

2083<sup>rd</sup> Conference

Medical Sociology & Epidemic Diseases 2018



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International Conference on

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September 21-22, 2018 | Dallas, USA

Posters Presentations

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September 21-22, 2018 | Dallas, USA

## Exploring experiences and practices of self-care, coproduction and coherence in care in the everyday life of people with severe mental and physical illnesses

**Iben Emilie Christensen**

University of Copenhagen, Denmark

**Statement of the problem:** Patients with severe mental illness (SMI) and physical comorbidity have approx. 10-20 years shorter lifespan than the background population with chronic disease. This excess mortality stems from physical diseases (60%), which are underdiagnosed and undertreated. Patients with SMI and physical illness are treated across sector borders and different initiatives has showed disappointing results and with difficulties in engaging both patients and general practice (GP). Background: This PhD is part of The Phy-Psy Trial, which is a large research project with the primary aim of reducing the all-cause mortality of patients with SMI and comorbidity in Denmark. The Phy-Psy aim is to design an individualized, complex intervention. My Ph.D.-project contributes to this intervention by focusing on the patients.

**Methodology and Theoretical orientation:** The purpose of my Ph.D.-project is to answer the following empirical questions through a patient perspective: 1) how does patients with SMI experience and deal with physical illness in their everyday life? 2) What role do family have in supporting their relatives with SMI and physical illness? 3) How do people with SMI and physical illness navigate in the organizational landscape and how do they create coherence across sectors? The Ph.D. is based theoretically on an everyday life perspective and on theoretical terms: embodiment, practices of self-care, coproduction and coherence in care in the everyday life of patients with mental and physical illness. The Ph.D. is based on an ethnographic fieldwork involving patients with mental and physical illness, their relatives and the professionals who support them in their daily lives, using participatory observation, go-alongs and interviews with patients, their relatives and the professionals.

**Contribution:** The results from the Ph.D.-study will contribute to developing the Phy-Psy intervention. The contribution to the World Congress on Medical Sociology & Public Health is to discuss the research design.

### Biography

Iben Emilie Christensen has expertise in evaluation and qualitative methods like interviews, focus groups and observation. Iben has extensive experience in designing and conducting qualitative surveys and evaluations conducted by and across the hospital, general practice and municipalities. Here, she incorporates and combines the experiences of patients and professionals with, for example, prevention, treatment, diseases, change and public health. Her overall passion is to improve the conditions for patients in the health care system.

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## Neck circumference as an indicator of risk for the systemic arterial hypertension and dyslipidemia (Unidad Medico Familiar No.9, IMSS Aguascalientes, Mexico)

Citlalli Alejandra Silos Vega, Ramírez Orozco and Ricardo Ernesto  
Autonomous University of Aguascalientes, Mexico

Nutrition professionals focus on the prevention and detection of cardiovascular diseases related to obesity, through the implementation of non-invasive, easily applicable and inexpensive anthropometric methods as a preventive method such as the determination of the neck circumference (NC). Therefore, a correlation, cross-sectional and prospective study was conducted for a period of 2 months (October to November 2017) in a Public Health Center in the state of Aguascalientes, Mexico. We analyzed 42 patients (28 female and 14 male), which showed Body Mass Index (BMI) values between 22.4 to 45.9 kg/m<sup>2</sup>. Interestingly, a relationship was found between the increase in NC with the prevalence of diseases (mainly in the development of hypertension and dyslipidemia), with risk factors for cardiovascular diseases, with an increase in triglycerides and serum cholesterol ( $r_2 = 0.661$ ,  $p < 0.023$ ), preferably in females. Reports from the previous investigations have associated NC with cardiovascular diseases and with metabolic risk factors. The mechanism involved in the association between NC and cardiovascular risks is not well defined; however, it is known that subcutaneous fat in the upper area of the body causes an increase in the release of systemic fatty acids associated with cardiovascular risks. In this study, NC was also positively related to weight ( $r = 0.661$ ,  $p < 0.001$ ), height ( $r = 0.439$ ,  $p < 0.004$ ), a Body Mass Index ( $r = 0.448$ ,  $p < 0.003$ ), Waist Circumference ( $r = 0.432$ ,  $p < 0.004$ ) and the Hip Circumference ( $r = 0.370$ ,  $p < 0.016$ ), which are also used as indicators of overweight and obesity. For the foregoing, we could conclude that the NC should be considered as an important anthropometric measurement and used as a diagnosis of the identification of health risks in patients of the Public Health Centers, due to its low costs and easy reference and interpretation of the health status of the individuals.

### Biography

Citlalli Silos, received the bachelor's degree in Human Nutrition at the Universidad Autónoma de Aguascalientes, Mexico. During her programme, she have carried out the academic training Seville, Spain. Later, she have undergone short research stay at the Instituto Nacional de Ciencias Médica y Nutrición Hospital Salvador Zubirán, México City, Mexico. At the end of her semester, she have carried out the professional practices in the Clinic area at the Hospital of the Mexican Institute of Social Security (IMSS). Meanwhile, she did a research in this investigation.

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## Gender differences in habits for a healthy lifestyle among medical university students, Saudi Arabia

Almohannad Saleh A Algarni and Waleed Saeed S Alqahtani  
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**Background:** Health is defined by a physical, social, cultural and economic environment where people live and work. Drugs including drug consumption, especially tobacco and alcohol, unhealthy diet and lack of physical activity constitute an important portion of the deaths and illnesses that occur in many regions healthy lifestyle mandatory for having the nearest area to optimal health. Students in the medical field should be on the way of healthy behaviors which should be equal in both males and females. Finally, to the author's knowledge, it seems that scientific research aimed to compare and identify healthy habits among university students, taking into account their gender and chosen an academic discipline, are less frequent, especially in Saudi Arabia Thus, the aim of the present study is to assess the lifestyle of university students. Aim: ascertain gender differences in healthy habits if they exist.

**Methodology:** A random sample of 2068 medical students (1024 males and 1044 females) was selected from the faculty of medicine of five universities, Saudi Arabia using a descriptive cross-sectional approach. The sample was selected using two-stage stratified cluster sampling technique with stratification based on student gender. A self-administered questionnaire containing the socio-demographic data of the respondent and their different lifestyle aspects (nutrition, smoking habits, physical activities and sleeping data) was used for data collection.

**Results:** The study included 2068 medical students whose ages ranged from 17 to 29 years old with a mean age of  $21.9 \pm 1.9$  years while 49.5% of the included students were males. About 98.1% of the male students believe in the importance of having healthy lifestyle compared to 98.4% of the females. Also, 80.8% of the male students agreed in differences between males and females regarding concept towards healthy lifestyle compared to 74.6% of the female students.

**Conclusions & recommendations:** The current research proved that there is a general shortage in adopting healthy lifestyle among medical students especially for smoking and nutritional behaviors and also there are significant differences between male and female students regarding many aspects of healthy behavior.

### Biography

Almohannad Saleh has completed his bachelor of Medicine and Surgery at the age of 24 years from King Khalid University, Abha, Saudi Arabia. He has published 7 papers in reputed journals.

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# MEDICAL SOCIOLOGY & PUBLIC HEALTH

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# PUBLIC HEALTH AND EPIDEMIC DISEASES

September 21-22, 2018 | Dallas, USA

## **Social aspects of the rapid HIV testing procedure among non-governmental organizations in Kazakhstan**

**Alibayeva KO, Bayserkin BS and Saparbekov MK**

Ministry of Health of the Republic of Kazakhstan, Kazakhstan

As known in many countries across the world, there are legal norms and enforcement practices in the area of human rights abuses in relation to population vulnerable to HIV which are conducive to discrimination and legal barriers to access to HIV-related services, including testing and counseling.

**Purpose:** The purpose of this report is to study the legal and social problems associated with rapid HIV testing and counseling in non - governmental organizations in Kazakhstan.

**Materials and methods:** The study was conducted on the basis of the NGO "Kazakhstan Union of PLWH", Almaty, Kazakhstan. The study has been performed on the basis of data analysis using statistical methods and epidemiological, sociological (anonymous questioning), content and SWOT analyses. Field research was conducted in AIDS-service organizations in 6 regions of Kazakhstan: Pavlodar, Ust-Kamenogorsk, Temirtau, Shymkent, Kostanay. There were analyzed 144 questionnaires.

**Results:** The research has shown that arrangements for providing medical examination and counseling on HIV infection and express testing in Kazakhstan are regulated by the relevant legislation of the Republic of Kazakhstan and by the orders of the Ministry of Health of the Republic of Kazakhstan. At the same time, it is noted that there are barriers to rapid HIV testing on the basis of non-governmental organizations, both at the social and regulatory levels, suggestive of discriminatory trends on the part of both society and the individual – "self-stigmatization" of people living with HIV (PLHIV); a phenomenon of unawareness of one's own HIV infection; insufficient communication of medical, social workers with patients; the lack of a license to prompt HIV counseling and testing in non-governmental organizations.

**Conclusion:** In order to ensure effective involvement of key population groups of Kazakhstan (LUNs, MS, MSM) in the program and the procedure of rapid testing and counseling, it is necessary to adjust legislative and legal procedures of the country for providing social and legal procedures for the protection of the screened population.

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September 21-22, 2018 | Dallas, USA

## University students attitudes towards the use of food nutrition labels (FNL) for healthy food choices

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Providing nutritional information on food is an important step in assisting consumers to make an informed judgment on healthful food choice. This study explored university students' attitudes towards nutrition information on food labels. Self-Administered structured questionnaires were used to investigate awareness and frequency of food nutrition label (FNL) use among 486 students aged 20 and 40 years old stratified by level of study (undergraduate and postgraduate) across six Universities in the Western part of Nigeria. Statistical analyses were done using descriptive statistics and regression tests. Results indicated respondents' opinion of food labels as expiry date (93.3%), nutritional information (42%) and legal requirement (52.6 %). Health status assessed by Body mass index (BMI) was moderately associated with the use of FNL in making food choices. Approximately 15% (<18.5) 29% (18.5 to 24.9), 43% (25 < BMI ≤ 30) and 13% (BMI >30) of participants were respectively of normal weight, overweight and obese. The highly significant association was observed among the study level of students and knowledge about FNL in making healthy food choice (p<0.05). The regression analysis showed that three variables predicted attitude to use of FNL for food choices namely, busy lecture schedules (p-value = 0.000) peer influence (p-value = 0.004) and health consciousness (p-value = 0.035). Understanding nutrition information on food labels is mainly related to nutrition knowledge. Data from this study showed both age and level of the student are positively (p<0.05).associated with nutritional food label use in selecting healthy food choice. The results of this study have useful applications in educating University students on nutrition food labels to assist them in making use of these labels for healthy food choices.

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# PUBLIC HEALTH AND EPIDEMIC DISEASES

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## The effect of directly funded supportive supervision on data quality in Oyo State, Nigeria

**Alabi Babatunde Olusola**

African Field Epidemiology Network, Nigeria

**Introduction:** National Primary Healthcare Development Agency (NPHCDA) recommends provision of adequate funding and oversight to ensure every Health Facility is visited for Supportive Supervision (SS) at least once quarterly. The existing funding structure involves disbursement of funds to the State and Local Government authorities on a quarterly basis for SS. Administrative bottlenecks in funds disbursement however contribute to low level of SS visits. This study therefore aimed at determining the effectiveness of direct funding of supervisors on SS and whether improved supervision could lead to improved RI data quality.

**Methodology:** Twelve Local Government Areas (LGAs) were randomly categorized into six interventions and six control groups. RI supervisors of each LGA in the intervention category were trained and directly funded for supervision over a 6-month period. The control category had no training or funding but depended on the existing funding structure. Baseline and follow up data was collected in both groups and then compared for data consistency across data tools.

**Results:** Comparison of the post intervention data for the two categories reveals a higher percentage of HFs reporting consistent data in the intervention LGAs than the in the control group. Substantial reduction in data discrepancies were observed in RI reports from intervention HFs when compared with the baseline data.

**Conclusion:** The results obtained from this study reveals that SS may be a useful tool in improving data quality. Consequently, efforts should be geared towards instituting a data quality centered SS through a funding mechanism that works with minimal bottlenecks.

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September 21-22, 2018 | Dallas, USA

## Assessment of contributions of community tuberculosis intervention to tuberculosis case detection and treatment outcome in two states in Nigeria

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Nigeria, one of the high burden tuberculosis countries, has developed various intervention strategies for ensuring universal access to quality-assured tuberculosis diagnosis and treatment. However, low case detection and unsuccessful treatment outcome still remain a serious challenge in most states. Community tuberculosis care was born against this background in 2010 as a complementing front to combat the challenges, bringing DOTS strategy beyond the clinic settings to the doorsteps of patients. A comparative retrospective cohort review of 3 years (2015 to 2017) with convenient sampling technique was employed to evaluate the contribution of the community level intervention in two northern states of Nigeria. The analyses presented in this report consisted only of secondary unlinked data; no contact with human subjects occurred. Overall, there were 23,241 identified presumptive tuberculosis cases reviewed. The annual percentage increase of identified presumptive tuberculosis cases was 2.9%, 22.1% and 5.0% (in 2015, 2016 and 2017 respectively). The AFB positive testing rate was 23.8% (n=5539) and the negative cases were 17380 (74.8%), while the cases that were diagnosed clinically were 322(1.4%). Of the total 5867 cases treated, 71.1% had successful outcome (37.9% cured and 33.4% treatment completed), 7.2% loss to follow up, 7.1% died and 1.7% had treatment failure. The majority (77.4%) of the cases detected were referrals from communities where the community level intervention was implemented and they had more (88.6%) successful treatment outcome compared to the patients who had their treatment in facilities where community TB intervention was not implemented (76.1%). The community level tuberculosis intervention led to significantly better case detection and treatment outcome when compared to the conventional approach ( $p < 0.05$ ). Therefore, full community engagement should be advocated as a major strategy for end tuberculosis implanted by WHO since the patients are found in the community and not in the health facilities.

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September 21-22, 2018 | Dallas, USA

## Evaluation of two gastrointestinal parasites *Entamoeba histolytica* and *Giardia lamblia* within Iraq

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The prevalence of two gastrointestinal parasites the *Entamoeba histolytica* and *Giardia lamblia* parasites and their impact on some blood parameters i.e. packed cell volume (PCV), hemoglobin (Hb%) and total protein (TP) of a total 780 patients involved children and adults admitted to Samarra General Hospital was assessed. Samples of fresh feces collected in normal physiological saline were examined using Olympic microscopes. The frequency of the parasite *E. histolytica* was 12.8% (46.3% male and 53.6% female). The highest frequency of infection of *E. histolytica* (13.8%) was found at age group (1-5 years old) followed by <1-year-old children while the lowest (7.4%) was at ages (>41 years old). The highest rate of infection (33.9%) was found in September and the lowest (2.2%) in January. Similarly, the general infection frequency of the parasite *G. lamblia* was 3.9% with the highest rate at ages 1-20 years old and the lowest rate was 7.3% for >50 years old. The monthly, highest rate of infection (5.2%) was in August and least (2.2%) in January (2.2%). The frequency of total protein (TPD) in the blood relevant to the presence of parasite *E. histolytica* and *G. lamblia* was 4.6% and 1%, respectively. It is concluded that the above two parasites are the most common gastrointestinal parasite in Iraq which their pathogenesis is likely to escalate during the summer seasons and at low hygienic services environment and was irrelevant to neither anemia nor to total protein deficiency. It is recommended that the Iraqi Ministry of Health should be more concerned about the impact of giardiasis due to its potency in the quick spread.

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September 21-22, 2018 | Dallas, USA

## **Establishing a primary care cluster, Khlung district, Chanthaburi Province, Thailand**

**Chureerat Charoenchit**

Khlung Community Hospital, Thailand

The purpose of this study was to assess approaches taken in establishing a primary care cluster at the Khlung Community Hospital and to build a more efficient model for primary care cluster operation. Qualitative research was conducted in three groups of 5 administrators, 12 practitioners and 8 clients. A research instrument was developed and utilized around a semi-structured, 3S model interview questionnaire focusing on staff, program structure, system operation and clients. Focus group discussions and in-depth interviews were used to collect the data. The results revealed: (1) establishment of primary care clusters require staff who are well prepared to operate as multidisciplinary profession teams to best leverage existing physical and infrastructural assets; and (2) the need for the creation of proper forums for the exchange of knowledge and experiences that maximize information sharing among healthcare providers throughout the new operating environment. Establishing a primary care cluster provided an opportunity to assess teaming capabilities of existing staff; knowledge and ability of teams to operate under primary care cluster model; and expansion of the involvement of families and community in health care. This study highlighted the necessity of having the infrastructure in place, benefits of budget supplementation from community donations, support in the creation of a health promotion campaign for the hospital and pathways to overcoming logistical deficits that affect the delivery of healthcare via home visits. The study also helped in the formulation of service system improvements in appointment scheduling, improvements in doctor access, enhancements in the collection of population and illness data, boosting coordination between all provider team players after home visits: improvements in prescription medication monitoring and modernization of patient referral processes.

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## Improving data-driven performance review at the local, state and federal levels in Nigeria

**Clara Ekhayeme Oguji**

Africa Field Epidemiology Network, Nigeria

Immunisation is the most cost-effective intervention for reducing the morbidity and mortality associated with vaccine-preventable diseases (VPD). Poor Routine Immunization (RI) coverage in Nigeria has been largely attributed to various factors ranging from weak demand, poor service quality, poor data quality and use for proper planning and effective decision making and poor local leadership and accountability. We developed and launched a customized RI DHIS2 module and dashboard within the Nigeria NHMIS system for 774 LGAs/district and 37 states. Thirteen indicators were selected to configure the dashboard to promote the use of data for decision making and priority setting, we incorporate the DHIS2 RI dashboard into monthly review meeting held at the State and LGA/district level with guiding coordination using a predefined principle in collaboration with government. There was a significant increase in the use of the RI dashboard at the national level, which led to several decisions aimed at improving states performance. These were documented at the State and LGA level, where action points from the review meeting were aimed at improving performance in data quality and service delivery of RI in identified LGAs with low antigens coverage using the RI dashboard. Customising a simplified dashboard for local level officer's usage have contributed to improvements in immunization data quality and service delivery. It has led to empowering health workers to understand, use and appreciate the data that they are collecting, learn from one another and apply the learning and findings in their day-to-day activities for better programming.

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September 21-22, 2018 | Dallas, USA

## Using the see and treat approach to cervical cancer screening and prevention: A community-led program in rural Haiti

**Mikal Finkelstein**  
CapraCare Inc., USA

**Context:** Cervical cancer has become a disease of the poor. In low resource settings such as Haiti, most women do not have access to preventive screenings such as Pap smears. Haiti, therefore, has among the highest incidence and death due to cervical cancer in the world. The “See and Treat” approach using Visual Inspection with Acetic Acid (VIA) has been successfully utilized in many developing countries to improve cervical cancer prevention. It is simple and cost-effective and can be performed by nurses. Women can be treated the same day for precancerous lesions with cryotherapy or thermocoagulation.

**Methods:** The CapraCare clinic in Fonfrede is a community run facility in southern Haiti. The Greater Fonfrede area encompasses 160,000 people with little access to healthcare. This initiative included the training of local physicians and community health workers. Local staff conducted community outreach and cervical cancer education of the greater Fonfrede community. The “See and Treat” protocol led to the diagnosis, treatment and referral for precancerous and cancerous lesions in a population that would have previously not have had such access to care.

**Results:** Significant results include the education of community health workers, training local clinicians and strengthening community partnerships. In addition, we created cervical cancer educational materials and a clinical training program. We performed community outreach in (n=1529) and monthly cervical cancer education sessions (n=295). Approximately half of those educated came in for the screening test. Clinical outcomes reflected those in the literature. Lessons were learned about community engagement, outreach and how implementation may influence screening utilization.

**Conclusions:** Approaches such as ‘See and Treat’ can have a great impact on improving social disparities in health, however too few community-based programs that have been studied. Learning from this experience can help to expand such programs and lead to future implementation in other settings.

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September 21-22, 2018 | Dallas, USA

## Stigma as oppression: Measuring racialized and homophobic stigma and violence in a sample of US black men who have sex with men

Natalie Leblanc<sup>1</sup>, Hugh Crean, LaRon Nelson, James McMahon and Typhanye Dyer

<sup>1</sup>University of Rochester, USA

University of Maryland, USA

Black men who have sex with men (MSM) investigating and contextualizing multi-faceted social oppression is paramount in addressing inequities in HIV incidence experienced by this group. We conducted a secondary data analysis of the HIV Prevention Trial Network (HPTN) 061 study to test measurement properties of social oppression among 1530 US Black MSM. We used confirmatory factor analysis (CFA) to explore the psychometric properties and structure of the HPTN 061 stigma items. Three measurement models were examined: (1) a 2-factor CFA (Racial Stigma and Homophobic Stigma); (2) a 4-factor CFA (Racial Stigma, Homophobic Stigma, Racially-motivated Violence and Homophobic-motivated Violence); and (3) a new higher order Stigma latent construct. We chose 14 items a-priori to assess new racial and homophobic stigma variables (7 items assessed racial-based stigma, e.g., “Being ignored, overlooked, or not given a service because of my race”; and 7 items assessed homophobic-based stigma, e.g., “Being ignored, overlooked, or not given a service because of my sexuality”). Additionally, 6 violent items (3 racially-motivated and 3 homophobic-motivated) were assessed (e.g., “Being threatened with a gun, knife, or another weapon because of my race/sexuality”). Participants rated the impact of the event in the preceding week from 0=“has never happened to me” to 5=“bothers me extremely”. These severity ratings were used in each CFA. Overall, 77% reported some form of racial stigma with 63% reporting homophobic stigma. In each model, standardized factor loadings exceeded 0.63 for all items. Regarding violent experiences, 45% reported some form of racially-motivated violence with 42% reporting some form of homophobic-motivated violence. For all models, standardized factor loadings were all above 0.62 with most being above 0.75. Higher order standardized factor loadings were all above 0.7. The discussion will focus on naming new latent constructs, analysis strategies and limitations and the utility of higher-order factors.

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September 21-22, 2018 | Dallas, USA

## **Effect of radiation on deoxyribose nucleic acid (DNA): The fundamental blueprint for all of the body's structures**

**Raymond Limen Njinga**

North-West University, South Africa

External or internal sources of radiation may have some impact on the living tissues. The functions of all living tissue are carried out by molecules. These molecules are combinations of different types of atoms which are bonded by chemical bonds. They depend upon their composition, structure or shape. Radiation exposure to a certain dosage might alter or break the chemical bond between two carbon atoms and change the composition or structure. Of all the molecules in the body, the most crucial is the deoxyribose nucleic acid (DNA) which encodes the blueprint in each cell as a long sequence of molecules wound around proteins and packed into structures called chromosomes within the cell nucleus. In this study we investigate the effect of indirect action on the DNA due to free radical from ionize water molecules. The free radical reacts with other DNA molecules as it seeks to restore a stable configuration of electrons thereby causing biological effects. From this studies, a dose of about 100 gray would cause the cell not to perform its function while a mean lethal dose of 2 gray would cause the cell not to reproduce, but still performs its other functions. However, it was revealed that if the irradiation dose from the free radicals in water does not kill the cell it would create an error in the DNA blueprint. This may contribute to eventual loss of control of cell division. Hence, the cell begins dividing uncontrollably causing cancer which might be long or short term depending on the level of dosage and time of exposure. Excess dose may also alter the DNA resulting to cell mutations that occur in germ cells called genetic or heritable effects and at least 1,300 diseases are known to be caused by a mutation.

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September 21-22, 2018 | Dallas, USA

## Lessons from opportunistic infectious diseases and sexually transmissible epidemics

Helieh S Oz

UK Medical Center, USA

Opportunistic microorganisms affect millions of people in United States which are mostly classified by Center for Disease Control as “Neglected diseases of poverty and tropical infections.” Over 3.7 million people are infected with sexually transmissible *Trichomonas vaginalis* (T vaginalis) in U.S.A. Trichomoniasis once was accepted as an innocent bystander and commensal agent is now believed to increase the risk of HIV coinfection in women over 2 folds. Indeed, Trichomoniasis is the most prevalent nonviral sexually transmissible disease and the global incidence rate of infection is estimated 173 million per year. T vaginalis infection can be associated with adverse reproductive health outcomes, including atypical pelvic inflammation, cervical neoplasia, posthysterectomy infection, preterm birth and infertility. Toxoplasmosis is number 1 causative of foodborne complications and hospitalization in U.S.A which affects about 1/3rd of world population (1 billion). In addition, *Toxoplasma* is transmitted by sexual contact as well as fetomaternal, with severe life threatening complications including retinochoroiditis and encephalomyelitis. Over 300,000 patients are diagnosed with Chagas’ disease in U.S.A and 6-8 million patients suffer from disease in Latin America. Chagas’ disease is a vector and food-borne as well as sexually transmissible disease which threatens a global epidemic if is not eradicated in the near future. In this presentation, pathogenesis and epidemiology of major opportunistic infectious diseases and sexually transmissible infections and possible epidemic as well as pandemic will be scrutinized.

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## **Spatial distribution and predictors of vitamin A deficiency among children 6-23 months in Bungoma and Busia counties, Kenya**

**Mary Anyango Oyunga**

Kenya Agriculture & Livestock Research Organization, Kenya

The study analyses in details the existing spatial patterns using spatial indices and geographical visualizations of the presence and absence significant high and low values of vitamin A deficiency) (VAD) in Busia and Bungoma counties. ArcGIS and GeoDa 1.6 have been used for spatial analysis. A null hypothesis of spatial randomness was tested at  $\alpha=0.005$  against the thought of Spatial Autocorrelation (SA) and rejected giving a strong evidence of significant spatial patterns in VAD distribution. Local Indicators of Spatial Association (LISA) was used to assess clustering. Regression analysis was conducted to model the most significant prediction equation for a set of 12 covariates both spatial and demographics. Exploratory Spatial Data Analysis (ESDA) was conducted followed by Ordinary Least Squares Regression (OLSR) on predictor variables. Corrected VAD was the dependent variable while spatial and demographic variables were independent. The results of the OLSR were scrutinized by a set of test diagnostics for the existence of spatial dependence (Lagrange Multiplier diagnostics). Analysis of Moran's Index in Bungoma and Busia revealed a heavy clustering of High-High ( $MI \geq 0.9$ ) values on upper parts of Bungoma and lower parts of Bungoma and Busia showed heavy clustering of Low-Low values of VAD ( $MI \geq 0.9$ ). Spatial error model yielded varying levels of coefficients with diverse spatial and non-spatial independent variables at  $\alpha \leq 0.005$  with a sensitivity of 999 permutations and model variables suffered from extreme cases of multicollinearity and heteroskedasticity. OLSR identified the length of the crop growing period, distance to health facilities and towns as the most significant spatial predictors of VAD.

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# & PUBLIC HEALTH AND EPIDEMIC DISEASES

September 21-22, 2018 | Dallas, USA

## Understanding the use and scope of Lepcha Ethnomedicine- Sikkim and Kalimpong, India

**Melissa Zermit Namchu**

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Indigenous societies are viewed as a homogenous entity but the case of the Lepchas has been very different as historical factors have divided the community along territorial and religious lines. This division in the community has led to complexity in health-seeking behavior which provides me with a platform to understand how the model of dominative medical system functions in a Lepcha society. Hence, the study will be seen against a background of medical pluralism and a time when the Lepchas are dealing with political mayhems which are steered by the demand for an ethnic homeland by the immigrant Nepalis, that they are super-imposing on the Lepcha land and has today, left the Lepchas to an insignificant minority. My aim is not to undertake a polarised study- whether a traditional medicine works or not, but to understand the empirical reality of the complex health-seeking behavior. To comprehend how traditional medicine survives and how the title of the 'great-ethnobotanical practitioners' is upheld by the community. One of the key aims of this study is to understand the role and knowledge of medicine men and how they position themselves in a medically pluralistic society. Known to possess rich ethnobotanical knowledge of the flora and fauna found in the eastern Himalayan belt, the Lepchas have in the recent years been termed as a 'Vanishing tribe'. Now reduced to the status of a minority in terms of population, the number of local medicine men to have been steadily declining. However, the 'Vanishing' status has alarmed many leaders- political as well as social elites, who today are taking steps to promote and revive the age-old practice. Steps are also being taken to bridge the differences that are existent within the community spread over two different states of West Bengal and Sikkim in North East India- to establish a pan Lepcha identity. Nevertheless, the penetration of developmental activities in towns and villages have posted many new challenges in keeping up with traditional practices- especially in the health sector. I have approached this study from the perspective of medical anthropology- a subfield of anthropology- by using anthropological theories and methods to questions about health, illness and healing. Ethnomedicine- the study of traditional practices- that uses ethnography of health and healing behavior in the Lepcha society forms a major component of this study.

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## **The association of violence victimization experiences in childhood with school bullying victimization among Korean adolescents in out-of-home care**

**Hyunah Kang**

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Previous literature reported that children in out-of-home care have higher risks to be exposed to various violence-related trauma, such as abuse and neglect, family violence and community violence than the general population (Kang, Chung, Chun, Nho, & Woo, 2017). The exposure to violence in childhood would affect the belief endorsing violence and aggressive and delinquent behaviors in adolescence (Low & Espelage, 2014; Schwartz & Proctor, 2000). Moreover, it is a concern that increased aggression is shown to be one of the risk factors for bullying by peers (Schwartz, McFadyen-Ketchum, Dodge, Pettit, & Bates, 1999). Therefore, the main purpose of this study is to examine whether the childhood violence victimization experiences affect school violence victimization of Korean adolescents in care through aggression. For the study purpose, the data of 460 adolescents in out-of-home care were analyzed. The data were derived from the first and second wave of the Panel Study on Korean Children in Out-of-Home Care, nationally representative and only longitudinal data of Korean children in care. At the first panel survey in 2011, the adolescents at the age of 11 or 12 were asked if they had experienced particular negative and traumatic events in their childhood, including violence victimization, before they entered out-of-home care. Violence victimization events subcategorized into two types: direct violence victimization and indirect violence victimization. As an analytic method, structural equation modeling was utilized. The results of the confirmatory analysis showed good model fit ( $\chi^2=61.577$ ,  $p<.001$ ,  $df=31$ ; GFI=.976, CFI=.984, TLI=.977, RMSEA=.043) and each measuring variable was loaded on their latent constructs (violence victimization, aggression and school bullying victimization) at the level of  $p<.001$ . The structural model found that violence experiences impacted bullying victimization through aggression. Based on the results, practice implications for Korean adolescents in care are discussed.

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## **The attitudes and activities of pastors and faith leaders in Zimbabwe on the use of family planning methods among their members**

**Moses Alikali**

General Board of Global Ministries, Zimbabwe

Faith pioneers being the essential gatekeepers in disseminating reproductive health messages as well as influencing change in positive behavior within communities. Faith pioneers are seen as the most powerful, visible and reachable form of authority even trusted more than governments or non-profit organizations. In addition to providing counsel and advice aimed at enhancing health and well-being of the worshippers, faith leaders also play an important role in advocating and influencing what is taught in schools and what services are provided in healthcare facilities. Due to this impact, faith leaders mostly have an unparalleled opportunity—indeed, an ethical obligation—to prioritize discussion about family planning, advocating and closing the contraception gap.

**Objectives:** The overall objective of this study was to ascertain the attitude and activities of pastors and faith leaders in Zimbabwe on the use of family planning methods among their members.

**Methodology:** Methods like qualitative studies being used to understand better about the attitude and activities of pastors and faith leaders in Zimbabwe on the use of family planning methods among their members. The participants of this survey were drawn from 8 of 10 provinces in Zimbabwe. In personal face to face meetings paper-based questionnaires were answered by 24 pastors and 26 faith leaders in Zimbabwe, with few selected pastors and faith pioneers interviews were conducted. The samples were drawn from randomly selected churches in Zimbabwe. Data were analyzed using Epi info 7 and Microsoft Excel.

**Results:** The result of this study revealed some faith leaders believed that spreading information about family planning education was the responsibility of the government and tended to avoid such responsibility. However, through training in family planning advocacy much can be achieved.

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## Role of a dedicated medical social worker in fund mobilization and economic evaluation in ovarian cancer: Experience from a tertiary referral center in Eastern India

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**Background:** Tata Medical Centre (TMC), Kolkata is a major cancer referral center in Eastern India and neighboring countries providing state of the art facilities; however, it is a non-profit organization with patients requiring to pay at subsidized rates. Although a system for social assessment and applying for governmental/ non-governmental (NGO) funds is in place, access is challenging. Amongst gynecological cancers (GC), ovarian cancer (OC) is associated with the highest treatment cost; the majority of which is required at the beginning when complex surgery is performed and funding arrangements cannot be made in time. We, therefore, appointed a dedicated MSW in 2016, supported by an NGO for GC patients in order to assist patients/family members to access/avail these funds more readily and assist in economic evaluation for both direct and opportunity costs.

**Objectives:** To reflect on our experience and challenges in collecting data on the economic evaluation of cancer patients and compare success rates in achieving fund mobilization after the introduction of MSW.

**Methods:** A Retrospective survey. Patients with OC and their relatives were seen by the MSW during the initial outpatient's department visit and followed through till discharge from the hospital and during follow-up visits. Assistance was provided in preparing the essential documents/paperwork/contacts for the funding agencies including both governmental (Chief-Minister/Prime-Minister/President) and NGO sources. In addition, a detailed questionnaire was filled up for the economic assessment of direct/opportunity costs during the entire treatment and 12 months follow up period which forms a part of the study called HEPTRC (Health economic evaluation of primary treatment for ovarian cancer) developed in collaboration with economics departments of Universities.

**Results:** In 2015, 102 patients were operated for OC; only 16 patients (15.68 %) had availed funding of a total sum of INR 1640000 through the hospital system for social assessment. Following challenges were faced by the majority of the relatives: 1. Gathering important documents/proper contact details for governmental funding bodies and difficulty in following up the current status 3. The late arrival of funds. In contrast in 2016, 104 OC patients underwent surgery; the direct cost of treatment was significantly higher (median, INR 300000- 400000) compared to other GCs (n=274). 98/104 (94.23%) OC patients could be helped to apply for funds and 90/104(86.56%) patients received funding amounting to a total of INR 10897000. There has been a tenfold increase in funds mobilized in 2016 after the introduction of dedicated MSW in GC. In 2017, 72/104(69.23%) OC patients applied for funds and 56/104(53.84%) patients have received funding amounting to a total of INR 15428500. In a qualitative survey, all patients appreciated the role of the MSW who subsequently became the key worker for patient follow up and the chief portal for patient-reported outcome monitoring. Data collection quality for the HEPTRC study was improved when questionnaires were administered by the MSW compared to researchers.

**Conclusion:** Introduction of cancer-specific MSW can expedite the availability of funds required for cancer patients and it can positively impact on patient satisfaction and outcome reporting. The economic assessment will influence fund allocation and decision for policymaking in ovarian cancer.

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## Signal functions for measuring availability of emergency obstetric care services in public health facilities in India

**Madhumita Bango**

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Although India achieved a 65% decrease in maternal mortality rate (MMR), still it contributed the largest proportion (17%; 50,000 deaths) of maternal deaths in the world. Utilization of emergency obstetric care services can drastically reduce maternal deaths in most of the developing countries. This study aims to explore the availability and readiness of Emergency Obstetric Care (EmOC) Services in Public Health Facilities in India. It also investigates the geographical pattern and differentials in the availability of EmOC services. Availability of EmOC services can be measured by applying the criteria for health facilities recommended by the United Nations. These criteria provide nine signal functions. Presently, 19% of the health facilities are served by EmOC services, including 13% by BEmOC and 6% by CEmOC services. The distribution of these services varies across the country. When measured against the UN criteria of at least one CEmOC and four BEmOC facilities per 500,000 population, the results of this study show that only 1.3 EmOC facilities are available per 500,000 population. We also found that only three out of thirty-six states in the country have the UN-recommended number of EmOC facilities. This study highlights the importance of Emergency Obstetric Care (EmOC) services and provides useful information about the availability of public health facilities which will help policy makers and programmers to measure and improve the performance of public health facilities, as well as monitor the progress being made towards achieving the crucial fifth-millennium development goal.

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September 21-22, 2018 | Dallas, USA

## Chronic dialysis therapy yields a significant infectious burden: A call for national surveillance

**Naseema Banu Sheik**

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Patients receiving chronic dialysis therapy are vulnerable to infection with resistant micro-organisms. This is an emerging problem internationally with some countries legislating or advocating for implementation of mandatory reporting. This countrywide study was conducted to determine the prevalence and antibiotic resistance profiles of infections and their associated morbidity and mortality in National Renal Care dialysis units. The profile of gram-positive, gram-negative bacterial pathogens and fungal pathogens was described and their antimicrobial susceptibility patterns were evaluated. Morbidity was measured by the number of patients that required admission for the infection and their duration of hospital stay. Mortality was considered related to the infection if death occurred within 30 days of the diagnosis of the infection. For PD the infection rate was 31.3 per 100 dialysis patient years (95% CI 24.2-39.8). This was significantly higher ( $p < 0.0001$ ) than the infection rate for HD which was 7.2 per 100 dialysis patient years (95% CI 6.2-8.3). The bloodstream infection rate (BSI) for HD was 2.1 per 100 dialysis patient years (95% CI: 1.6-2.8) and the peritoneal site infection rate (PSI) was 19.4 per 100 dialysis patient years (95% CI 14.0-26.4). With the increasing infections that patients with the end-stage renal disease are posed to a rigorous Infection Prevention and Control, the programme was implemented. Hand Hygiene was a primary focus area and we implemented measures for staff to be assessed on monthly hand hygiene practices and a daily surveillance of BBE was carried out. Other measures in the PD modality was rigorous health education for all PD patients regarding signs and symptoms of infections.

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## **Innovative capacity development approaches for routine immunization data reporting and use in Nigeria: An overview of implementation**

**Olasoji Fasogbon**

African Field Epidemiology Network, Nigeria

Prior to November 2014, key routine immunization (RI) data were yet to be incorporated into the web-based District Health Information System version 2 (DHIS2), a major reporting platform for NHMIS in Nigeria. The management and use of RI data was very complex and cumbersome because of huge backlog of unprocessed data and poor data flow. In November 2014, the United States Centers for Disease Control and Prevention in collaboration with National Stop Transmission of Polio Program (NSTOP) Nigeria and National Primary Health Care Development Agency received Bill and Melinda Gates Foundation grant to strengthen RI data reporting in Nigeria through capacity building and introduction of RI module on DHIS2 national instance. We describe DHIS2 RI module capacity development approaches currently in use in Nigeria, the key achievements and associated challenges. To ensure RI cadre staff were equipped with skills for improved data reporting and use, NSTOP piloted DHIS2 RI Module project in Kano state and scaled-up to 36 states and Federal Capital Territory. This involved implementation of innovative, efficient and cost-effective capacity building approaches from November 2014 till date. These approaches included national training of trainers, state-level project implementation, refresher and clustered trainings; routine on-the-job mentoring for healthcare workers; webinars on use of DHIS2 features and project monitoring tools etc. The implementation of innovative capacity development approaches in DHIS2 RI Module project in Nigeria has created a pool of trained healthcare workers, resulted into enhanced capacity development and improved routine immunization data quality and use in Nigeria.

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## **Description of a new *Cercaria* obtained from *Lymnea* and *Bulinus* species collected from Jakara Dam, Kano State, Nigeria and public health implications**

**Rabi Suraj Duwa**

Bayero University Kano, Nigeria

Fresh water snails in Jakara dam were investigated for trematode infections. Snails were collected from different parts of the dam in Minjibir, Ugoggo and Gezawa local government area between January 2017 and February 2018 by hand picking only. Thirty different species of *Lymnea* with ninety-seven *Bulinus* were encountered. They were then placed separately in compartmented petridishes for cercarial shedding. The cercaria obtained are *Tridena* cercaria, *Gymnocephalus* (*Fasciola* type), *Echinostome* cercaria, *Armatae* cercaria, new *Parapleurophocercous* cercariae and a *Fucocercus* cercaria (not schistosome) including some unidentified types (videos of swimming available). *Lymnea* species from Bangare showed the most infection with one of them shedding more than a hundred cercariae. There was no schistosome cercariae. This is the first time more than three types of cercariae were observed in Jakara dam. All observations were made on freshly emerged cercaria. Data analysis was done descriptively. The presence of these new types of cercariae may not be unconnected with the presence of different species of *Lymnea* encountered in the water body and may mean a new trend in trematode infections.

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