Poster Presentations: Session 1
To Develop a Novel, Innovative, Safe, Low-Cost Smoking Cessation Device – Without any Form of Tobacco, Nicotine, Fire, Smoke, Vapour

Authors

1. Mr. Regunathan Venkatachalam Pillai (Volunteers Against Smoking and Tobacco)

Abstract

Problem:
Tobacco-Smoke is highly addictive and the single greatest cause of preventable death globally, around 1.5 Billion per annum – affecting the Heart, Liver and Lungs - a major risk factor for Heart Attacks, Strokes, Chronic Obstructive Pulmonary Disease, and Cancers of Lung, Larynx, Mouth - irrespective of the age, race, gender, religion, region, color, creed, culture, ethnicity, etc.. Hence, present and future generations must be urgently protected from the devastating Health, Social, Environmental and Economic-Consequences caused by Tobacco-smoke.

Globally, all the Tobacco-Smokers want to somehow QUIT the Smoking-Habit by any means. However, due to the craving-effect and addictive-nature of Nicotine in the Tobacco-smoke, Smokers could NOT get out of this deadly-addictive-product/habit. All the presently-available popular Smoking Cessation Methods (Nicotine Replacement Products, Medicines, E-Cigarettes, etc.) – also contain/use Tobacco and/or Nicotine.

Objective:
To develop a Novel, Innovative, Safe, LOW-COST SMOKING CESSATION DEVICE – without any form of TOBACCO and/or NICOTINE (gum, patch, liquid, spray, lozenges, pouch), FIRE, SMOKE, VAPOUR and capable of overcoming the Craving effect of Nicotine. Need for such a novel product had been emphasized by all Tobacco-Control Experts in various National/International Conferences.

Method / Solution:
Using my 40 years of Engineering expertise, I have conceived and designed a simple & innovative SMOKING CESSATION TOOL – which looks almost like a Cigarette – but WITHOUT any form of TOBACCO, NICOTINE, FIRE, SMOKE & VAPOUR – and delivering high amount of Vitamins, Energy and Strength to overcome the Craving effect of Nicotine - suppressing all the Nicotine Withdrawal Symptoms – facilitating an easy & sure way to STOP SMOKING. Proposed Device is very simple to use – anywhere – everywhere – anytime.

Conclusion:
Proposed Smoking Cessation Tool shall surely act as an replacement for the so-called E-Cigarettes and globally revolutionize the Smoking-Cessation Product segment/market.
Explaining the Gap in Child Malnutrition Between Poor and Non–Poor in Sierra Leone: Evidence from Recent Data

Authors

1. Mr. Satish Kumar Chauhan (International Institute for Population Sciences, Mumbai, India)
2. Mr. Bal Govind Chauhan (International Institute for Population Sciences)

Abstract
The main aims of the study to quantify the contribution of factors that explain the poor/nonpoor gap in underweight, stunting among children aged less than five years in Sierra Leon. We used cross-sectional data from the SLDHS conducted during 2013. Descriptive statistics, Logistic regression and Non-linear (fairly) decomposition technique have been used to explain the contribution to the average gap in malnutrition between poor and non-poor children in Sierra Leone. Considerable proportions of children were found to be underweight (16.8%) and stunted (38%) in Sierra Leone in 2013. The malnutrition gap between the poor and non-poor was stark in Sierra Leone. For these two indicators, the main contributing factors were the place of residence, mother education, media exposure and intuitional delivery. Based on the findings the study suggests that improving the public services such as basic healthcare and the education level of the mothers among poor can ameliorate the negative impact of poverty on childhood malnutrition.

Complete Maternity Care under Urban Primary Health Care Services Delivery Project

Authors

1. Mr. Md Abu Bakr Siddique (Urban Primary Health Care Services Delivery Project)
2. Dr. Setara Rahman (Urban Primary Health Care Services Delivery Project)

Abstract
Background: Complete maternity care consists of all three components which are antenatal care, delivery care and postnatal Care. In spite of adverse socio-economic environment, commendable success has been achieved in maternal health in Bangladesh. The country has reduced 60% maternal death in last two decades. Maternal mortality ratio has declined by 40% from 322 per 100,000 live births in 2001 to 194 in 2010 which gives an average rate of decline of about 3.3% per year. The proportion of women who received complete maternity care increased from 5% in 2001 to 19% in 2010. Percentage of antenatal care mothers did not receive any care were 52 in 2001 and 40 in 2010. Urban Primary Health Care Services Delivery Project has been contributing to increase maternal care in the urban areas especially for the poor through Comprehensive Reproductive Health Care Centers, Primary Health Care Centers and
Satellite Clinics.

Objective: To see the percentage of antenatal care mothers of Urban Primary Health Care Services Delivery Project received complete maternity care in the year 2013.

Methodology: Review of the Quarterly Performance Report published by the project.

Results: Total 323,924 antenatal care mothers attended project clinics out of which at least 3 antenatal care visits received by 107,975 antenatal care mothers. 32% antenatal care mothers received 2 postnatal care services and 20% had delivery in project facilities.

Recommendations: Urban Primary Health Care Services Delivery Project clinics are offering admirable services on maternal health. Need to give more emphasis on delivery care and postnatal care visit and more behavioral change communication activities need to be carried out to increase number of complete maternity care.

Harnessing Technology to Improve Quality Health Care in a Highly Urbanized City: A Sequential Mixed Method Study on the Navotas Health Workers’ Adoption of an Electronic Medical Record System

Authors

1. Dr. Liberty Domingo (Navotas City Health Department)

Abstract
Quality health care delivery in the context of growing, Filipino urban community demands such a timely call for technological innovations. One of these innovations is the advent of Community Health Information Tracking System, popularly known as CHITS. This new technology launched in 2011 at the highly urbanized city of Navotas, aims to provide an easy access to medical data – this fitly accommodates the annual demand of urban population growth, which is extremely useful among pediatric and maternal patients. In the span of three years in existence, the system dashboard of CHITS consistently reflects that the majority of health centers show only an average in their compliance. Some centers Unfortunately fall below the expected standards. The study hence explores the underlying factors that either promote or inhibit the intention of health workers to adopt the regular use of CHITS. Using a sequential mixed method design, sixty-five health workers across ten health facilities of Navotas City agreed to participate in a survey and a focus group discussion. The objective of which is to determine and describe the association of socio-demographic variables and the Unified Theory of Acceptance and Use of Technology model (UTAUT model) to that of behavioral intention among health workers. Using Spearman’s Rho Correlation, it shows that the initiative to use CHITS and facilitating conditions do not have association with the longevity of its use. Qualitative study clearly reveals that most health workers prefer non-personal incentive programs such as improvement of information technology.
infrastructure and better working conditions. This study highly recommends the utilization of grass-roots approach which stems from the ideas of health workers in providing ways to achieve an effective, long-term adoption to CHITS.

The Powerful Dynamics of PMTCT/ART: A Ghanaian Experience

Authors

1. Mr. Ebenezer Koomson (Ghana Health Service)
2. Mr. Jedidiah Koomson (Ghana Health Service)

Abstract

Objectives: The level of PMTCT/ART services utilization in the Central region of Ghana had been very poor considering the HIV prevalence survey reports which were above 2% for many years gone. For PMTCT to be effective it needs to be accessible, acceptable and affordable; however research in Africa into accessibility, uptake and acceptability of PMTCT services has been predominately urban based and usually focusing on women who deliver in hospitals. The importance of involving other community members to strengthen both PMTCT/ART uptake and adherence, and to support women emotionally, has been advocated.

Methods: A decision was taken to increase the number of PMTCT/ART services to the community levels of the health care delivery systems in the Central Region of Ghana, from 2008-2010. Traditional Birth Attendants and community queens were trained on social advocacy for HIV testing and prevention. Quarterly reviews were organized for media practitioners and other health related agencies to mobilize the human resource for health action. These agencies worked vigorously throughout the region during the research period, organizing community durbars, social networking for HIV testing campaigns, encouraging active participation of the HIV positive pregnant women for treatment adherence at every opportunity.

Results: There was an increasing trend in uptake of HIV testing ARV prophylaxis for pregnant women during the intervention period. The proportion of the total HIV testing coverage 2008, 2009 and 2010 was 24.7%, 25.3% and 50% respectively. The ARV prophylaxis uptake also saw a remarkable improvement. The coverage for 2008, 2009, and 2010 was 30%, 42.6% and 57%

Conclusions: Creating access to health care services backed by the support of the 'powerful others' and identifiable bodies in a human geographical area is an essential element and a line of hope on the drawing board of disease prevention and patient care initiatives.
Parental Reason for Vaccinating a Child

Authors

1. Mr. Edem A Tamakloe (Ghana Health Service)
2. Mr. Jedidiah Koomson (Ghana Health Service)

Abstract
Background: Since last 100 years, vaccination coverage rate is one of the best public health outcome and service indicators. However, the vaccination system is still imperfect; there are many countries that still have unvaccinated children. In Assin South district-Ghana, since 2012, vaccination coverage has been below 90%. Knowing that parental understandings and decisions regarding vaccination are very important to improve vaccination, the DHMT decided to organize this study to facilitate effective decision making on that.
The aim of this study was to assess the association between parental knowledge, educational level, present age and access to information regarding vaccination.
Methods: This is a prospective cross-sectional study design. Vaccination knowledge, practices and access to an audio-visual technology among 199 parents living in Assin South were evaluated through validated questionnaire. Familial data and reasons for vaccinating a child were collected from parents through interview at home. The activity was performed in all the Sub-districts, using a randomly selected community per Sub-district.
Results: More than half of respondents (83.4%) have adequate knowledge–practice (reason) scores. Significant association was noted for knowledge-practice groups with access to radio set (p < 0.05).
Conclusion: Vaccination campaigns and awareness are required to improve parents’ knowledge and practice regarding it. The study results reinforce recommendations for use of educational programmes to improve the vaccination knowledge and practice.
Keywords: Vaccination, Ghana, Parents, Knowledge

Condom use, Negotiation Skills and Challenges Among Urban Female Sex Workers in Sri Lanka

Authors

1. Dr. Janaki Vidanapathirana (1National STD/AIDS Control Programme, Sri Lanka)

Abstract
Introduction
According to the mapping, 14,312 female sex workers (FSW) are estimated in Sri Lanka, with over half (51%) residing in the Western Province, Colombo district accounted for 44%. The majority of FSWs solicit their clients at public places, including streets (42%), while 28% solicit in hotels/guest houses, and 22% in homes/shanties. Integrated bio behavioral survey in 2014 showed that condom use among FSWs during
Last Casual Sex was 93% and their HIV prevalence 0.8%, which was higher than the general population (0.1%).

Objective - To assess condom use, negotiation skills and challenges among Sri Lankan FSWs.

Methodology - Four focus group discussions were carried out among FSWs currently engaged in sex work, in urban settings of four districts in Sri Lanka, with a total of 34. All of them were street based sex workers. Guide for focus group discussions were used for the discussions.

Results
All most all FSWs used condoms continuously and depended on free condoms through Global fund interventions. Half of them have alternative methods in situations where they do not have condoms. More than half of their clients did not like condoms due to diminished sexual satisfaction and it was identified as a major challenge. Few had problems of continuing condom use due to lack of negotiation skills. There were certain number of incidents where bursting and slipping of condoms were reported. Myths and lack of skills on how to use condoms correctly still existed. Few had history of arrest due to processing of condoms in past. Out of the thirty four, twenty five (25) participants started using condoms for sex work and they had been motivated to use condoms by sex worker organizations.

Conclusions
Condom use among FSWs are satisfactory. Myths and lack of negotiation skills still existed among them. Quality skill based education programmes should be planed

Challenges Economic Benefits of the On-Site Reduction, Rescuing and Reuse of Urban Food Waste

Authors
1. Dr. Vivek Agarwal (Annakshetra Foundation)
2. Mr. Mukul Kotwani (Institute of Development Management)

Abstract
20 to 80% of municipal solid waste (MSW) is UFW. The UFW inversely correlated to the economic status of the community, while the mass of UFW produced per capita was directly correlated (Adhikari et al., 2006). In many countries around the globe, the landfill practice is not even feasible, resulting in land and water dumping (Louis, 2004; Korfmacher, 1997). Because of its biodegradability, UFW attracts disease vectors such as parasites, pathogens, insects and vermin (Louis, 2004; Yedla and Parikh, 2001) and its proper use before disposal can improve the environment and reduce health risks. In Asia, for example, a large number of cities can generally afford the management of 10 to 30% of their MSW (Sharholy et al., 2007). Because the UFW fraction of such cities
generally constitutes 50 to 70% of MSW, the on-site treatment of UFW could resolve most of the garbage issue, and in parallel, reduce the mass of MSW to be transported outside city limits, as well as the smog and GHG emissions. Where landfilling is practiced, the UFW fraction has a major impact on water, soil and air resources. Besides reducing the amount of land available for food production, landfilled UFW brings moisture producing contaminated leachate which can pollute groundwater and soils with heavy metals and toxic organic compounds (Louis, 2004; El-Fadel et al., 2003). Wang et al., 1997). Worldwide, the anthropogenic emission of GHG from landfill sites is estimated at 8% and results mainly from landfilled UFW. Given the increased food prices and the resources required, food waste is being recognized as one of the major growing factor affecting urban health and the disposal of this unused food is controversial. The challenges and economic benefits of the on-site reduction, rescuing and reuse of UFW within urban context, to minimize and evaluate conversion of UFW into resources.

Racial/Ethnic and Socioeconomic Diversity in Patient Activation Research: A Systematic Literature Review

Authors

1. Ms. Tessa Napoles (University of California San Francisco)
2. Prof. Nancy Burke (University of California San Francisco)
3. Prof. Janet Shim (University of California, San Francisco)
4. Prof. Elizabeth Davis (University of California, San Francisco)
5. Dr. David Moskowitz (Alameda Health System)
6. Prof. Irene Yen (University of California, San Francisco)

Abstract

BACKGROUND: In the US, 5% of patients incur over 50% of health care costs[1]. These “super utilizer” patients typically have multiple chronic conditions and require frequent hospitalizations. Complex Care Management (CCM) programs address rising health care costs by serving “super utilizer” patients. CCMs use the Patient Activation Measure (PAM), the most commonly used measure to assess patient knowledge and confidence for self-management[2], to track patient progress. Urban safety-net CCMs serve low-income, racially/ethnically diverse patients diagnosed with multiple chronic conditions often concurrent with substance use or mental health diagnoses. Providers need to track clinical progress for care planning and to document success. A systematic literature review was conducted to assess the inclusion of safety-net populations in patient activation research.

METHODS: A systematic search of PubMed and Web of Science was conducted for articles conducted in the US and published between 2004 and 2015 that used the PAM.

RESULTS: 56 articles were identified. For the studies that did report race/ethnicity (88%), the samples were 3-100% non-White. For SES, 64% and 31% of the studies did
not report any information on income or education about their sample, respectively. 41 studies had samples with at least 33% non-White or people with low income or low education. Of those, 10 studies reported differences in PAM scores by race/ethnicity, education, or income among racially/ethnically or socioeconomically diverse samples; the mean PAM score was 66, corresponding to the upper bounds of Stage 3 which indicates engagement in recommended health behaviors. Only 5 out of the 10 studies were longitudinal studies, none of which investigated CCM-specific program interventions.

CONCLUSIONS: Current literature suggests that PAM may not be able to assess progress in the urban CCM safety-net setting, with vulnerable patients who start at very low levels of activation and have compromised living circumstances.

**Noodles – A Bane Causing Obesity. “South-Indian-Idiappam” (Steamed Rice String Hoppers) – A Boon to Ban Obesity.**

**Authors**

1. Mr. Regunathan Venkatachalam Pillai (Volunteers Against Smoking and Tobacco)
2. Mrs. Tilagavady Regunathan (Volunteers Against Smoking and Tobacco)

**Abstract**

**Background:**
RWJF committed to reversing the childhood-obesity epidemic in America - to achieve healthy-weight for all children of US – strengthening grassroots-demand to make the healthy-choice - the easy-choice for all Americans.

**Problem:**
Globally, it is a well-established-fact that NOODLES consist high-volumes of fat, monosodium glutamate, salt with artificial colors, preservatives, additives and flavourings causing various harmful-health-issues like diabetes, high-blood-pressure, hypertension, Cardio-vascular-diseases – most importantly weight-gain & childhood-obesity among children.

According to the World Noodles Association, in 2015 alone, 102 Billion-packets had been consumed (break-up figures for seven major noodle-consuming countries :: China : 45 Billion, Indonesia : 13 Billions, Japan, India, Viet Nam, (each 5 Billions), USA, Korea (each 4 Billion).

**Solution:**
In South India, IDIAPPAM (steamed Ric-String-Hoppers) – exactly looking like Noodles – a culinary and traditional one - is a very popular food-item highly liked both by
Children and Adults. It is highly nutritious and suitable even for infants.

It contains much less calories without any oil / fat contents. By consuming this steamed-food, all the negative health-issues caused by Noodles – are totally avoided – thus resulting in a non-obese population.

Conclusion:
By popularising this South-Indian Steamed-food-item among the US Children – making them to voluntarily avoid the harmful Noodles – no doubt, within another-decade - USA could create a healthy and Non-Obese Children of Healthy Weight. If a chance given to the Authors – we are ready to organise a practical-demo on preparation of different types of South-Indian IDIAPPAM and their benefits.

**US Mass Fatality Incidents: Preparedness of Faith Based Organizations**

**Authors**

1. Ms. Qi Zhi (University of California San Francisco)
2. Mr. Peter Gudaitis (National Disaster Interfaiths Network)
3. Ms. Ezinne Nwankwo (University of California San Francisco)
4. Prof. Robyn Gershon (University of California San Francisco)

**Abstract**

In the US, the management of mass fatality incidents (MFI) is the responsibility of a large network of collaborating sectors, including public and private agencies and organizations. One of the major sectors in this regard is referred to as “Faith Based Organizations” (FBO). Comprised of individual volunteering religious clergy, they deploy to MFI where they provide spiritual care to survivors and first responders. Although this is an important role, the preparedness capabilities of FBO have not been well characterized, due, in part, to a lack of consensus on appropriate preparedness measures.

The purpose of this study was threefold: 1) to develop metrics of MFI preparedness for the FBO sector; 2) to determine preparedness levels and factors associated with preparedness; and 3) to identify preparedness gaps amenable to targeted intervention.

New metrics of preparedness were developed and tested in 2014. Data were collected from a national convenience sample of participants affiliated with FBO using an anonymous, online survey. Descriptive and bivariate analyses were performed to describe the sample, determine levels of preparedness using the new metrics, and identify factors associated with preparedness.

The survey was completed by 124 respondents affiliated with FBO. The majority rated their organization and their jurisdiction to be “moderately” to “well-prepared.” 62% of the sample had 50% or more of preparedness elements in place. FBO representatives
reported high levels of both “willingness” and “ability” to report to MFI. Training and drills were significantly correlated with preparedness metrics. Respondents reported that improvements to preparedness could be achieved through more training, drills, and planning activities.

The study found that FBO representatives were moderately prepared and highly motivated. The effectiveness of FBO deployed to MFI may be improved through enhanced training and drills that involves all key response partners.

Keywords: Faith based organization, mass fatality incidents; disaster preparedness; cross-sectional study


**Authors**

1. Ms. Maya Scherer (The New York Academy of Medicine)
2. Mr. Tongtan Chantarat (The New York Academy of Medicine)
3. Mr. Theo Oshiro (Make the Road New York)
4. Ms. Rebecca Telzak (Make the Road New York)
5. Dr. Linda Weiss (The New York Academy of Medicine)

**Abstract**

**Purpose:** This research evaluates compliance with and impact of New York City (NYC) and New York State (NYS) laws requiring chain pharmacies to provide language services to limited English proficient (LEP) patients. Inadequate access to translated medication instructions puts LEP patients at risk of medication errors. Many urban centers in the United States have high concentrations of LEP residents, yet NYC is unique in its passage of pharmacy focused language laws.

**Methods:** We assessed provision of language services in chain pharmacies through surveys of pharmacists (n=154) and LEP patients (n=72); and observations of pharmacy signage (n=40). Pharmacist survey results were compared to findings from a similar survey conducted in 2006 (n=71).

**Findings:** Findings from 2015, as compared to 2006, suggest improvement in language services: significantly more pharmacies have the capacity to provide translated labels (100% vs. 77%, p<.001) and telephone interpretation (91% vs. 23%, p<.001). Of pharmacies serving LEP patients daily, 41% reported translating labels daily, compared to 14% in 2006 (p<.001). Eighty-three percent of pharmacies observed had multilingual signs; 26% of LEP patients surveyed received translated medication labels and 20% were offered language services by pharmacy staff. Patients who filled prescriptions in a neighborhood with a higher proportion of LEP (OR=1.04 per one additional percentage, p=0.044) and who requested translation (OR=3.36, p=0.043) were more likely to receive
a translated label. Although not statistically significant, a higher proportion of LEP patients that received translated labels adhered to their medication instructions compared to those with English labels (89% vs. 71%, p=0.193).

Conclusions: Our data suggest legislation can effectively promote access to language services in pharmacies. However, utilization rates remain suboptimal. Pharmacies should be more proactive in offering language services to LEP patients. Further education of patients, pharmacists and other providers may be needed to ensure available language services are fully utilized.

**Relationship Between Short Sleep Duration and Cardiovascular Risk in Urban-Rural Context. A Population Based Study in Bangladesh**

**Authors**

1. Dr. Mahfuzar Rahman (Research and Evaluation Division, brac)
2. Prof. Abdul Bayes (Research and Evaluation Division, brac)

**Abstract**

Background and aim:
The aim of this study was to investigate the association between short sleep duration and cardiovascular disease (CVD) risk factors including hypertension, diabetes among urban-rural population. The contribution of social economic status (SES) and lifestyle factors were also examined to this association.

Method:
A total of 12,925 participants (aged >35 years) from a representative samples from Bangladesh. Short sleep duration was defined as <7 h/night. Cardiovascular disease included hypertension and/or diabetes mellitus. The association between short sleep and CVD risk factors, along with the contribution of SES and lifestyle factors, was assessed using prevalence ratios (PRs).

Results:
Urban-rural sleep difference was reported higher in rural population. Average sleep was reported in rural 8.1 (±1.4 (±SD) vs 7.5 ± 1.4 (SD). Short sleep was significantly higher in urban area (P<0.001). The risk of cardiovascular disease is higher (Odds Ratio= 1.6; 95% CI, 1.2-2.3) among short sleeper in urban areas. The association is statistically significant (P<0.002).

Conclusion:
The findings indicate that short sleep is associated with cardiovascular disease in urban settings. Further studies are warranted to establish the potential factors that might lead to the observed differences across populations and appropriate intervention to address SDG.
Empowerment of Women, Food Insecurity and Kitchen Gardening in a Squatter Settlement of Karachi

Authors

1. Mrs. Fouzia Arif (Marie Stopes Society)  
2. Mr. Arif Sher Mohammad (National Committee for Maternal & Neonatal Health)  
3. Dr. Muhammad Yousuf (Aga Khan University)  
4. Dr. Hafsa Altaf (Marie Stopes Society)

Abstract

Background:
Since 2008, a Karachi based Foundation working on social development through prototype projects in urban settings approached Sultanabad, located in Kemari town to support their families by enhancing their skills in food insecurity. In 2013, community based organization named as Community Management Association was identified by the Foundation to conduct workshop on capacity building of women which was attended by 100 community women.

Method:
The Foundation organized training program in collaboration with CHMA on ‘Kitchen Gardening’. The training enhanced the knowledge of women on how to utilize used water in gardening and grow different vegetables/plants to generate income. After completion, women decided to take following responsibilities in groups:
• Replication of training
• Practical implementation
• Income generation by demonstration plots for kitchen gardening
• Influence policy development process of local municipal corporate

Effective assessment was done by researcher conducting meetings, interviews and focus group discussions with 93 trainees. Seven women were not available.

Results:
Around 20% women replicated the training by conducting workshop for 300 community women. Trainers faced problem of limited resources but through community participation, the issue was resolved. 33% women adopted an innovative idea and started kitchen gardening in nearby areas. 10% women established small shops in Mohala to sell seeds, learning material, soil, fertilizers and pesticides. 30% women approached officials of municipal corporation of their area to develop policy for empowerment of women and support their income generating projects. The municipal corporation allocated small areas in parks to grow vegetables. This improved the nutrition level and generated some money to use for education and treatment of their children.

Conclusion:
The strategy adopted by the Foundation and CHMA for women empowerment
supported them to improve nutrition level of food and introduce innovative opportunities for income generation by keeping their cultural and traditional limitations intact.

**An Assessment of the Health Hazards on the Surrounding Urban Environment of General Hospital, Kuta, Niger State, Nigeria**

**Authors**

1. Mr. JOSEPH EZEKIEL (Planned Parenthood Federation Of Nigeria)
2. Dr. Emmanuel Umaru (Department of Urban and Regional Planning, Federal University of Technology, Minna, Niger State)

**Abstract**

General hospital Kuta like several medical centres in Nigeria lack the basic requirements of an environment that can be tagged as hazard free or that the hazard has been considerably minimised, due to a number of factors that constitute health hazards such as improper management and disposal of medical waste; unhygienic environment; lack of proper management of communicable diseases such as Tuberculosis, Hepatitis B (HBV), Hepatitis C (HCV) and other airborne diseases. This situation in the study area constitutes a source of concern for both the medical personnel, patients and the surrounding environment, which needs to be assessed for proactive measures to be taken to avoid spread of diseases and loss of lives. The study aims at assessing the health hazard and coping capacity of General Hospital Kuta, Niger State. 181 health care workers and residents in close proximity to the hospital were examined. Data was collected using self-administered questionnaire and descriptively analyzed using SPSS version 16.0. The hazards identified in the study area and their rating according to risk they pose shows that exposure to contagious/communicable diseases to the surrounding environment ranked 1st; infections through infected sharp objects (such as needles and blades) that are not properly disposed ranked 2nd; continuous contact with disinfectants ranked 3rd amongst others. The following recommendations among others were made based on the findings: Management of General Hospital, Kuta should embark on the education of the health care personnel on safety and further carry out sensitization and capacity building on infection control through trainings and workshops for staff and residents of Kuta and ensure effective medical waste disposal system such as sterilization, and particularly the use of supercritical liquid carbon dioxide (SF-CO2).

**Effectiveness of the BRAC Community Health Workers in Improving Safe Motherhood and Newborn Care in the Urban Community of Bangladesh**

**Authors**

1. Ms. Saira Jolly (BRAC)
2. Mr. Tridib Roy Chowdhury (BRAC)
3. Dr. Kaosar Afsana (BRAC)
4. Dr. Mahfuzar Rahman (BRAC)

Abstract
Background:
The community health workers (CHWs) of BRAC MANOSHI programme are promoting
safe motherhood and neonatal health across urban slums of Bangladesh where a lack
of awareness and unaffordability of medically trained providers (MTPs) are prevalent.
They advise pregnant women on appropriate care practices for delivery, post-delivery
and essential newborn care (ENC) including wiping, warping, breastfeeding and cutting
and tying cord with sterile materials during antenatal care (ANC) checkup. This study
aims to investigate the effectiveness of ANC checkup of BRAC CHW in improving safe
motherhood and newborn care in the urban community.

Methodology:
This cross-sectional study was conducted during March to July 2015 in Chittagong,
Dhaka and Sylhet city corporations. A census was conducted among 25,000
households covering 10 branch offices of MANOSHI programme in these three areas to
identify women with a delivery outcome preceding the last three years. A total of 1100
respondents were interviewed randomly based on the census through a structured
questionnaire. Logistic regression was performed for data analysis and results showed
an odds ratio with a 95% confidence interval.

Results:
Institutional delivery significantly improved from 11% to 57.6% in the three years period
among women who received one or more ANC checkups from BRAC CHWs (P<0.001).
MTP assisted delivery was 72% higher among women who received ≥four ANC
checkups from BRAC CHWs compared to those who received ≤3 ANC checkups from
them [1.72 (1.26-2.35)]. Similarly, components of ENC all together was 37% higher
among those newborn whose mothers had received ≥four ANC checkups from BRAC
CHWs [1.37 (1.05-1.80)].

Conclusion:
Four or more ANC checkups by BRAC CHWs had an effective role in improving skilled
assisted delivery with a comprehensive provision of ENC service in the urban
community.

Prevalence and Association Between Body Mass Index and Type 2 Diabetes
Mellitus Among Bangladeshi Urban Population

Authors
1. Mr. Sabuj Kanti Mistry (Research and Evaluation Division, brac)
2. Mr. Md. Mahmudur Rahman (Research and Evaluation Division, brac)
3. Ms. Fatema Tuz Jhohura (Research and Evaluation Division, brac)
4. Dr. Mahfuzar Rahman (Research and Evaluation Division, brac)
5. Prof. Abdul Bayes (Research and Evaluation Division, brac)

Abstract
Background
Type 2 Diabetes Mellitus has recently been appeared as a major global health concern, particularly in low-middle income country (LMIC). Present study was undertaken with an aim to investigate the prevalence and to assess the correlation between Body Mass Index (BMI) and Type 2 Diabetes Mellitus (T2DM) among urban population in Bangladesh.

Method
Information was gathered through interviewing a nationally representative sample of 13077 people aged >35 years. BMI was defined as, weight in kg/ (height in meter)2 , while participants previously diagnosed as diabetic by registered physicians were considered case. Chi square and t- test were used for both categorical and continuous variables while odds ratio were calculated for categorical variables.

Findings
The total Prevalence of diabetes mellitus was 5.26% and significantly higher in urban population than rural (7.81 vs 4.97, P<0.0001). Urban women were nearly two times (OR=1.85; 95% CI, 1.2-2.3; P=0.003) more prone to become diabetic compared to their male counterpart. A statistical significant (p=0.0006) different was also observed in level of BMI between diabetic and non-diabetic participants (24.06±3.12 vs 22.81±3.61) among urban population.

Conclusion
The study warrants a very high prevalence of diabetes mellitus in urban sphere, particularly among overweight population. This highlights the importance of a population based survey to monitor blood glucose level and associative factors for effective prevention and control of diabetes in urban areas, which falls under Sustainable Development Goals (SDG).

Medical Record Keeping Practices Among the Urban Poor in Bangladesh

Authors
1. Mr. Shaikh Mehdi Hasan (International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B))
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5. Ms. Rushdia Ahmed (International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B))
6. Ms. Fayeza Sultana (International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B))
7. Dr. Rukhsana Gazi (International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B))
8. Dr. Alayne Adams (International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B))

Abstract
Background: The lure of employment opportunities in Bangladesh’s cities accelerate rural to urban migration which has made the capital, Dhaka, one of the fastest growing mega cities in the world. The majority of new poor migrants settle in slums where health hazards are many, and access to affordable health services is limited. NGOs play an important role in providing community-based primary health services, with a particular focus on maternal, newborn and child health. Considering the mobility and vulnerability of poor urban dwellers, medical record keeping is a particular challenge.
Objectives: This paper explores the medical record keeping practices of urban poor and their experience regarding the existing health information system of different NGOs.
Methods: Formative qualitative research was conducted in six NGO-run MNCH facilities (2 from 3 different NGOs) in Dhaka in 2015. In-depth exit interviews were performed with 25 poor patients and 15 semi-structured observations were made at facility and community levels.
Findings: The majority of respondents reported residing in crowded and poor quality housing structures where safe storage systems are rare in the context of insecurity and environmental hazards such as flooding. As a result, medical documents are often damaged or lost. Frequent moves due to employment and eviction also necessitate changes in where healthcare is sought. However, it is difficult for clients to bring medical records as they are paper-based and not easily transferred. As a result, many low-income patients are required to perform additional diagnostic tests.
Conclusion: Due to the paper-based medical record keeping systems prevalent in NGOs working in urban areas, costs to patients are increased as repeated tests may be necessary, and opportunities to address other health needs may be missed. Digitized shared medical record systems could reduce the vulnerability of the urban poor to missed or inappropriate diagnosis or treatment, and unnecessary costs.

Assessing the Coping Strategies and Care for Women with Breast Cancer in Urban Nigeria

Authors
1. Dr. Mofolukewake Ajayi (Covenant University)
2. Dr. Emmanuel Amoo (Covenant University)
3. Dr. Adenike Idowu (Covenant University)
4. Mrs. Samuel Gbemisola (Covenant University)
Abstract
Breast cancer is the principal cause of cancer death among women worldwide and biggest cancer killer in Nigeria. This study examined factors affecting patient’s stance on disclosure of health status to family and the assessment of family and institutional support available to women with breast cancer in urban sprawl of Nigeria. The study adopted qualitative study through 16 in-depth interviews among the survivors. The respondents were selected randomly on various oncology clinic days from randomly selected specialised health facilities in Ogun and Kwara States. Each of these states was chosen randomly from the six geopolitical zones in Nigeria, which were re-grouped into two (Southern and Northern). Results revealed that family based intervention support is often limited and in some cases not available (not all family members were supportive) through the diagnosis and treatment stages). Result also indicated that most survivors never openly disclosed their state of health either at diagnosis or during treatment due to the fear of being stigmatized. A non-disclosure attitude affects the quality of help and interventions available to this survival. The study concludes that a more robust enlightenment will intervene in the help and quality of support victims get assuring them of what else they can live for after cancer. This will further ignite their hope to pull through.

Burden of Disease Among Under-Five Children in Urban India

Authors
1. Dr. Prashant Kumar Singh (Institute for Human Development)
2. Mr. Rajesh Kumar Rai (Society for Health and Demographic Surveillance Suri, West Bengal)

Abstract
Background: India remains one of the highest contributors of under-five deaths in the work, due to huge population base and higher levels of mortality rates in spite of many programmatic efforts. It has been estimated that nearly half of under-five mortality is attributed to diarrhoeal diseases and acute respiratory infections. This study examines the burden of diarrhoeal diseases and acute respiratory infections (ARI) among urban samples. Further, socioeconomic and regional variations have also been assessed. Methods: The study is based on 2,68,545 children aged 0-5 years born to women in the age group 15-49 years who participated in the nationally representative District Level Household and Facility Survey conducted in 2007-2008. DLHS collected information on self-reported prevalence of diarrhoea and ARI during the last two weeks preceding the survey and their treatment seeking behaviour. To examine the determinants of diarrhoea and ARI among urban children number of demographic, socioeconomic, regional and contextual factors adjusted in multilevel analysis.
Results: Finding revealed that nearly 12% of children suffered from diarrhoea and
nearly 11% from ARI infections at national level. However, huge regional and socioeconomic disparity was evident. For instance, prevalence of diarrhoea was considerably higher in Maharashtra (20%), Haryana (17%) and Uttar Pradesh (16%). Similarly, ARI was higher in West Bengal (25%), Orissa (17%), Uttar Pradesh (17%) and Bihar (15%). Multilevel analysis suggested that individual level characteristics such as women’s education, social group, and household wealth significantly determine likelihood of ARI and diarrhoea among urban children in India. Moreover, study also found community level factors such as poor locality in terms of proportion of household access to clean water and cooking fuel significantly determine diarrhoea and ARI in urban areas.

Conclusion: Finding shows high burden of diarrhoea and ARI among urban Indian children and suggests targeted interventions at policy level.

An Exploration into the Process and Consequences of Violence within Marriage: Study of an Urban Slum Community in India

Authors

1. Ms. Atreyee Sinha (International Institute for Population Sciences)

Abstract

The present study tries to explore and understand the context of intimate partner violence in Indian context through a small scale qualitative or exploratory study. The main objective of the present study is to understand the underlying mechanism of a violent relationship i.e. the initiation of violence, coping strategies and its consequences. Eight in-depth interviews among lower and middle class population groups in three urban slums of Mumbai city in India. As reported by the respondents, physical and emotional violence are quite common in their daily lives initiating within two to three years after marriage. Alcohol consumption, having no sons, husband’s extra marital affair and doubts on wife being unfaithful are the main triggering factors. Victims mostly continue to stay in the marriage because of their children’s sake and find the outlet in different jobs to earn money. The severity of the act confines upon the women as well as their children a series of physical injuries and emotional health problems. Strengthening and proper implementation of stringent laws to protect women from domestic violence as well as empowering them in every aspect of life are need of the hour to fight the evil of crime against women.

Contribution of Grain Amaranth in Controlling Obesity with or Without Exercise
Authors

1. Mr. Linus Ndonga (Strategic Poverty Alleviation Systems-SPAS)

Abstract
Obesity has become a bigger problem around the world than hunger and excess weight and associated complications is now the number one killer in the world. Indeed, obesity-a form of malnutrition- is the defining epidemic of our age, and one in twelve adults worldwide now have type 2 diabetes, (Global Nutrition Report 2015). However, although unhealthy foods and drinks are among the key drivers of obesity, food industry encourages the belief that exercise could counteract the impact of unhealthy eating. However, physical activity have little role in tackling obesity, (Journal of Sports Medicine, 2015)

This paper will demonstrate how Strategic Poverty Alleviation Systems –SPAS has been using grain amaranth-a non-grass cereal and a nutritional powerhouse which is also medicinal to control chronic obesity with or without exercise among urban and rural dwellers with very promising results. Communities in both rural and urban areas are trained on production, processing and utilization of grain amaranth to persistent maternal and childhood malnutrition and the growing epidemic of adult obesity. Obese people who persistently take grain amaranth-based nutraceuticals for three months resume their normal weight. SPAS has also been promoting healthy choices by packaging public health messaging on established lifestyle risk factors-such as obesity and unhealthy diets-in a way that is attractive to the youth. And while the promotion of a healthy start in life and maternal health are central components of chronic diseases prevention and control, policies and practices that promote healthy eating from infancy to adulthood should be prioritized.

Goal number 3 of the SDGs seeks to ensure healthy lives and promote the well-being for all at all ages. Deliberate efforts to change our eating habits towards healthful foods seeking behavior and community participation in a culture of health should be a good start. But transformation is impossible without continuity.

Multiple Determinants of Amenable Cardiovascular Deaths in Romania

Authors

1. Dr. Adrian Pana (Bucharest University of Economics)
2. Mr. Bogdan Ileanu (Bucharest University of Economics)

Abstract
The Romanian healthcare system is going through a process of ongoing health reform since 1990s. At the same time, is one of the most underfinanced systems in EU, facing major problems related to resources allocation, the quality of the services provided, and its main outcomes. In this respect, an analysis of the determinants of amenable mortality due to the cardiovascular deaths (1st cause of deaths) might provide an useful insight in order to design better health policies in Romania.
The impact of several determinants such as: socio-economic status, geographic and environmental factors, access to medical services, and resources allocation is measured through econometric models and other quantitative techniques such as descriptive statistic analysis performed at different administrative levels (NUTS2 and NUTS3) and cross-sectional and panel analysis (different type of estimation methods taking into consideration territorial heteroskedasticity and outliers). The results show a large heterogeneity across the country geography along with lifestyle characteristics being important predictors for this type of deaths. Changing the architecture of health care provision, as well as more efficient and equitable allocation of resources might change the pattern of avoidable cardiovascular deaths in Romania.

**Health Action Schooling in Home Schools; An Urban Health Model**

**Authors**

1. Mr. Anwar Khaskheli (organation)

**Abstract**

Health Action Schooling (HAS) is one of the emerging approaches to make the students instrument of the change. Mostly the communities living at coastal belt of Karachi, Pakistan are facing worst health and hygienic problems. FACE is a nonprofit organization working for community development of coastal areas. The organization is implementing various projects. Home schools initiative is one among the key projects of the organization. The schools are offering quality education to the poorest children of area. Recently the Health Action Schooling approach was utilized in schools. The purpose of the initiative was to improve the KAPs (Knowledge, Attitude and Practices) among the community members regarding the health and hygiene. The initiative was implemented in union council Rehri, Karachi. Total 380 students of two schools participated in the initiative. 18 Health messages were developed. The students were assigned to share messages with their parents. After one month an assessment of parents was conducted. Various changes pertaining to the knowledge, attitude and practices on health and hygiene were found. Community members mentioned their financial expenses have been reduced after practicing on the given messages. Families of these students are living their healthy lives. At present the task of students has been increased. At initial stage students were given the task to focus their own families. Now every student is responsible to share these messages and change at least five families. Significant change is viewed in community. Findings show that such approach could become an effective solution to address the health problems of coastal community. On the basis of evidences it can be said that such approach would be practical method in improving the urban health status in a country like Pakistan. Such findings should be shared in international forums as a successful health model of the world so that other can be benefited.
Pre Hospital Care and Outcome of Road Traffic Accident Victims at a Level-I, Urban, Trauma Centre in Mumbai

Authors

1. Ms. Bornali Dutta (International Institute for Population Sciences)

Abstract

In a populous city like Mumbai, which lacks an organized pre-hospital emergency medical services (EMS) system, there exists an informal network through which traffic accident victims arrive at the trauma centre. The study describes the pre-hospital care received by the accident victim. This was a prospective hospital based study of road traffic crash victims carried out at a Level-I, urban, trauma centre in Mumbai between December 2012 and May 2013. After informed consent to participate in the study, patients/attendants were interviewed for the study. Patients brought dead were excluded from the study. The injured road traffic accident victim in Mumbai usually is rescued by the police contrary to popular belief. Almost immediately after rescue, the victim begins transport to the hospital. No one waits for the EMS ambulance to arrive, as there is none. Almost two thirds of the patients were transferred from other medical health facilities. A taxi followed by auto rickshaw is the most popular substitute for the ambulance. The accident victims were transported to Level-1 trauma centre with and without EMS. EMS is not uniformly distributed to all the injured patients, and many get transported directly without field triage or stabilization. In Mumbai basic life support consists of basic life support, oxygen support and advanced life support for few patients. Currently, as a result of not having an EMS system, pre-hospital care is a citizen responsibility using societal networks. It is easy to eliminate this system and shift the responsibility to the state.

Burden of Care Giving Activity to the Older Family Member

Authors

1. Ms. Dolly Kumari (International Institute for Population Sciences)
2. Prof. Hemkhothang Lhungdim (International Institute for Population Sciences)

Abstract

Institutionalization of family member is still not acceptable by major proportion of society. In absence of universal health and social security system families are the foremost sources of support and care for needed family member. This study mainly focuses on the self-reported health of caregiver by different type of care giving activity, and to measures the burden of care giving activity to the older caregiver family member. SAGE Wave-1 data had been used, during 2007 to 2008 data were collected in six representative states; Assam Karnataka, Maharashtra, Rajasthan, Uttar-Pradesh and West Bengal. This study is based on 914 cases, only on the main caregiver to the adult family members. Socio-demographic characteristics and different type of care giving
activity were used as independent variable whereas self-reported health (good, moderate and bad) and burden of care giving activity is used as dependent variable. For measuring care giving burden 10 item 5 point scale has been used, average covariance of the scale is .499 and reliability coefficient of the scale is 0.9129. This scale ranges between 10 to 50 pints. Descriptive statistics and multinomial logistic regression had been used for analysis. Caregivers providing financial and social help reported moderate self-reported health relative to good health is 0.171 & 0.248 times less if other others variables held constant in the model. Caregiver not providing financial and social care is 0.605 (p<0.05) and 0.774 (p<0.01) times less likely to reported bad health compare to good self-reported health respectively. Caregivers not giving physical care are 0.404 (p<0.1) times less likely to report for bad self-reported health than those who are giving. As expected caregiver providing financial and health related care are reported to have more burden than others type of care giving activity. Overall care givers burden of care giving is varies by type of care.

Availability, Accessibility and Utilization of Health Care Services in North India

Authors

1. Ms. Rati Parihar (International Institute for Population Sciences)

Abstract
Low use of healthcare services is one of the reasons why morbidities and mortality is still considerably high among population of India. Regardless of unusual economic growth of India in last two decades, the health care sector still needs an enhancement & development. Even though the National Rural Health Mission (NRHM), launched by government of India in 2005, has made considerable steps forward in context of Health care Infrastructure i.e availability of Services but still a long path is left ahead when we talk about its Utilization among population. To increase the utilization of these services, it is necessary to identify factors that affect service utilization. The present study is an attempt to fill the gap between availability and utilization of these services utilising the District level household survey – 4 (DLHS-4) data in North India. The multivariate analysis of the data shows that the health care infrastructure has shown an improvement but still its utilisation is very low. Number of CHC’s and PHC’s has increased and along with that number of medical personnel’s involved in health care activities has also increased. Also a number of new born care services a have also increased.

Access to Safe Water Saves Lives

Authors

1. Mrs. Olukemi Adeyaju (Save the Children, Nigeria)
2. Mr. Babatunde Folorunsho (Save the Children,)
3. Mr. George Akor (Save the Children,)
Abstract
Only 10% of people in Lagos State have access to safe public water supply [WASH Policy, Urban Water Master Plan]. 70% of people living in Lagos reside in peri-urban and rural areas which are further excluded from public water services. Access to safe drinking water is the basic human right of every Nigerian citizen. Yet, diarrhoea caused by lack of clean drinking water is the second biggest childhood killer worldwide, causing about 800,000 deaths in children under five each year.1

Diarrhoea is responsible for 12% of under five deaths in Nigeria annually. It is responsible for 9% of under-5 mortality in Lagos state. 2.9 million children under the age of five, suffer from at least one episode of diarrhoea each year. Under-five diarrhoea related episodes and deaths can be prevented through the application of simple, effective and low cost interventions such as provision of safe water at every household. Nearly 1 out of every 5 death under the age of five worldwide is due to water related and this largely preventable disease4.

Under-five diarrhoea related episodes and deaths can be prevented through the application of simple, effective and low cost interventions such as provision of safe water at every household. Nearly 1 out of every 5 death under the age of five worldwide is due to water related and this largely preventable disease4.

Save the Children "Stop Diarrhoea Initiative (SDI) signature programme approach is to test the efficacy of the WHO-UNICEF 7 Point Plan of the control of Diarrhoea. The 7 Point Plan also addresses making water available in quality and quantity to every household. This falls under the infrastructure development pillar of the Lagos State Development Plan ((2012-2025).

Factors Protecting Pakistani Women Against HIV Infection

Authors
1. Dr. Jamshed Hasnain (Bridge Consultants Foundation, Karachi.)
2. Ms. Sana Hussain (University of Karachi)
3. Dr. Masroor Badshah (Northwest Medical College, Peshawar.)
4. Prof. Sten Vermund (Vanderbilt University)
5. Dr. Shraf Shah (Bridge Consultants Foundation, Karachi.)

Abstract
Introduction
Biologically and socially, women are more vulnerable to HIV transmission. However in Pakistan, >90% of registered HIV/AIDS patients are men and transmission from HIV infected men to their spouses is less commonly reported than elsewhere in the world. The purpose of our study was to identify factors that might be protecting women against transmission of HIV infection in Pakistan.
Methodology
We conducted focus group discussions and in-depth interviews with the spouses of injection drug users (IDUs), NGOs, and outreach workers working with the IDU population in the Sindh province. Data were collected using semi-structured questionnaires. All qualitative data were transcribed and analyzed through the process of coding, categorizing and identifying themes.

Results
Data suggested that: (1) only a very tiny proportion of IDUs in the country are females; (2) street female IDUs are rare in Pakistan as in contrast to male IDUs as most female IDUs are not abandoned by their families, due to social and cultural reasons; (3) male IDUs are not welcomed by their wives, yet it is difficult for IDUs to buy or sell sex because of their poor financial and unhygienic conditions; (4) most IDUs in the country are circumcised; (5) despite financial difficulties, most of the spouses of IDUs practice monogamy and only a few sell sex or have more than one sexual partner; and (6) most IDUs reside in urban areas and their spouses are generally well informed about common HIV prevention methods (abstinence and condom use).

Conclusion
The results suggest factors that may limit spread of HIV infection from high risk groups like the IDUs to their spouses and other females in Pakistan. Notably, bridging from IDUs to women or to men who have sex with men may be comparatively low in Pakistan.
construction sites, while 6% migrants owned their own homes and 4% lived in shared housing with relatives. Seasonal migrants accounted for 99% of all migrants living in temporary conditions or squatting, with 31% of seasonal migrants renting their homes. 38% migrants lived in housing with permanent materials, 35% with semi-permanent materials and 28% with temporary materials. 73% of seasonal migrants lived in housing with temporary materials compared to 13% among all other migrant groups. 70% migrants had access to shared sanitation facilities, 20% had no facility/practiced open defecation. 10% migrants had household toilets, while <1% had access to community toilets. 69% seasonal migrants had no sanitation facility, which was considerably higher than other migrant groups. 33% of all migrants had a submersible pipe at home, 28% had access to a public submersible pipe/public tap, 3% to a public hand-pump. 27% migrants purchased drinking water, while only 9% had piped water connections. Among seasonal migrants only 4% had access to piped water connections, considerably lower than other groups.

Conclusion: With longer stay in the city, migrants develop social connections, develop skills, confidence to improve housing and live a better life than their seasonal counterparts. Inclusion directed efforts with strong role of civil-society organizations partnering with Municipal Corporation and working with migrants can help reduce exclusions/vulnerability and shape public policy.

**Neighborhood-Level Concentrated Poverty and Human Immunodeficiency Virus Testing among Primary Care Patients**

**Authors**

1. Dr. Chandra Ford (UCLA Fielding School of Public Health)
2. Dr. Lois Takahashi (UCLA Luskin School of Public Affairs)
3. Dr. Rulin Hechter (Kaiser Permanente Southern California)
4. Dr. Chi-hong Tseng (UCLA Geffen School of Medicine)
5. Dr. William Cunningham (UCLA Geffen School of Medicine)
6. Mr. Jonathan Grotts (UCLA Geffen School of Medicine)
7. Ms. Holly Leclair (UCLA Geffen School of Medicine)
8. Dr. Adeline Nyamathi (UCLA School of Nursing)

**Abstract**

**Background**
The U.S. Centers for Disease Control and Prevention recommends that all patients seeking care in most healthcare settings routinely undergo human immunodeficiency virus testing during their healthcare visits; however, need for and access to testing may vary depending on whether a patient lives in an area of concentrated poverty.

**Purpose**
This study explored the prevalence of concentrated poverty (i.e., ≥ 40% of residents in a tract live in poverty) among primary care patients and examined its relationship to
human immunodeficiency virus testing during a recent primary care visit.

Methods
We conducted a cross-sectional, multilevel analysis among primary care patients (N=1,627,642) enrolled in a major managed care organization in southern California. We linked detailed clinical information from each patient’s electronic medical record to census-derived socioeconomic indicators for the tract in which each patient lived. We conducted multivariable, random-effects logistic regression analysis to examine relationships between concentrated poverty and testing while controlling for individual-level covariates.

Results
Overall, levels of human immunodeficiency virus testing (5.3%; n=86,339) and concentrated poverty (1.8%; n=29,695) were low. A greater proportion of patients living in areas of concentrated poverty than in other neighborhoods tested for human immunodeficiency virus infection during an index visit (8.4% vs. 5.2%). By race/ethnicity, greater proportions of blacks (4.0%, n=6,390) and Spanish speaking Latinos (4.5%, n=8,046) resided in neighborhoods characterized by concentrated poverty. In the adjusted analyses, patients living in areas of concentrated poverty had slightly higher odds (odds ratio = 1.061; 95% confidence interval = 1.008-1.117) of testing during an index visit compared to similar patients in other neighborhoods.

Discussion/Conclusion
The human immunodeficiency virus testing behaviors of primary care patients may vary depending on the pervasiveness of poverty in their neighborhoods; future research should clarify whether this reflects a greater need for testing among these patients or better access to it.

Child Labor and Health Hazards: A Major Problem of Urban Squatter Settlements

Authors
1. Mr. Bilal Yousuf (Liaquat national medical college)
2. Dr. Zeeshan Memon (Liaquat University of Medical and Health Sciences Jamshoro, Pakistan)

Abstract
Child labor, has become a growing concern globally. It may harm/exploit them physically, mentally, morally, or by blocking access to education. Child labor is becoming serious issue in developing countries. In Asia, 22% of the workforce is children. In Pakistan, about 11 million children are its victims.
A study was conducted in 2 urban slum of Pakistan to determine the causes and problems associated with child labor in the urban squatter and to observe different types of health hazards associated with their work. Interviews were conducted with 120 children working at different places by using a survey questionnaire. A convenient
sampling method was used. Out of 120 subjects; 74% were boys and 26% girls. Among them 38% were of age 7-10 years and 62% of 11-14 years. Average working hours for 47% subjects were 9-12 hours, 23% were having 5-8 hours and 30% having 13-18 hours. About 13% children were not earning just learning the skills, 7% were earning >12 US $/month; 64 % having 12 to 35 US$ and 16% were earning >35 US$. Due to poverty, 67% of subjects give their earning to parents, 15% keep money for personal use, 7% spend on medicines and 4% on education. 84% children have no-schooling; 57% working on monthly salary & 18% are self-employed; About half of the children are working due to financial constraints and enormous family pressure. Due to long working hours, hot and unhygienic atmosphere, heavy weight lifting and lack of health facilities they often suffers from Diarrhea, respiratory and skin diseases and backache. The working children are in miserable condition. There is need to discourage child labor by enhancing socio-economic support, promoting education and developing appropriate policies to protect rights of children. Key words, child labor, slums, children, health hazards, family pressure, diseases, miserable conditions, policies

Views of Health Care Providers on Appropriate Interventions to Curb Unsafe Abortion in Ghana

Authors

1. Prof. Akwasi Kumi-Kyereme (University of Cape Coast)
2. Dr. Eugene KM Darteh (University of Cape Coast)

Abstract
Unsafe abortion is a major direct obstetric cause of maternal mortality in less developed countries. Unsafe abortion accounts for about one in 10 pregnancy related death in Ghana although several policies, programs and initiatives are being implemented to tackle maternal morbidity and mortality. This paper explores the views of post-abortion health care providers on appropriate interventions to curb unsafe abortion. In-depth interviews were conducted with 30 providers of post-abortion care in January 2013. The providers were purposively selected from three health care facilities in the Accra Metropolis. The key interventions proposed by the providers are effective pre- and post-abortion counseling, public education on the abortion law and improved client-provider relationship. Post-abortion care providers could make significant contributions towards the design and implementation of programs to address unsafe abortion.

Factors Protecting Pakistani Women Against HIV Infection

Authors

1. Dr. Jamshed Hasnain (Bridge Consultants Foundation, Karachi.)
Abstract

Introduction
Biologically and socially, women are more vulnerable to HIV transmission. However in Pakistan, >90% of registered HIV/AIDS patients are men and transmission from HIV infected men to their spouses is less commonly reported than elsewhere in the world. The purpose of our study was to identify factors that might be protecting women against transmission of HIV infection in Pakistan.

Methodology
We conducted focus group discussions and in-depth interviews with the spouses of injection drug users (IDUs), NGOs, and outreach workers working with the IDU population in the Sindh province. Data were collected using semi-structured questionnaires. All qualitative data were transcribed and analyzed through the process of coding, categorizing and identifying themes.

Results
Data suggested that: (1) only a very tiny proportion of IDUs in the country are females; (2) street female IDUs are rare in Pakistan as in contrast to male IDUs as most female IDUs are not abandoned by their families, due to social and cultural reasons; (3) male IDUs are not welcomed by their wives, yet it is difficult for IDUs to buy or sell sex because of their poor financial and unhygienic conditions; (4) most IDUs in the country are circumcised; (5) despite financial difficulties, most of the spouses of IDUs practice monogamy and only a few sell sex or have more than one sexual partner; and (6) most IDUs reside in urban areas and their spouses are generally well informed about common HIV prevention methods (abstinence and condom use).

Conclusion
The results suggest factors that may limit spread of HIV infection from high risk groups like the IDUs to their spouses and other females in Pakistan. Notably, bridging from IDUs to women or to men who have sex with men may be comparatively low in Pakistan.

Housing, Water, Sanitation Conditions Among Seasonal Migrants, Recent Migrants And Older Settlers Among Urban Disadvantaged Populations in Central India

Authors
1. Dr. Siddharth Agarwal (Urban Health Resource Centre)
2. Ms. Shabnam Verma (Urban Health Resource Center)
3. Mr. Neeraj Verma (Urban Health Resource Center)

Abstract
Purpose: To study exclusions/inclusion/derivation situation of housing conditions of seasonal migrants, new settlers (<1, 1-2 years) and older settlers (>5 years) among vulnerable sections of urban society in Indore, a city of three million population.

Methods: A cross-sectional survey of 640 (160x4 domains) households was conducted by UHRC during January and September 2015 across 120,000 disadvantaged-neighbourhoods/slum population in Indore, using structured questionnaires, FGDs, Transect walks and key-respondent interviews.

Findings: 73% migrants rented their homes, 17% lived in temporary conditions or at construction sites, while 6% migrants owned their own homes and 4% lived in shared housing with relatives. Seasonal migrants accounted for 99% of all migrants living in temporary conditions or squatting, with 31% of seasonal migrants renting their homes. 38% migrants lived in housing with permanent materials, 35% with semi-permanent materials and 28% with temporary materials. 73% of seasonal migrants lived in housing with temporary materials compared to 13% among all other migrant groups. 70% migrants had access to shared sanitation facilities, 20% had no facility/practiced open defecation. 10% migrants had household toilets, while <1% had access to community toilets. 69% seasonal migrants had no sanitation facility, which was considerably higher than other migrant groups. 33% of all migrants had a submersible pipe at home, 28% had access to a public submersible pipe/public tap, 3% to a public hand-pump. 27% migrants purchased drinking water, while only 9% had piped water connections. Among seasonal migrants only 4% had access to piped water connections, considerably lower than other groups.

Conclusion: With longer stay in the city, migrants develop social connections, develop skills, confidence to improve housing and live a better life than their seasonal counterparts. Inclusion directed efforts with strong role of civil-society organizations partnering with Municipal Corporation and working with migrants can help reduce exclusions/vulnerability and shape public policy.

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Abstract

Background

The U.S. Centers for Disease Control and Prevention recommends that all patients seeking care in most healthcare settings routinely undergo human immunodeficiency virus testing during their healthcare visits; however, need for and access to testing may vary depending on whether a patient lives in an area of concentrated poverty.

Purpose

This study explored the prevalence of concentrated poverty (i.e., ≥ 40% of residents in a tract live in poverty) among primary care patients and examined its relationship to human immunodeficiency virus testing during a recent primary care visit.

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We conducted a cross-sectional, multilevel analysis among primary care patients (N=1,627,642) enrolled in a major managed care organization in southern California. We linked detailed clinical information from each patient’s electronic medical record to census-derived socioeconomic indicators for the tract in which each patient lived. We conducted multivariable, random-effects logistic regression analysis to examine relationships between concentrated poverty and testing while controlling for individual-level covariates.

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Discussion/Conclusion

The human immunodeficiency virus testing behaviors of primary care patients may vary depending on the pervasiveness of poverty in their neighborhoods; future research should clarify whether this reflects a greater need for testing among these patients or better access to it.

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Abstract
Child labor, has become a growing concern globally. It may harm/exploit them physically, mentally, morally, or by blocking access to education. Child labor is becoming serious issue in developing countries. In Asia, 22% of the workforce is children. In Pakistan, about 11 million children are its victims.
A study was conducted in 2 urban slum of Pakistan to determine the causes and problems associated with child labor in the urban squatter and to observe different types of health hazards associated with their work. Interviews were conducted with 120 children working at different places by using a survey questionnaire. A convenient sampling method was used.
Out of 120 subjects; 74% were boys and 26% girls. Among them 38% were of age 7-10 years and 62% of 11-14 years. Average working hours for 47% subjects were 9-12 hours, 23% were having 5-8 hours and 30% having 13-18 hours, About 13% children were not earning just learning the skills, 7% were earning >12 US $/month; 64 % having 12 to 35 US$ and 16% were earning >35 US$. Due to poverty, 67% of subjects give their earning to parents, 15% keep money for personal use, 7% spend on medicines and 4% on education. 84% children have no-schooling; 57% working on monthly salary & 18% are self-employed; About half of the children are working due to financial constraints and enormous family pressure. Due to long working hours, hot and unhygienic atmosphere, heavy weight lifting and lack of health facilities they often suffers from Diarrhea, respiratory and skin diseases and backache.
The working children are in miserable condition. There is need to discourage child labor by enhancing socio-economic support, promoting education and developing appropriate policies to protect rights of children.

Views of Health Care Providers on Appropriate Interventions to Curb Unsafe Abortion in Ghana

Authors
1. Prof. Akwasi Kumi-Kyereme (University of Cape Coast)
2. Dr. Eugene KM Darteh (University of Cape Coast)

Abstract
Unsafe abortion is a major direct obstetric cause of maternal mortality in less developed countries. Unsafe abortion accounts for about one in 10 pregnancy related death in Ghana although several policies, programs and initiatives are being implemented to tackle maternal morbidity and mortality. This paper explores the views of post-abortion health care providers on appropriate interventions to curb unsafe abortion. In-depth interviews were conducted with 30 providers of post-abortion care in January 2013. The providers were purposively selected from three health care facilities in the Accra
Metropolis. The key interventions proposed by the providers are effective pre- and post-abortion counseling, public education on the abortion law and improved client-provider relationship. Post-abortion care providers could make significant contributions towards the design and implementation of programs to address unsafe abortion.

**Effect of Women’s Education, Wealth and Empowerment Status on Maternal Health Service Utilization; A Road Map for Developing Human Capital**

**Authors**

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**Abstract**

Background: The women education, socio economic wellbeing and empowerment status are in particularly associated with the achievement of Millennium Development Goals of eliminating extreme poverty, promoting universal primary education and promoting gender equality and women’s Empowerment. To date inequitable use of maternal health services utilization is found to exist in our society despite of known effective policy measures. This study explores how improvement in socioeconomic, educational and empowerment status of women can contribute to increase maternal health service utilization and thus it is reasonable to assume that greater health services use may increase women’s human capital.

Methods: Data were obtained from Pakistan Demographic Health Survey (PDHS) 2012. Association between the three key maternal healthcare services; contraceptive use, antenatal care (ANC) and skilled birth attendance with socioeconomic wellbeing, educational and empowerment status of women was studied through secondary analyses comprising of univariate and multivariate logistic regression by complex sample method.

Results: Inequities in women’s socioeconomic status, educational attainment and empowerment were found to be significantly associated with low use of maternal health services as compared to women that were better off. Multivariate logistic regression analysis revealed that the odds of using modern contraception 1.52(1.24-1.86) and attending ANC 3.68(2.98-4.54) and use of skilled birth attendance 2.94(2.41-3.59) were higher for women with secondary or higher education than women with no education. As expected poorest women compared to their richest counterpart were less likely to have skilled birth attendance 0.35(0.27-0.44), ANC 0.50(0.39-0.63) and modern contraceptive use 0.46(0.34-0.61). Similarly empowered women were almost twice likely to use modern contraceptive methods.

Conclusion: Growth in maternal health service utilization aimed at developing human capital can be augmented by parallel investments in addressing socioeconomic development and gender based inequalities.
A Squatter Settlement: Eating Habits Among Poor Pregnant Women

Authors

1. Dr. Muhammad Yousuf (Aga)

Abstract

The study was conducted at squatter settlements of Karachi to portray changes in eating habits of women during pregnancy with particular reference to aversions and cravings.

Conducted a cross sectional study at 2 field sites. Survey was conducted by administering 100 pregnant women and at homes of community women by using the questionnaire. A convenient sampling method was used.

The study reveals that about 53.8% of the women has experienced a change in their eating habits during pregnancy. About 48.7% were having decrease in quantity of food intake, major cause was nausea and among 43.6% psychological food perversion was recorded. 5.1% expressed about an increase in their appetite and 10.3% reported craving for non food items during pregnancy.

Craving for certain items was common among women, like 5.1% reported for for clay eating, 12.8% for ice, 5.1% for pickles and 23.1% for beetle-nuts and gutka. About 48.7% women expressed that they did not liked certain foods during pregnancy such as meat (17.9%), tea (7.7%), fish (7.7%), milk (5.1%) and other items (10.3%). 12.8% of the women avoided taking sour & spicy food, 25.6% followed the doctor suggested dietary plans and 74.4% reported that they did not followed any dietary plan.

A baseline survey conducted by a community based program at the same sites reveals that the prevalence of anemia among the women of CBA was about 40%. In pregnancy anemia often become moderate to severe. The study results show that about 75% women do not follow any dietary plan and may not have proper nutrition. There is need to have proper antenatal care and counseling about balanced diet to the women to avoid risk factors of pregnancy.