risk factors and hypertension in various socioeconomic levels in urban areas of Indonesia. Study design is cross-sectional using health research data base (Risksdas) nationwide in 2007, biomedical samples are households across Indonesia; total of 18,671 respondents. Hypertension criteria is based on the JNC VII 1999 (systolic blood pressure ≥ 140 mmHg and or diastolic blood pressure ≥ 90 mmHg). Studies include physical activity, consumption (vegetable-fruit, sweets, salty, and fatty foods, organ meats and seasonings), mental emotional health, and smoking habits (frequency, duration, type, and amount). Hypothesis was analyzed using bivariate logistic regression. Average age from results are 38.7±15.63 years, 53.7% women and 46.3% men The prevalence of hypertension reaches 33.9%, highest in East Java Province and Gorontalo at 39.4%, greater found in women (34.7%) than men (33.1%) and increases with age and economic status and decreased along with increasing levels of education. High economic status with low education levels and work, have a higher risk of hypertension. It is found that less physical activity, emotional mental health and smoking are significant major risk factors (OR = 1.929 CI = 1.441 to 2.583; Rooms: type OR = 1.605 CI = 1.231 to 2.093; long OR = 3.366 CI = 2.125 - 5.333) on the incidence of hypertension in low economic status. Meanwhile, the high economic status, risk of incident hypertension, lower in those who frequently eat fruits and vegetables (fiber) (OR = 0.742 CI = 0.556 to 0.989) but higher in those who smoked ≥ 20 years old (OR = 2.740 CI = 1.891 to 3.969) and smoking unfiltered cigarettes (OR = 1.488 CI = 1.145 to 1.933)."

NCD.B4a Obesity And Risk Of Hypertension Stage I: A Cross-Sectional Study In Health Centers Of Aceh Tamiang Jullaman¹, Nurhayati Prihartono², Mondasri E Sudaryo²
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Hypertension has become a major health problem in Indonesia. Household Health Survey shows an increased prevalence of hypertension, from 14.9% in 1998 to 31.7% in 2007. Reliable information on the risk of hypertension is crucial in the development of health policies for prevention. This study assessed the relation of obesity to the risk of hypertension stage. A cross-sectional study was conducted in the population who visited the health centers of Aceh Tamiang District for periods of April to May 2008. This study excluded people who had diagnosed hypertension or disease related hypertension, and pregnant woman. Obesity was categorized by Body Mass Index and waist to hip ratio. Thirty nine percent of 648 participants have hypertension stage 1. After taking into account confounders, there was an increased risk of hypertension stage 1 associated with obesity measured by waist to hip ratio (Prevalence ratio 1.62, 95% CI, 1.22 ? 2.14) and categorized by BMI (Prevalence ratio 1.64, 95% CI, 1.20 ? 2.24). Age, low education, smoking, drinking coffee, high intake of less fiber consumption, and stress were also associated with hypertension stage 1. This study provides evidence of risk of hypertension associated with obesity. Educational program aimed at increasing awareness of the risk factors associated with hypertension and screening should be included in the health program in the health center.

NCD.B4b Sudden Death Due To Spontaneous Intracerebral Bleed; A Lesson For Both Clinician And Patient Raghavendra Babu Yallapur Prahalad Setty