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5th World Congress on

Public Health, Nutrition & Epidemiology

July 23-24, 2018 Melbourne, Australia

Keynote Forum

Day 1

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Keshena Patterson Author, USA

Polycystic ovarian syndrome and the importance of ultrasound imaging

 $P^{\text{COS-Polycystic}}$ Ovarian Syndrome is a metabolic disorder that affects the hormones and endocrine system. This disorder affects so many young girls and women, it is said that 1 in 10 women of childbearing age have it and may not know it. Symptoms range from infertility, being overweight, cardiovascular issues, acne, unwanted hair, etc. Many specialized medical providers can treat PCOS patients but the beginning starts with ultrasound imaging and lab work for diagnosis. Ultrasound provides images of the ovaries to understand if cysts are present.

Biography

Keshena has a Bachelor's of Science in Radiology Technology. She has worked as a Radiology Technologist for over 7 years. She has experience in a variety of positions including leadership. She currently works as a Clinical Education Specialist for Siemens Healthineers. She is also a respected independent author publishing a part memoir, part informational nonfiction book about her journey with PCOS(Polycystic Ovarian Syndrome) called "I Kept My Smile, From A Girl To A Woman With: PCOS". Her passion is self-love, patient care, raising awareness for PCOS, and to support and encourage women and young girls with PCOS to be fearless and take control. She is also a motivational speaker and has written publications in her career field and the PCOS community.

keshenawrites@gmail.com

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Mohammod Jobayer Chisti International Centre for Diarrhoeal Disease Research, Bangladesh

Low cost innovative therapy in childhood pneumonia in developing countries

Background & Aim: Even with WHO recommended appropriate antibiotics, standard Low Flow (LF) oxygen by nasal prongs and good supportive care case-fatality-rate from severe pneumonia in many hospitals is more than 10%. We need to understand the role of non-invasive ventilation such as Bubble CPAP (BCPAP) compared to LF oxygen therapy in managing children with severe pneumonia and hypoxemia in such children beyond the newborn period in developing countries.

Methodology: We included RCTs conducted in developing countries where BCPAP was compared with LF oxygen therapy for the treatment of World Health Organization (WHO) defined severe pneumonia and hypoxemia.

Results: Children who received BCPAP therapy had significant reduction in treatment failure (p<0.05) and deaths (p<0.05) compared to those who received LF therapy. No significant difference of SAEs was observed between the groups.

Conclusion: The results of our data revealed that BCPAP therapy had the significant better outcome compared to LF therapy. Thus, bubble CPAP therapy should be considered as a part of standard of care for treating children under five with severe pneumonia and hypoxemia in developing countries where still the part of the standard of care of severe pneumonia is WHO standard LF oxygen therapy.

Biography

Mohammod Jobayer Chisti has been working in International Centre for Diarrhoeal Disease Research, Bangladesh, since 1998.

chisti@icddrb.org

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Muhammad Sarwat Mirza

Health and Nutrition Development Society, Pakistan

Improving access is the key for sustainable adoption of birth spacing practices in rural remote areas

Statement of the Problem: Over last many years contraceptive prevalence rate in Pakistan is slightly improved but the situation in rural areas are unchanged. The high population growth rate, poor maternal and child health indicators are the main challenges affecting the economic status of the families and the country. In rural remote areas, access to quality care services, availability and sustained supplies of contraceptives are the major hurdles.

Methodology & Theoretical Orientation: For improving access to birth spacing services, an innovative approach was introduced. 600 female community-based workers, in under-served areas were selected and trained. They did the community mobilization and facilitated the assigned female health care providers (LHVs) for provision of birth spacing services within their communities. The government health and population welfare departments were involved as a partner to provide FP products and other FP services to referral clients. The data of Married Women of Reproductive Age (MWRA) was collected and maintained. The same data was used to generate new clients and for their follow up. The data was regularly followed/checked, validated by monitoring and back check at various levels.

Findings: Female workers registered all married women of reproductive age in their catchment population and collected sociodemographic information about the women and families. Majority of the women (95.8%) are illiterate. Average number of children is 4.3 and average age of youngest child is 1.8 years. Out of these women, only 4.5% were current users of FP, 3.8% are ever users and 91.7% are never users. In the intervention (24 months period), female workers reached 98.5% of the target women, deliver messages and information through group meetings and follow up on home visits. Supervisors LHVs provided birth spacing services through mobile clinics in each village. 46% of the women adopted one of the contraceptive methods for birth spacing. The trend of contraceptives by methods is condoms 13%, oral pills 20%, injectable 46% and IUCD 21%. The most encouraging thing in the pattern is the adoption of modern contraceptive methods and mostly long term. It reduces the cost and exposes the clients to lesser side effects and provides more durable and sustained birth spacing.

Conclusion & Significance: In rural remote areas, the improved access to the continued birth spacing services and commodities through community based female workers and supervisors trained LHVs for clinical services may be one of the effective and sustainable approach for bringing sustainable behavior change for adoption of birth spacing as a health behavior. These effects largely in reducing the economic burden on the family and contributed in national economy by reducing the DALYs.

Biography

Muhammad Sarwat Mirza possesses wide experience in the field of program/project designing and development, program management, monitoring, evaluation and research especially related to reproductive health, nutrition and family planning, working with Health and Nutrition Development Society for last 22 years. He had pursued his MBBS and Master's in Public Health and had served at the Department of Pediatrics, The Aga Khan University Hospital, Pakistan. He had experience of developing behavior change communication material for promotion of breast feeding, dietary habits of pregnant and lactating women, nutrition for children and adolescents among the rural communities. He has played a major role in organizing the Pakistan SUN movement (Scale up Nutrition) CSO Alliance. He has worked on several clinical research projects such as dietary management of diarrhea, control trial of local food, zinc supplementation in malnourished children. He is serving as a Research Advisor for community health initiatives related to food, nutrition and research at Allama Iqbal Open University, Pakistan for post graduate medical students.

Sarwat.mirza@hands.org.pk

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Amir Elahi Johri
Ministry of Health-Oman, Oman

Significance of environmental health in emergencies and disasters: Lessons learnt & way forward

Any part of the world can be affected by disasters and emergency situations, affecting human lives and the environment. Therefore, environmental health has a significant role in all phases of disaster planning, preparedness, response, recovery and rehabilitation. Actually, the environmental health hazards directly influence the human health, social wellbeing and survival, e.g. shelter, water, wastewater, sanitation, waste, hygiene, food, pollution and so on. Environmental health activities are interdisciplinary involving different authorities, organizations and professionals from many backgrounds and are involved in wide range of activities not limited to health, for example community participation, health education, search and rescue operations, training, public education and other social aspects related to protection of health and the environment. A large scale disasters and emergencies have substantial humanitarian, social, political, security and economic implications. Despite the fact that environmental health is widely believed to be integral part of disaster management but still it is not given the due significance when it comes to allocation of human and financial resources in an event of emergencies and disasters. Environmental health team has to exert more to work with different sectors to achieve desirable results; therefore the environmental health practitioners are encouraged to closely interact with other relevant authorities and agencies and develop strong working relationships by enhancing environmental health role in the event of emergencies and disaster management. An integrated approach with other sectors should be promoted to improve all phases of emergency/disaster management cycle.

Biography

Amir Elahi Johri is a Public Health Physician and has extensive experience in environmental/public health. He has worked for many international and national organizations around the world. His expertise includes environmental health in emergencies, environmental and occupational health policies and strategies, environmental health risk assessment, migrants and refugees health, etc. He has worked for World Health Organization (WHO) at the national and international level. He was also engaged with International Organization for Migration (IOM) with Syrian refugees in Jordan. Currently he is the Advisor at the Department of Environmental and Occupational Health, Ministry of Health Oman. He has presented several papers at different international forums. He is actively involved in developing national environmental health and occupational policies, strategies and actions plans, as well as training and teaching of environmental and occupational health disciplines.

dramirjohri@gmail.com

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