

Medical Sociology 2017



2nd World Congress on

MEDICAL SOCIOLOGY & COMMUNITY HEALTH

September 25-26, 2017 | Atlanta, USA

Scientific Tracks & Abstracts

Day 1

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WOMEN AND ADDICTION: EMPOWERMENT AND CHANGE THROUGH FAMILY PLANNING

Beth Meyer-Frank*

*Planning to Flourish, USA

Addicted women have a high number of unplanned pregnancies that many times result in their children being removed from their care. Women often enter treatment for their substance abuse in order to stop using substances, so that they can be reunited with their children. Their children are often placed in foster care or with family members. Research shows that a high percentage of foster children from addicted homes also develop addictions when older. Thus, the cycle of addiction continues. My goal is to promote the integration of family planning/contraception in gender-responsive treatment programs for women. Contraception and delaying pregnancies provide women the opportunity to address and receive the necessary treatment for the trauma in their individual lives, and gives them a chance to learn about their addiction and prevent relapse. It allows them to address their medical issues, and social issues involving lack of job skills and housing. Addressing all of these issues is essential in order for women to remain sober and provide adequate, consistent, loving, and appropriate parenting. I will include case examples and cite research as part of my presentation that supports the above content. Also, I am in the early stages of developing a pilot project called Insight, Information, and Recovery in a women's recovery program that offers a solution to this problem and can be easily replicated. As a nurse practitioner, I feel fortunate to have expertise in the areas of OB/GYN, addiction, and psychiatry, all of which are tied so closely to medical sociology and anthropology. My law degree has provided additional knowledge from a different perspective. I have been presenting at local, national, and international conferences, and would very much like to share my work and learn from others at your conference.

Biography

Beth Meyer-Frank, RNP, JD is a dedicated Advocate for the empowerment of women. She recognizes the struggles that women undergo in their quest for physical and mental health, and how their health affects their opportunities, financial security, living situations, and their various roles within the family and society. As a nurse practitioner, she has over 25 years of experience providing high quality healthcare to women in a variety of settings. These settings include community health clinics, women's health settings, addiction treatment centers, and psychiatric and medical weight loss practices. She is recognized as a compassionate, knowledgeable and experienced clinician. As a nurse practitioner, she has provided care to women in both outpatient and residential substance abuse treatment programs. She is a national and international speaker on the topic of women and addiction, with the focus on the empowerment of addicted women through family planning.

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2nd World Congress on

MEDICAL SOCIOLOGY & COMMUNITY HEALTH

September 25-26, 2017 | Atlanta, USA

GROWING UP, GROWING OLD: MOVING THROUGH THE LIFE COURSE WITH CHILDHOOD PARALYTIC POLIO

Sonali Shah*

*University of Glasgow, UK

More and more individuals with childhood impairments are moving into older life, and defying previous medical prognosis that they will not survive that long. Their experiences and performance of life course roles in education, employment, marriage, parenthood and retirement are shaped by the social impact of living with impairment and interacting with policies, institutions and cultural environments in ways that are different to people who acquire impairments in later life. Further, despite assumptions that their impairments will remain static, it is expected that this cohort will acquire comorbid and secondary impairments as they age in a disabling society, and encounter 'barriers to being' as well as 'barriers to doing' (Thomas, 1999). This will inevitably add to the complexity and cost of healthcare, and need for additional resources. Thus further exploration is required for design and implementation of specific intervention that treat patients across the lifespan, as opposed to when they are within a particular generational location. Both, scholars and service professionals, recognize the constraints of age-specific boundaries and the benefit of adopting a life course lens to understand how onset of impairments at particular times of life are related and contribute to each other. An example is childhood paralytic poliomyelitis and post-polio syndrome. This paper draws on the life histories of survivors of paralytic poliomyelitis to understand how the interplay of individual biography and social structures shape experiences of people with childhood impairments as they occupy different generational stages across the life course, and how disability impacts life events, relationships and choices at each stage. The approach can be useful to understand the cumulative effects of childhood impairment as disabled people move through biographical and historical time.

Biography

Sonali Shah adopts qualitative methods to explore the social inclusion and social equity for disabled people across the life course and intersectional identities - ages, genders and ethnicities. A key concern of her research is to ensure the voices of historically marginalised and oppressed populations are listened to and included in policies and practices that affect their well-being and participation in society.

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2nd World Congress on

MEDICAL SOCIOLOGY & COMMUNITY HEALTH

September 25-26, 2017 | Atlanta, USA

DISPARITIES IN ARKANSAS MANDATED IMMUNIZATION COVERAGE AMONG NATURAL HOME AND FOSTER-CARE ADOLESCENTS

Jerome Ngundue*

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Anecdotal evidence indicated vaccine coverage disparities among foster-care (FCA) and natural-home adolescents (NHA). Arkansas laws require 5 vaccines for school entry (FVSE) to prevent 9 common childhood diseases. The study problem was that Pulaski County, Arkansas adolescent birth cohort (PCABC) immunization rates were low compared to U.S. adolescents for these FVSE. This study examined the extent to which (1) PCABC immunization rates were significantly different from those estimated for U.S. adolescents in 2006–2008, (2) NHA and FCA immunization rates were different in 2003–2008; (3) Sociodemographic variables mediate associations between home of residence (HOR), NHA or FCA, and up to date (UTD) status for FVSE; and (4) Vaccination game theory (VGT) estimated deaths differ between individual-equilibrium and group-optimum behaviors. The methodologies applied were direct standardization, χ^2 , multiple logistic regressions, and VGT to analyze PCABC retrospective secondary data from the Arkansas immunization registry. The results revealed that U.S. adjusted UTD coverage rates for Hepatitis B, measles, mumps, rubella and varicella were greater than those for PCABC. Race-adjusted FCA immunization rates were 120% higher than for NHA. Race mediated the association between HOR and UTD FVSE status, and African Americans had 80% greater odds of being UTD with FVSE compared to Caucasians. Group-optimum behavior was associated with fewer estimated deaths than individual equilibrium; thus, it is protective against disease outbreaks. Positive social change may occur among the PCABC when healthcare providers include these results in communications with parents at FCA and NHA community health clinics. Parental vaccine acceptance for their children may increase vaccinations and improve PCABC health and wellness.

Biography

Ngundue's doctoral dissertation focus is immunization; "Disparities in Arkansas Mandated Immunization Coverage among Natural Home and Foster-Care Adolescents". He is passionate about increasing immunization coverage in Arkansas. He served as Chair of the Health Disparities section, Arkansas Public Health Association. He is a Public Health Preparedness Planner responsible for pandemic influenza, population health, and community resilience since 2012 at Arkansas Department of Health. He enjoys discussing his work and collaborating with communities to ensure their safety. His Ph.D. is in Public Health with concentrations in Community Health, Promotion, and Education from Walden University, Master's degree in Health Services Administration, University of Arkansas Little Rock, Bachelor degree in Nuclear Medicine Technology, University of Arkansas for Medical Sciences, Little Rock, and Bachelor degree in Biology with Chemistry minor, University of Arkansas Little Rock, AR. His volunteer community services include Kiwanis International, Toastmasters International, Evaluator, Community Programs, Global Health, and Community projects.

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2nd World Congress on

MEDICAL SOCIOLOGY & COMMUNITY HEALTH

September 25-26, 2017 | Atlanta, USA

DEVELOPING NURSES AS MENTORS AND EDUCATORS IN PRACTICE – ANALYZING SUPPORT AND DEVELOPMENT NETWORKS

Julie-Ann MacLaren*

*University of London, UK

Statement Supervised practice as a mentor is an integral component of professionally-accredited nurse mentor education, and is essential to the development of robust undergraduate workplace learning and assessment. However, the literature tends to focus on the mentor-student relationship rather than the relationships facilitating mentors' workplace learning. This paper begins to redress this gap in the literature by asking the research question: Which relationships are important in developing nurses as mentors in practice, and how are their mentorship impacted by professional, Organizational and political agendas in NHS settings? A qualitative case study of two NHS Trusts was undertaken utilizing a range of data collection methods. In order to explore supervisory and supportive relationships whilst studying for an approved mentorship award (Nursing and Midwifery Council, 2008) semi-structured interviews were undertaken with three recently qualified mentors. A snowball interview technique (Noy, 2008) enabled access to those they identified as significant in their own learning to become mentors, who were similarly interviewed about their developmental and support network in practice. In total six mentors were interviewed. Additional Interviews with nurses in senior NHS Trust-based educational roles, and senior policy-making and education figures augmented these initial interviews. In another strand of the research, professional mentorship standards (NMC, 2008) were mapped across each of the mentors' interview data to gain an idea of their penetration into practice. Finally, each interview participant developed a developmental mentorship network diagram (Dobrow & Higgins, 2005) which identified colleagues significant to their own development as a mentor or educator, and the attributes which enabled this (Andrews & Chilton, 2000; Darling, 1984). The findings reveal complex learning relationships and situational factors affecting mentor development and on-going practice. They suggest that traditional dyadic forms of supervisory mentorship may not offer the range of skills and attributes that developing mentors require. Mentor network type, orientation to learning, learning strategies and organizational focus emerge as the foci of tensions in learning to be a mentor. The study recommends that nursing teams in acute areas further develop a shared culture of learning and development in providing multiple opportunities for supporting developing mentors.

Biography

Julie-Ann MacLaren is an experienced nurse educator who is currently Deputy Divisional Lead for Nursing at the School of Health Sciences; City, University of London. Her expertise and passion lies in developing and improving workplace learning for student nurses and midwives. This was the focus of her 2012 doctoral thesis entitled 'Inside Mentoring Relationships: Influences and Impacts on Mentorship Learning for Acute Care Nurses Working in the NHS' (Institute of Education, University College London)

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September 25-26, 2017 | Atlanta, USA

A MODEL FOR INTEGRATING SOCIAL INTERVENTIONS INTO PRIMARY HEALTH CARE FOR REDUCING MATERNAL AND NEONATAL MORTALITY IN SOUTH AFRICA

Rose Mmusi-Phetoe*

*University of South Africa, South Africa

The maternal mortality ratio and neonatal mortality rate have been persistently high in South Africa. The Maternal and Neonatal Mortality are indicative of the health of the population and reflect deeper issues such as inequitable distribution of the country's resources, social exclusion, deprivation, and lack of access to quality public services. The purpose of this paper is to illustrate the process of developing a model that meet the overall health needs of the socially excluded, the deprived and the vulnerable women by listing those factors that influence maternal and child health outcomes. From the point of view that individual reproduction and health decision-making take place in a milieu comprising multiple socio-economic and cultural factors, this research further intended adding to the body of knowledge on maternal and child health in order to influence policies and interventions. Data was collected through a multi-staged, qualitative research design. The results show how structural factors result in high risk for poor maternal and child health outcomes, suggesting that the high rates of poor health outcomes are evidence of deprivation of women's needs due to poverty leading to an inability to cope with pregnancy and childbirth. The results were used to develop a model that proposes pathways for policy action to confront both the structural and intermediary determinants of maternal and child ill health and mortality. The pathways operate through integrative and inter-sectoral mechanisms intended at empowering women and enhancing female reproductive health care activities.

Biography

Rose Mmusi-Phetoe is a qualified Community Health Nurse, Demographer and Sociologist. Her career started in the eighties when she qualified and worked as a professional nurse and midwife. She moved from bed-side nursing to community health and development field, having realized that health issues are fundamentally social issues. Her career spans more than 20 years in which she continuously engaged with communities on health promotion and development interventions to create a livelihood. Her efforts are characterized by reaching out to the socially excluded and hard to reach populations in SA while working as a Maternal and Child Survival Specialist at UNICEF and as a researcher, planner and policy analyst in the Departments of Health and Population Development. She is currently working as a senior lecturer, Community Health at the University of South Africa.

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MEDICAL SOCIOLOGY & COMMUNITY HEALTH

September 25-26, 2017 | Atlanta, USA

MENTAL AND PHYSICAL RISKS AND EFFECTS OF INDUCED ABORTION ON WOMEN

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Statement of the Problem: Despite a declining trend, globally some 35 per 1,000 women aged 15-44 years undergo an induced abortion each year. Existing research on the mental and physical risks and effects of induced abortion often encounters methodological difficulties, such as the lack of a proper controlling of confounding factors or the lack of a sufficient time span in the study design.

Methodology & Theoretical Orientation: a literature study of empirical research published between 1985 and 2015 has been conducted. Results are analysed from an epidemiological and bio-ethical perspective.

Findings: In 2008, a review of the American Psychological Association did not find evidence that a single abortion would harm a woman's mental health. However, since then several studies reported Post Traumatic Stress or Post Traumatic Stress Disorder among women after induced abortion. As regards physical risks and effects of induced abortion, a possible link between abortion and breast cancer is still in debate. In recent years a number of Asian studies have reported a significant relative risk for women with a history of induced abortion to develop breast cancer. On the other hand, several Western studies did not find an independent link between abortion and breast cancer. This difference might be explained by the stronger role of confounding factors, such as delayed child birth, nulliparity and the use of oral contraceptives among Western women. Finally, various international studies point to the risk of preterm births in pregnancies following a surgical abortion without pre-treatment. Preterm births are associated with a higher prevalence of major birth defects.

Conclusion & Significance: Women with unintended pregnancies considering an abortion should be informed of mental and physical risks and effects. For future research, cohort studies with a sufficient time span and diversified research strategies are required.

Biography

Ward Biemans SJ is the author of 'The Heart and the Abyss. Preventing Abortion' (Ballarat, 2016). In this book, insights from the fields of medicine, psychology, law, politics, economics, theology and ethics are drawn together. It provides an overview of empirical research on the mental and physical risks and effects of induced abortion. Besides that, it presents two case studies on the abortion legislation and practice in the United Kingdom and the Netherlands, with practical recommendations on how to improve the care to women with unintended pregnancies. As an environmental scientist, he has been engaged in social-scientific and interdisciplinary research and in the implementation of regional governmental policy in the Netherlands. As a Jesuit priest, he is both experienced in bio-ethical research as well as in pastoral care.

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Notes:

2nd World Congress on

MEDICAL SOCIOLOGY & COMMUNITY HEALTH

September 25-26, 2017 | Atlanta, USA

HEALTH SYSTEM, DEVELOPMENT, WOMEN AND CHILDREN IN POST-CONFLICT MADAGASCAR, ANTANANARIVO: VIEWS FROM THE LOCAL VOICES

Palesa Sekhejane*

*Human Sciences Research Council, South Africa

Political crisis that ended violent in Madagascar exacerbated the conditions of the vulnerable populace (women, girls and children). Women, girls and children became homeless and without livelihood, putting them at worsened social and economic periphery. Healthcare systems in low-and middle-income countries (LMICs) in Sub-Sahara Africa face diverse problems due to shortfall of infrastructure provision, financial commitment, policy implementation and universal, equitable, appropriate high-quality services. Healthcare needs of vulnerable populace are not considered priority perhaps due to their position in the social and economic strata. Therefore, economically and socially vulnerable people do not have an opportunity to adequate and equitable access to healthcare.

Aim: To collect primary narrative or views from women, girls and civil society in Antananarivo regarding healthcare system - challenges or successes in their own experience.

Objective: To locate views of vulnerable populace in building development from the perspective of healthcare system.

Theoretical Framework: Global investment is used in this study as a framework of analysis which encompasses overall health and development of women and children. Key dimensions in this framework are health system, community engagement, policy and innovation.

Findings: Social and human security of women, girls and children (vulnerable group) was significantly reversed post 2009 conflict as men left their households. Available of healthcare facilities is enjoyed by those with money, thus hampering accessibility. The character of Malagasy people, called 'Fiavarna' does not allow them to freely voice their concerns and plight, thereby making it difficult to participate in developmental goals.

Conclusion & Significance: Malagasy people make use of indigenous medical intervention to improve their health status; and we find it recommendable to incorporate it as an innovative mechanism in the healthcare system given the contextual challenges. Combination of a deteriorated political and governance morale compromise the health and development of women, girls and children; resulting in a sharp increase in poverty, reduced life span and adverse health outcomes.

Biography

Palesa Sekhejane has a PhD in biomedical technology specialised in bio photonics/Nano biosciences. Her studies were majorly on application of laser (Bio photonics) to cancer and diabetic biological models and assessing the biochemical responses. She is currently employed as a research specialist at Africa Institute of South Africa (AISA) within the Human Science Research Council (HSRC). The current research work and interest is focused on public health, biomedical sciences, technology and innovation; global health and health system policies in Africa. Countries researched include Ivory Coast, Madagascar, Guinea Conakry, Angola amongst others.

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Notes:

2nd World Congress on

MEDICAL SOCIOLOGY & COMMUNITY HEALTH

September 25-26, 2017 | Atlanta, USA

EVALUATING CARE'S COMMUNITY-BASED APPROACH THROUGH A COMMUNITY ORGANIZING FRAMEWORK

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CARE, an international development NGO, is a global leader in using a community-based approach in public health. This study sought to understand how CARE uses community organizing to implement public health interventions among underserved populations in three programs in two countries. The programs were assessed through Ganz's principles: 1) Leadership development, 2) Creating shared values through storytelling and 3) Catalyzing action through strategy and team building. Programs were selected by CARE staff. Participants were selected by familiarity with the program, diversity, pragmatic sampling techniques and purposively recruited through formal CARE networks. Data collection was completed through sixteen in-depth interviews and two focus groups were conducted from October through December 2016. The sample size was determined by saturation. Each interview and transcript was analyzed for themes around leadership development, storytelling, team-based organizing, community organizing strategies and other topics that were identified as important to the program's execution. A codebook was created through analysis of literature, the interview guide and transcripts. Transcripts were coded and analyzed using MaxQDA software for usage, frequency, consistency and context of each theme and analyzed across interview subjects and sites. Study findings showed that all programs concentrated on building the capacity of community members to implement program activities. Other important strategies included systems strengthening, coalition building and government outreach. Two of the three projects focused on Freirean liberation education style trainings, developing community member's understanding of social forces and their role in society. Storytelling and team-based organizing were used sporadically. Each program activated participants to become further involved in community work, including running for local office. CARE's programs focused on building community capacity through leadership development. Ganz's framework could enhance the practice of storytelling in recruitment and activation of community members. Building more effective community groups through a team-based structure could be advantageous.

Biography

Andrew Saxon is a fourth year medical student at Emory University School of Medicine. An Atlanta native, he has previously lived in Buenos Aires and worked as a paralegal, a community organizer on the 2008 Obama presidential campaign, an administrator for KIPP Public Charter Schools in Washington, D.C., and as a policy analyst for the National Center of Immunizations and Respiratory Diseases at the CDC. He is interested harnessing the power of communities to make children and families healthier. He wants to practice community-based medicine and work in public health as a future physician.

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Notes:

Medical Sociology 2017



2nd World Congress on

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September 25-26, 2017 | Atlanta, USA

Scientific Tracks & Abstracts

Day 2

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MEDICAL SOCIOLOGY & COMMUNITY HEALTH

September 25-26, 2017 | Atlanta, USA

SURVEY ON MEDICARE SERVICES AND AID (FEDERAL-STATE-AND COUNTY-LEVELS) TO KOREAN-AMERICANS WITH A PHYSICAL AND/OR MENTAL DISABILITY

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Korean-American families often face the issue of being unable to obtain the proper aid and the necessary support available for disabled family members due to various reasons, including language barrier and lack of knowledge of the family member's disability. Without much information on the disabilities and the existing government-offered health services, Korean-American families, especially new immigrants, experience challenges in living with family members with disabilities. An anonymous survey was designed and distributed to families of Korean-American communities in California, New York, and Virginia in order to evaluate the extent of each family's knowledge of available federal-, state-, and county-level assistances and their usage of these services for their disabled members. The survey seeks to put a particular focus on the possible relationship between individual family's level of understanding of the government-provided assistance and their quality of life.

Biography

Eun Jung Im received her Bachelor of Arts in Classics major and Natural Sciences minor from University of Southern California. Eun Jung has been interacting with Korean-American families with members who have developmental disabilities while volunteering in Able Arts Inc. and as a special ministry teacher at Good Community Church of Torrance. Her recent research investigates the level of awareness of government services and benefits available to individuals with developmental disabilities and how it affects their family members.

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2nd World Congress on

MEDICAL SOCIOLOGY & COMMUNITY HEALTH

September 25-26, 2017 | Atlanta, USA

A STUDY OF THE MEDICAL AND SOCIO-ECONOMIC IMPACT OF FOOD AND NUTRITIONAL TABOOS PRACTICED IN ENUGU STATE, EASTERN NIGERIA

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*Enugu Institute of Management and technology, Nigeria

Statement of problem: Food Taboos are foods and beverages, which are abstained from consuming for religious, cultural or hygienic reasons. These food taboos and habits however, have adverse impact on the health and socio-economic status of the Nigerian population especially the vulnerable groups- the women, pregnant women, children and the elderly. Food taboos have a long history especially in the developing countries like Nigeria. All communities in Nigeria practice a form of cultural (traditional) food taboo and Enugu State is no exception. This paper examined some food and nutritional taboos practiced in Nigeria and the medical and socio-economic impact.

Methodology: This study utilized random sampling and in depth interviews of 185 people between the ages of 20years and 70years. This is to ascertain the opinions of the population and to articulate their perspective of food taboo within their respective locality. In addition, to possibly determine the types of food avoided as taboos, the reasons and possible origin of the taboo, the most vulnerable and possible relationship between the practiced food taboo, medical and socio-economic status.

Findings: Study showed that these cultural practices are based mostly on learned or acquired behavior over years from parents, and/ or a conscious observation of the behavior of relatives and other close members of the community. Also they govern particular phases of the human life cycle and special events such as menstrual period, pregnancy, childbirth, lactation, and preparation for hunts, battles, weddings and funerals. Certain meats, meat parts and eggs are most avoided as taboo. Pregnant women and children are mostly involved in food taboos while the men are least involved.

Conclusion and significance: Pregnant women and children are mostly involved in food taboos. However, these populations appear ignorant and unconcerned on the medical and socio-economic impact.

Recommendation: Community education, campaign in schools and during antenatal/postnatal visits will go a long way towards effective fight against food taboos, improve the nutritional status and reduce malnutrition/micronutrient deficiencies among Nigerians.

Biography

Ikeyi Pauline Adachukwu is the Head of department and a principal lecturer in the department of Science laboratory Technology, Institute of Management and technology, Enugu, Nigeria. She specializes in medical biochemistry and biotechnology. She has put in over 20 years of teaching, research and administration in educational institutions in Nigeria. She has authored and co-authored books in biochemistry and biotechnology and has published widely in both local and international journals. Currently she has focused her researches and passion towards improving the health and wellbeing of her people.

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2nd World Congress on

MEDICAL SOCIOLOGY & COMMUNITY HEALTH

September 25-26, 2017 | Atlanta, USA

A GLOBAL DECREASE IN DONOR ASSISTANCE FOR HIV/AIDS: IMPLICATIONS FOR NIGERIA & SOUTH AFRICA

Tegan Joseph Mosugu*

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In Nigeria and South Africa, donor assistance plays a critical role in the fight against HIV/AIDS. This is ascribed to the fact that government as a primary response vehicle is limited when it comes to fighting this global health disparity. In a recent report by the 9th International Aids Society, it was revealed that there has been a global funding decrease in the battle against HIV/AIDS by more than \$1 billion with declines in 13 out of the 14 governments surveyed. (Kates, 2016). Thus, a coordinated effort between increased international funding and civil society organizations needs to be preserved and heightened vis-a-vis HIV care and prevention for vulnerable and marginalized populations. Recently, donors have adjusted their philanthropic/investment methodologies so as to encourage more commitment and investment from local governments. In the case of a hypothetical outbreak like the Ebola virus, several sub-Saharan African countries still lack the ability to survey its citizenry or the ability to develop a robust health information management system. Therefore, African nations should not be faced with a funding quandary while in the process of aggregately developing their public health systems. In Nigeria, the President of the Association of Fetomaternal Medicine Specialists of Nigeria highlighted the fact that the country is still one of the 26 countries yet to record a reduction in maternal mortality as stated by the Millennium Development Goals. (Gbenga- Mustapha, 2017). In the case of South Africa, it is forecasted that “cutbacks could result in more than 500,000 additional cases of HIV and more than 1.6 million more deaths over the next 10 years.” In light of the reduction in international foreign aid assistance for the HIV/AIDS epidemic and recent speculations of U.S. cuts, it is important to remember that lives and the future of a whole continent are at stake. Scaling back on HIV/AIDS efforts endangers the state of public health in Africa. Rather, there ought to be a call to action from a multidimensional perspective so that these countries at hand would be endowed with the Ability to address other pressing health needs.

Biography

Tegan Joseph Mosugu is a first year Ph.D. student at the University of Pittsburgh's Graduate School of Public and International Affairs. He has worked with domestic and international health organizations such as EngenderHealth, National Black Leadership Commission on AIDS, Center for the Right to Health etc. He is primarily interested in evaluating/examining capacity building efforts of public and private organizations in sub-Saharan Africa when it comes to providing health services to marginalized groups. Likewise, he also focuses on the ways in which health care access can be strengthened from a gender equity perspective on both the policy and grassroots level.

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Notes:

2nd World Congress on

MEDICAL SOCIOLOGY & COMMUNITY HEALTH

September 25-26, 2017 | Atlanta, USA

I'M SURE I NEED THEM ALL: OLDER ADULTS' EXPERIENCES OF POLYPHARMACY AND DEPRESCRIBING

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Background: Polypharmacy refers to the simultaneous use of five or more prescription medications. The risks of Polypharmacy include adverse drug reactions, falls/fractures, declines in physical functioning, financial burden, and increasing hospitalizing and mortality rates. To mitigate the risks of Polypharmacy, health care providers and patients are exploring the viability of discontinuing or tapering off medications that are not necessary.

Objective: The objective of this study is to better understand the perspectives of older adults toward Polypharmacy and deprescribing as a component of their on-going medical care. Insights drawn from the experiences of older adults who are going through the process of tapering are valuable in developing a set of best practices in this area both for patients and practitioners.

Methods: This qualitative study is situated within a larger project on deprescribing as a standard preventative care option for older adults. This larger study is a randomized controlled trial with a deprescribing program as the intervention, while the control group receives usual standard of care. In-depth qualitative interviews are conducted with both sets of participants about the meaning of their prescription medications in managing their health.

Findings: Preliminary data collection and analysis has identified three key themes. Firstly, medications are active social agents, supporting and facilitating diverse social relationships. Secondly, medications present complex paradoxes that the individual negotiates, particularly the dilemma that medications are needed despite concern that they may cause harm. Lastly, diverse sources of lay knowledge underpin Polypharmacy and deprescribing, thus legitimizing alternative logic sources beyond the biomedical in understanding how people make sense of their medications.

Conclusion: On-going data collection and analysis seeks to further unpack these themes and identify additional emerging themes. This will ultimately contribute to the emerging scholarly literature on medication reduction by supporting the design and implementation of effective tapering programs for medical practice.

Biography

James Gillett is working as an Associate Professor in Health Aging and Society. James Gillett's key areas of research include: human animal relationships; sport, leisure and recreation; mental health and well-being; media and communications; perspectives on living with health and illness across the life course; and inquiry as an approach to education and learning. His research is primarily qualitative and interpretative and is situated in social psychological and sociological theories and research perspectives. James' work brings an important component to the Department of Health, Aging and Society, with its mandate to view aging and health as a social, political and historical process.

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ORAL HEALTH LITERACY AND PSYCHOSOCIAL FACTORS OF CHILD CARE GIVER

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Statement of the problem: Oral health literacy is a new determinant of preventive dental behavior. Although OHL represents one's ability to understand and process relevant oral health information, other characteristics may modify one's behavior resulting decisions or actions. Psychosocial factors play an important role regarding this decision making of health behavior. Care givers are responsible for a wide range of issues including health promotion, and disease prevention for the children. Children requires more assistance with oral health behaviors, thus their oral health outcomes are more tightly linked to their care giver's behaviors. This study was carried out to assess the Oral Health Literacy status and to evaluate the role of oral health literacy and psychosocial factors as a determinant of oral health among child caregivers.

Methodology: A cross sectional study was conducted in Mohammadpur Preparatory School and Mohammadpur model school of Dhaka city through face to face interview by using semi structured questionnaire among 370 respondents. Oral Health Behavior was measured by 15 additional question. OHL was measured by the Oral Health Literacy Adults Questionnaire (OHL-AQ) which was tested in a pilot study and showed to be reliable and valid (*Naghbi Sistani et al., 2013*). It contains 17 items in four sections Reading comprehension comprises 6 questions, Numeracy comprises 4 questions assessing ability, Listening comprises 2 questions and Decision-making comprises 5 questions.

Findings: About 46.8% were in age group of 31-35 years, and 83.2% were housewife. Majority of the care giver 64.4% had adequate oral health literacy, 28.6% had marginal literacy about oral health and 7.0% of the care giver's had inadequate literacy. Young aged care givers, those who have adequate oral health literacy and housewives in occupation were brushed their child teeth twice a day more than other care giver. High care giver's activation measure knowledge and confidence showed more dental visit by them and high CAM-skill showed more brushing frequency twice a day.

Conclusion & Significance: Care giver's psychosocial factors influenced their oral health behavior despite of having adequate oral health literacy. Future studies should consider a range of these psychosocial factors that has not been studied more, but have shown to be important psychosocial determinants of health behaviors. Differential health education program on Oral Health Literacy for the caregivers through using BCC materials and methods could be organized.

Biography

Mithun Gupta was a student of Masters of Public Health in NIPSOM, she has been involved with the research projects of social issues of health and also working in the Mayer hashi-II project as a Assistant programme officer. She is involved with research team of Mayer Hasi-II project funded by USAID too.

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Notes:

2nd World Congress on

MEDICAL SOCIOLOGY & COMMUNITY HEALTH

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COMMUNICATION STRATEGIES OF ADOLESCENTS SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMES IN MOZAMBIQUE: CULTURAL CHALLENGES

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Mozambique's adolescent sexual and reproductive health (ASRH) challenges are: early marriages, early pregnancies and HIV/AIDS. In 1999 the *Geração Biz* Programme (GBP) was created to address these youths' problems and improve their sexual and reproductive health (SRH). However, Mozambican youths continue to be exposed to risks related to their SRH. Academic literature recognizes that culture is the key in enhancing effective delivery of communication programmes. Concurrently, studies point to a lack of research analysing communication strategies of health campaigns. Given the country's wide variety in terms of language and culture, this study explores whether the GBP communication strategies take into account the country's complex cultural reality. This paper's aims are: (i) to gain insight into GBP communication strategies; (ii) to identify cultural challenges to these strategies; and (iii) shed light on the implications of these challenges for GBP. The study uses the four input factors of McGuire's Communication/Persuasion Model as its theoretical framework. Research methods included non-participant observation, in-depth interviews and focus group discussions. Research questions were based on McGuire Communication/Persuasion Model, and data analysed thematically using Nvivo Pro11. The results of this study shows that while interpersonal methods are used to deliver preventive messages, sociocultural approaches are often ignored and not used to reduce cultural barriers; (ii) the cultural challenges to ASRH issues include initiation rites, sexuality and broader SRH issues, language and parents' attitudes towards marriages; and (iii) these factors hinder effective delivery of program messages. Conclusions: The communication strategies used by GBP do not sufficiently take into account the sociocultural context of Mozambique. The taboos around sexuality have silenced open communication in this regard. Ideas of sexual abstinence, condom use and campaigns against early marriages stand in opposition to certain (static) orientations of traditional initiations. Therefore, there is need for training of community and initiation rites masters with relevant SRH messages; bridging of the gap between initiation rites and GBP orientations; using sociocultural approaches and audience segmentation for cultural sensitive messages; and translating GBP handbook in the Makua language.

Biography

Lurdes Rodrigues da Silva is a lecturer at Eduardo Mondlane University - Mozambique since 2001. She holds a bachelors honours degree in Linguistics and a master in Educational Management and leadership. She has a passion in improving the health and wellbeing of adolescents in Mozambique.

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THANKS GOD THAT I AM STILL LESBIAN AND HEALTHY: CIVIL SOCIETY AND SEXUAL RIGHTS IN MOZAMBIQUE

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This paper explores the influence of the global public health strategies in the course of lesbian, gay, bisexual and transgender people's activism in Mozambique. It explores how, within the homophobic inconsistency in the implementation of the bill of rights, the health language reinforces "normative violence" that makes lesbian and bisexual women invisible in society. A Purposeful and snowballing samplings were applied to select 117 participants who introduced themselves as heterosexuals or LGBT in ten Focus Group Discussions (FGDs), 30 Semi-Structured Interview (SSI) and 16 in-depth interviews. Based on feminist post colonialism and inter sectionality, some categories and sources of oppression are identified in the narratives of lesbian and bisexual women participants such as compulsory marriage and corrective rape which, in turn, challenges the discriminatory notion of "key population most at risk to HIV/AIDS". The study suggests that, the use of the global public health language by activists and stakeholders of civil society organization working in the field of sexual and reproductive health programs empowered them to speak more about protecting the "key population most at risk" to HIV/AIDS. This perspective leaves no space to visualise lesbian and bisexual women's rights violation in the cities of Nampula and Maputo. Therefore, our findings suggest the need of an intersectional approach and action in the public health strategies in order to link gender to diversity and to take into account the "harmful cultural practices" that cover secret and discreet realities.

Biography

Maria Judite Mario Chipenembe Ngale is a lecturer at Eduardo Mondlane University - Mozambique since 2004. She holds a bachelors honours degree in Anthropology and Master Degree in Sociology. She is interest in researching the health and wellbeing of the sexual minority groups in Mozambique.

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September 25-26, 2017 | Atlanta, USA

THE LEVEL OF EDUCATION OF WOMEN RESIDING IN THE PARISH OF ANGOCHAGUA-IBARRA AND ITS INCIDENCE IN SEXUAL AND REPRODUCTIVE HEALTH

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Because education plays a fundamental role, as a base of knowledge and allows the development of the skills that empower both men, women and adolescents in decision making and responsibility in health, it is important alternative sex education that offers the possibility of choosing patterns and behaviors, in accordance with their particular way of interpreting sexuality, harmonizing the individual, the social and enriching it without conflicting conflicts.

Study Objective: To establish the relation of educational level of the women residing in the Parish of Angochagua, of Ibarra Ecuador and its incidence in the Sexual and Reproductive Health. Materials and Methods correspond to non-experimental qualitative, observational, descriptive and cross-sectional, women aged between 15 and 61 years and older living in the study area were included, who were previously informed consent was given a survey.

Results: A direct relationship between literacy and access to health care programs, a high number of pregnancies among single young women, a high number of children and children who died at an early age in women with lower levels of schooling were found Domestic violence, high mortality rate due to lack of access to health services, discrimination in health centers, exposure to postpartum illness, lack of rights, low self-esteem, low incomes, gender inequality, emigration, and illiteracy.

Conclusion: Young women with higher levels of education are aware of some sexual and reproductive health and although their condition regarding older and less educated women has improved, rural women are still discriminated against as a person and do not know about their universal right to health care.

Biography

Sara Rosales Rivadeneira, holds the title of Lic. In Sociology and Political Sciences, she studied at the Central University of Ecuador. He later obtained a Master's Degree in Social Work Research and Social Planning at the same University. She began his professional practice as a Social Technician responsible for Social Development in international organizations such as World Mink International, CARE International, High Commissioner for the United Nations also in governmental organizations responsible for health and education programs. She is currently a Lecturer at the Technical University of Norte Ibarra Ecuador Faculty of Health, where she teaches and elaborates research work.

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CHARACTERIZATION OF THE TRADITIONAL BIRTH IN THE NATIONALITY COFÁN-DURENO, SUCUMBÍOS 2016

Rocio Elizabeth Castillo Andrade^a, Sara Maria Rosales Rivadeneira^a, Maritza Marisol Alvarez Moreno^a, Viviana Margarita Espinel Jara^a and Cinthya Estefania Vega Palacios^a

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The World Health Organization has been disseminating home delivery in order to reduce maternal-neonatal morbidity and mortality, with relevance in rural areas where more child births are attended with this characterization. The main objective was to characterize the traditional birth in the Cofán-Dureno nationality, Sucumbíos 2016. It is a qualitative and non-experimental study; Descriptive and cross-sectional study included women of childbearing age and caregivers resident in the Cofán community of Dureno Parish, who, prior informed consent, conducted a survey; the information obtained was tabulated in a database in Microsoft Excel. 78% have a free marital status, low education level, 8% illiteracy and 52% have completed primary education, 92% identified themselves as indigenous to Cofán Nationality. 76% of the births were domiciliary, this birth in 38% of the cases was chosen by custom, mostly using the vertical position, attended by midwives, with the presence of the spouses; the dress was a warm cloth coat, and allowed food and drink. It is customary to bury the placentas. Complications are minimal and irrelevant. With the qualitative part of the investigation it is concluded that the proper definitions on the home birth are the first option in this community guaranteeing the respect to the Cosmo vision.

Biography

Rocio Elizabeth Castillo Andrade obtains the Degree in Nursing at the Technical University of North Ibarra Ecuador, and of Magister in Teaching University and Educational Investigation, National University of Loja. She worked as a nurse in the Hospital San Vicente de Paúl de Ibarra. She is a professor in Nursing Career at the Technical University of the North. She has served as Deputy Dean of the Faculty of Health Sciences of the Technical University of North. She currently serves as Dean of the Faculty of Health Sciences of the Technical University of North.

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EIDETIC IMAGE OF NURSING PROFESSIONALS IN IMBABURA – ECUADOR

Viviana Margarita Espinel Jara^o, **María Ximena Tapia Paguay^o**, **Rocio Elizabeth Castillo Andrade^o**, **Sara Maria Rosales Rivadeneira^o**, **Eva Consuelo Lopez Aguilar^o** and **Sandra Melanie Bone Ostaiza^o**

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Introduction: Nursing has existed since time immemorial and nursing professionals have strived to achieve remarkable achievements, but this has not changed the image they are transmitted about them and the perception that the users have regarding the quality of delivery of the nursing services is of vital importance and great relevance.

Objective: to describe the social image of nursing professionals in Imbabura-Ecuador.

Materials and Methods: qualitative, non-experimental, observational and descriptive research, carried out in 300 external users of health units, of first and second level of care, a survey was applied on the perception of nursing professionals.

Results: Predominantly female study group, whose highest concentration is between 20 and 64 years, self-defined as mestizos and indigenous people with a minority of Afrodescendants; more than 50% finished high school are engaged in trade, agriculture, domestic affairs and study. They accept nursing professionals of both genders, but in preference they always mention the feminine; They recognize to recognize these professionals by their uniform, to see them think to have a fast recovery; They feel respect, security and admiration for their kindness, sacrifice, vocation and professionalism; Recognize that they have studies of high academic level, own functions and suggest greater autonomy for decision making.

Conclusions: men are not individualized as nurses; Nursing is the second option to choose among the health professions. The social image of the nursing professional is positive, socially accepted and highly valued.

Biography

Viviana Margarita Espinel Jara, obtained a bachelor's degree in Nursing from the Technical University of North, Ibarra Ecuador and a Master's Degree in Family Health at the Technical University of North, has worked as: Head Nurse at the Joya de las Sachas Health Center in Francisco de Orellana, and in the Provincial Directorate of Health of Napo where he fulfilled his functions as head of the Department of Intercultural Health, as well as a nurse of direct care in the Hospital of IESS Ibarra Ecuador. He is currently Professor of Nursing at the Technical University of North, member of the Editorial Board as Secretary of Drafting of the Scientific Journal of the Faculty of Health Sciences of the Universidad Técnica del Norte.

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PERIPHERAL VASCULAR CATHETER MANAGEMENT BY PROFESSIONAL NURSING IN ADULT PATIENTS IN THE AREA OF INTERNAL MEDICINE HOSPITAL SAN VICENTE DE PAUL

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Intravenous accesses are one of the most frequent practices and a very important part of nursing work, and one of the problems that have caused many complications such as phlebitis and others. The methodology used in the design is quantitative not experimental, observational, descriptive and transversal. A survey was applied to nurses and an observation guide during the procedure, information is entered into a database in Excel, for tabulating the results are: 13 respondents professionals whose results show that there are optimal knowledge in biosafety standards, antisepsis, salinization of the path and care in handling the catheter, according to the results of the observation guide whose sample was 82 patients, it was found that there are rules that are not being met as leaving visible puncture site and labelling healing, while there is compliance with labelling of the path, shift circuits every 72 hours, fixing plasters clean and dry, solutions infusion change every 24 hours and with respect to the occurrence of phlebitis were identified 19 patients. It is concluded that there are contradictions between the results of the survey and observation guide because the nurses have knowledge regarding operation of the catheter but not fully applied in this patient.

Biography

Ximena Tapia Paguay Graduate in Nursing Technical University of North, Higher Diploma in Local Development and Health, Specialist in Management and Strategic Health Planning, Master in Health Management for Local Development Technical University of Loja, Higher Diploma in Curriculum by Competences Technical University of Ambato, Teacher Occasional Full Time, School of Nursing Polytechnic University of the State of Carchi (UPEC) 2007-2015, currently, Professor Titular Nursing Career Technical University of the North.

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COMPLICATIONS IN THE DELIVERY OF INFUSIONS OF MEDICINAL PLANTS IN WOMEN ATTENDING THE HOSPITAL SAN LUIS DE OTAVALO 2016

Revelo Villareal Sonia Dayanara^a, Rosales Rivadeneira Sara Maria^a, Morejon Jacome Gladys Edelmira^a, Loyo Pasquel Vanessa Isabel^b and Cevallos Rosales Steven Josue^c

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In recent times there is great interest in the use of natural medicine, due to its effectiveness in some fields, nevertheless the potential risk due to excessive use or ignorance of the subject must be emphasized. In this way the execution of this research is relevant; the same that aims to identify the most frequent complications in childbirth due to ingestion of infusions of medicinal plants consumed. It is a qualitative, non - experimental, descriptive and cross-sectional study. The sample consisted of 74 women who presented complications during labor and were attended in gynecology in the months of January - December, 2016. The obtained information was tabulated in Microsoft Excel database, obtaining the following results: the age of the women investigated oscillates between the 19 to 35 years, 32% have incomplete secondary education, 90% are authenticated as indigenous, 97% received The care of doctors and obstetricians and 3% went to the midwife, 73% of women presented complications in childbirth due to the infusion of medicinal plants, 22% by taking relaxing baths with plants, and a 5% Poultrices were applied as ancestral customs. In conclusion, the consumption of medicinal plants, affects the labor of women and newborns according to testimony of midwives, these treatments alleviate birth and postpartum pain.

Biography

Sonia Revelo Villareal with a bachelor's degree in Nursing at Technical University of North, obtained a Master's Degree in Public Health with a degree in Hospital Management and Research of health services at the Catholic University of Ecuador, she began her professional career in Management Carchi Health and Health Department of Sucumbios as Program Coordinator of the MSP and part of the Epidemiology team and head of nurses, later provides her services in the Ministry of Public Health as Program and Project Coordinator, Director of Disabilities and currently Lecturer at the Technical University of the North.

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THE RELATIONSHIP OF GENDER IN THE PATTERN AND RISK OF ACUTE RESPIRATORY INFECTION AMONG INFANTS IN RIVERS STATE, NIGERIA

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Statement of the Problem: Gender had a much wider influence on disease than is usually acknowledged. More so, relative contributions of social and biological factors had not been clearly delineated for many diseases. Higher mortality rates are usually observed in male infants with lower acute respiratory infections (ARIs) and pneumonia particularly during the first month of life than the female infants due to immature lungs in males. The rate declines between 6 and 12 months after birth. The study aims to determine the existence and pattern of relationship between risk of ARI and gender.

Methodology and Theoretical Orientation: The study was designed as a community based retrospective case-control study of 1,100 infants randomly selected from 12 communities out of 6 Local Government Areas of the 3 senatorial districts of Rivers State. A multistage random sampling technique was used in selecting the subjects up to the community level. Descriptive method was used to represent the characteristics of the subjects and the differences in ARI between males and female infants were tested in a bivariate logistics regression at 5% level of significance. Odds ratio (OR) were used to interpret the size effect measures of ARI on gender differences.

Findings: A total of 275 Cases of ARI and 825 controls were included in the study. The ARI cases were found to be slightly higher in infant females (27.8%) than in the infant males (22.4%). For the infants females, the odds for ARI were 1.3 times significantly higher compared to those of their males counterparts (OR = 1.32, p=0.048, 95%CI=1.003-1.735).

Conclusion and Significance: Understanding such differences between male and female infants will enhance the knowledge about the epidemiology, outcome and effectiveness in prevention and control of ARIs.

Recommendation: Awareness creation on gender differences in susceptibility to acute-respiratory infection among infants requires sustainable attention.

Biography

Ibama, Asiton-a Solomon is a research Ph.D student of Public Health (Epidemiology and Disease Control Option) of Federal University of Technology, Owerri, Nigeria, using principles of Community Health, Epidemiology and Disease Control in researching, developing and implementing Public/Community Health Programmes/Interventions. He is a visiting lecturer on Use of Standing Orders and Research Methodology, Community Health Officers' Training Programme, University of Port Harcourt Teaching Hospital, Port Harcourt, Nigeria. He is also an author of three text books and many other publications in journals of International repute and in Conferences. He is also a peer reviewer of International journals.

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