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Poster Presentations: Session 3

Housing and Health: What are the Problems and Where Can We Find Them?

Authors

1. Dr. Carrie Beth Lasley (Wayne State University)
2. Dr. Lyke Thompson (Wayne State Unviersity)

Abstract
Recent and current research on Healthy Homes in the United States, based on an English approach to identifying risks in the home environment, have helped to determine what risks are prevalent in three United States cities in different geographic environments. We now understand more about how American housing impacts health and how it compares to peers in the United States and England. Can we take what we know and translate it into a predictive service model that will help communities to better deploy assistance where it is needed most. This study explores how such a model may be developed and implemented in American cities where data about health hazards in the built environment are being collected.

Geospatial Analysis to Identify Census Tracts with TB Clusters and Associated Socio-Economic Factors in a Local Health Department

Authors

1. Mr. Doug Schenk (Santa Clara County Public Health Department, California)
2. Dr. Wen Lin (Santa Clara County Public Health Department, California)
3. Ms. Anandi Sujeer (Santa Clara County Public Health Department, California)

Abstract
Background
Santa Clara County is a large, geographically, ethnically, and socioeconomically diverse county in Northern California with a Tuberculosis (TB) case rate of 8.8 per 100,000, almost three times the national average, in 2014. Majority of TB cases were foreign-born Asians. We conducted an ecological study to identify geographic areas with high incidence of TB and associated characteristics.

Methods
Addresses for TB cases during 2010–2014 were geocoded to one of 372 census tracts (CT). CTs with high and low incidence of TB were identified and compared using Getis-Ord GI* geospatial analysis. Univariate and multivariate logistic regressions were applied to examine the relationship between TB clustering and various socioeconomic factors including poverty, nativity, race/ethnicity, household size, and population density.

Results
A total of 893 TB cases occurred during 2010–2014, of which 867 (97%) were successfully geocoded. Nearly half (418/867) of TB cases were spatially clustered in

just one-fourth (97/372) of the CTs. Compared to CTs with low incidence of TB, CTs with TB clusters had significantly higher proportions of foreign-born (47.6% vs. 36.6%), Asians (44.8% vs. 35.3%), households with income <200% FPL (31.9% vs. 16.8%), larger household size (3.7 vs. 2.8), and higher population density (8,464 vs. 2,745 people per square mile). After controlling for other factors, CTs with over 40% foreign-born population [Adjusted Odds Ratio (AOR) = 4.9, 95% confidence interval (CI): 1.9 – 12.9], having ≥30% households with income <200% FPL [AOR=11.4, 95% CI: 4.3 – 30.2], and household size >3 [AOR=5.2, 95% CI: 2.6 – 10.3] had significantly higher odds of having TB clusters. Proportion of Asians and population density were not associated factors.

Conclusions
Geospatial analysis helped identify CTs with TB clusters and associated population-level factors. This analysis will guide further investigation of CTs with TB clusters and assist targeted TB screening and treatment efforts.

Role of Community Based Organizations (Cbos) in Provision of Water and Sanitation System Initiative Through Urban Health Program in Karachi

Authors

1. Mr. Muhammad Imran Khan (Aga Khan University)

Abstract
Background:
Liaison of community with the government organizations (GOs) for providing the basic services is imperative for success of these initiatives. Water and sanitation is one of major issues in developing countries like Pakistan. The purpose of this paper is to share our experiences with in involving community for Water and Sanitation system initiative in Urban area.
Methodology:
Population of Hijrat colony is approximately 100,000 and is pre-dominantly comprises of different ethnicities. We conducted several meetings with local body system Nazim regarding the identification of proper solution to improve the water and sanitation system in the area who are not in a working condition. We shared this information with the CBOs; facilitated identifying a proper way for the completely solution of the program; appointed permanent people and volunteers from local communities; developed linkages with other non-government organizations (NGOs), GOs such as Town and City District Government, to get formal financial support.
Result:
After four months of consultative process of community and GOs, water and sanitation committee was established in these areas to manage the system. Moreover, the sanitation condition in the area improved after the formation of these committees. The program was expanded form overall areas of Hijrat colony around 0.5km area covered.
Conclusion:

With appropriate efforts and active involvement of communities, the sewerage system resolved and sanitation system is now better as compare to previous situation that was not functional. Such efforts would lead to enhancement of sewerage and sanitation system in the area that would ultimately influence the health of population.

Eliminating Cancer Health Disparities among Urban Slum Dwellers in Nigeria

Authors

1. Dr. Foluso Ishola (Youth Society on Cancer Nigeria (YSCN); Global Youth Coalition against Cancer (GYCC))

Abstract

Introduction

Despite implementation of programs for cancer prevention, screening, diagnosis and treatment in Nigeria, a disproportionate number of slum dwellers and other medically underserved populations in urban areas still bear a greater burden of cancer than the general population. The consequences of such disparities include late stage diagnosis when the severity is greater and options for treatment, as well as the odds of survival, are decreased.

Methods

This paper examined published literature that addresses the complex and multifaceted nature of cancer health disparities among medically underserved populations in Nigeria. It discusses policy and programmatic implications and proposes ways of reducing such disparities.

Results

Causes of cancer disparities in Nigeria can be linked to socioeconomic, behavioral, biological, cultural, environmental and political factors such as lack of awareness, limited access to care including prevention, early detection, lower quality treatment when cancer is diagnosed, lack of health insurance and differences in behaviors that increase cancer risk, such as tobacco use, unhealthy diet, and lack of physical activity. Some factors, however, make the reduction and ultimate elimination of cancer disparities possible. Slum dwellers are often located in defined geographical areas which allow intense and focused programmatic efforts that address their unique needs and can reach most of them and have major impact. These approaches must engage all facets of such dwellings—individual, family, neighborhood, organizations, and policy makers. Provision of community based health insurance would also help to improve access to quality cancer care.

Conclusion

More data sources and improved study methodology are needed to better identify and explore factors contributing to cancer disparities among slum dwellers. This will

contribute immensely to the development and implementation of appropriate interventions.

Knowledge and Practice of Non Pharmacological Management of Pain Among Sickle Cell Clients in Selected Hospitals, Southwestern Nigeria

Authors

1. Mrs. Oluwatoyin ADELEKE (State Hospital, Oyo, Research and Development Unit, Oyo State, Oyo State Ministry of Health,)
2. Mr. Olasoji Oluwafemi (Omega Academic Grammar School, Ile-Ife, Nigeria)
3. Mr. Olawale Oluwafemi (Nigerian Space Agency, Centre for Geodesy and Geodynamics, Toro, Bauchi State)

Abstract

Nigeria is among the major endemic countries where Sickle Cell Disease (SCD) causes serious psychological pains to the patients. The management of pain in SCD involves multitasking and multidisciplinary approach. Over the years, management of the pains usually involves pharmacological approach; empirical studies have shown that Non Pharmacological Approach has been practised worldwide but still new in tropical sub-Saharan countries including Nigeria. Hence, this study examines the Non Pharmacological approach combines with biofeedback, self-hypnosis, relaxation therapy and cognitive-behavioural interventions. The study adopted a descriptive research design targeted at sickle cell clients between the ages of 10-60 years attending haematological clinics at Obafemi Awolowo University, Ile-Ife and Ladoke Akintola University Teaching Hospital, Osogbo both in Osun State, Southwestern, Nigeria. Sample Size was derived using Taro Yamane's formular with a structured Questionnaire through accidental sampling methods to 200 respondents. The data were analysed using Statistical Packages for Social Providers (SPSS). The study clearly reveals 56% of the total respondents were female clients while 44% were male respondents. The study also revealed that clients engaged in eight major Non Pharmacological Management of Pain (NPMP) with Application of Ice Block to the painful locations of the body with 73%, Massage 68.4%, Dancing 11.5%, Swimming 20.7%, Self- hypnosis 10.3%, Acupuncture 37.9%, Physical Exercise 29.9%, Heater Usage 69.5% and Others 1.1%. The study also revealed that 37.5% of the respondents have poor knowledge about NPMP, 25% with good knowledge, 20% with fair knowledge and 17.5 % with very good knowledge. The study concludes that majority of the respondents are not satisfied with the use of NPMP for the management of SCD. Hence, the study suggest that health providers should take into cognizance awareness campaign on various methods of Non Phamacological Management of Pain (NPMP).

‘Interacting in Narrow Streets’: The Contingencies of Living in Old, Historic, Built-Up Neighbourhood Environments and their Effect on Health and Wellbeing

Authors

1. Ms. Bernadine Satariano (University of Durham)

Abstract
There is a growing body of evidence that where you live is important to your health (Fone et al., 2007; Kawachi and Berkman, 2003: Macintyre et al., 2002). The neighbourhood environment is more than the geographical area comprising of streets, houses, shops, schools and parks but it is an area of cohesion and boundaries which distinguish it from other neighbourhoods (Cummins et al., 2007). This qualitative in-depth study based on the Mediterranean island of Malta, argues that old, traditionally built infrastructure contributes to the way that social processes of social capital operate in neighbourhoods (Lund, 2002; Leyden, 2003). Consistent with other literature, these features of social capital such as social support, which can be emotional, practical or instrumental, has a positive influence on the health and wellbeing of the inhabitants. Moreover, social networks not only provide sociability but also enhance self-esteem and self-identity, due to feelings of belonging and coherence (Kawachi and Berkman, 2001; Valente, 2010). However, narratives pointed out that living in a historic city also comes at a price. Tight regulations and physical limitations of reconstruction lead to vacant, dilapidated properties. This directly affects the physical health of the inhabitants due to inadequate housing conditions subject to dampness and inaccessibility. This research therefore explains that the built environment and social capital are linked but also contingent on health and wellbeing.

From Management to Curative Therapies for Chronic Diseases: Promise of Grain Amaranth and Traditional Healthcare Systems

Authors

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

Abstract
Many people are dying younger due to Non-communicable Diseases-NCDs, often in their most productive years. The rising epidemic of NCDs in urban areas is partly linked to endocrine disrupting chemicals (EDCs) found in foods, indoor/outdoor environments and a wide range of consumer products, (WHO, UNEP, 2013.). Yet, in most poor countries, there exists no healthcare system for chronic diseases such as NCDs, but a diseases management system, dependent on expensive drugs and invasive surgeries, unaffordable to most poor people. However, interest in traditional systems of medicine and, in particular, herbal medicines, has increased substantially in both developed and developing countries over the past two decades, (WHO, 2003), which has provided hope for curative therapies for chronic diseases.

Indeed, this paper will demonstrate how Strategic Poverty Alleviation Systems-SPAS has been using traditional healthcare systems and organic grain amaranth- a non-grass cereal and a nutritional powerhouse which is also medicinal to control NCDs and which have proved very promising. Small-scale farmers grow grain amaranth for food/nutrition and incomes and surplus bought by SPAS to make grain amaranth-based nutraceuticals for community members with chronic diseases.
People with cardiovascular diseases-CVDs, Diabetics and hypertensives have previously benefited and so are people who suffer from terminal cancer that is not responding to conventional treatment options. Within seven days, diabetics and hypertensives, for instance, taking these nutraceuticals are off all medications. Indeed, the model can be used to improve current health and nutrition models, policies and practices and provide a framework for the long term needs of poor people at risk of chronic diseases.
Indeed, a critical window of opportunity now beckons to move healthcare systems for chronic diseases off the current path of disease management and embark on a trajectory towards curative therapies for these illnesses based on grain amaranth, organic agriculture and traditional healthcare systems.

Dhaka, the Least Livable City in the World

Authors

1. Mr. Md. Sirajul Islam Molla (Sunder Jiban)
2. Ms. Farhat Samin (University of Dhaka)

Abstract
The pollution in Dhaka has crossed all limits. Old motor vehicles, dust, abandoned wastes, brick kilns and other industrial establishments are polluting the city unabated. We conducted this study to identify causes and effects of the pollution in Dhaka city and recommend possible remedial measures. We used secondary data from various sources including the World Health Organization, Ministry of the Environment, scientific journals and newspapers. Politics and corruption are the major reasons for over population, pollution and mismanagement responsible for the miserable situation of Dhaka city. Politics made all roads lead to Dhaka that resulted in an exponential increase of its population from one million in 1971 to 21 million in 2015 with 50,000 per square kilometer – the highest density in the world. The city has only 220 kilometer road to accommodate one and a half million vehicles. Ninety percent of old faulty vehicles are the major cause of air pollution in the city. Besides, 5,000 brick kilns around the city account for 30% air pollution. Dust; black smoke from factories and burners of slum people; households, hospitals and factory wastes; and stinky river water seriously polluted by industrial wastes are also the sources of pollution. Tanneries produce 20,000 cubic meters of toxic waste laden with chromium and at least 30 other toxins every day. Air pollution causes bronchitis, upper-respiratory infections, gastrointestinal disorders, anaemia, insomnia, weight loss, motor weakness, muscle paralysis, nephropathy, etc. The government should come up with a stringent plan to decentralize

administration with a firm commitment eliminating corruption in all sectors and this can only reduce the burden of Dhaka city. Addressing just the air pollution, the government may save US$200-800 million per year in lost productivity that amounts to about 0.7% to 3.0% of its gross national product.

HIV Testing Outcomes Following Implementation of a Community-level HIV Stigma and Homophobia Prevention Intervention in an Urban Neighborhood in the United States

Authors

1. Ms. Victoria Frye (City College of New York, CUNY)
2. Mr. Mark Paige (New York Blood Center)
3. Mr. Steven Gordon (Gay Men of African Descent)
4. Mr. David Matthews (Brooklyn Men Konnect/Bridging Access to Care)
5. Ms. Emily Greene (New York Blood Center)
6. Mr. Vaughn Taylor-Akutagawa (Gay Men of African Descent)
7. Dr. Beryl Koblin (New York Blood Center)

Abstract

Purpose: Challenge HIV Stigma and Homophobia and Gain Empowerment (CHHANGE) was a community-level (Central Brooklyn) intervention designed to reduce HIV stigma and homophobia, thus increasing access to HIV testing and prevention services. CHHANGE had three components (intensive workshops/trainings; pop-up events; and a bus shelter ad campaign) and was conducted by the New York Blood Center (NYBC), Gay Men of African Decent (GMAD) and Bridging Access to Care (BAtC).

Methods: To evaluate the intervention, two waves of anonymous, brief (5-minute), street-intercept surveys were conducted by trained interviewers, in June of 2014 and 2015, on randomly selected blocks in both the intervention and control neighborhoods. Pre- and post-intervention HIV testing data is described and associations among exposure to intervention elements, HIV stigma, homophobia and past-6 month HIV testing were assessed in logistic regression models.

Results: Results revealed that the number of tests conducted by BMK's focal neighborhood storefront increased by approximately 350%, from 45 to 156 clients, in the quarter after the intervention as compared with the quarter prior to the intervention. Logistic regression models of past 6-month HIV testing revealed that among follow-up survey participants, attending an anti-HIV stigma workshop, reporting contact with HIV+ people and lower HIV stigma scores were significantly associated with recent HIV testing, controlling for sociodemographic factors and neighborhood of residence.

Conclusions: Exposure to key components of the CHHANGE intervention were significantly associated with self-reported recent HIV testing among both intervention and control neighborhood residents post-intervention. HIV testing increased significantly at the BAtC storefront testing site in the intervention neighborhood, after the CHHANGE intervention. Together, these results suggest that reducing HIV stigma through targeted

and strategic neighborhood-based outreach and education and increasing contact with people living with HIV may act to increase access to HIV prevention, testing and treatment services.

Urban-Rural Inequities in use of Maternal Health Services in Nepal, 1991-2010

Authors

1. Ms. Milima Singh Dangol (Thammasat University)

Abstract
Maternal health services are vital for the survival and well-being of both mother and child. It is important to monitor urban-rural inequities in use of maternal health services to measure progress and address health inequities.

The study is to determine the inequities in use of maternal health services between urban and rural women in Nepal in the period of 1991 to 2010. The analysis is based on the data from four Nepal Demographic and Health Survey published in the years 1996, 2001, 2006 and 2011. The urban: rural ratio and urban: rural differences were calculated to analyse the trends and inequities in use of maternal health services among urban and rural women in Nepal.

There are significant inequities in use of maternal health services between urban and rural women in Nepal but it is reducing over time. Between 1991-1995 and 2006-2010, the urban: rural ratio reduced from 3.2 to 1.6 for antenatal care from skilled birth attendants, from 4.1 to 1.5 for 4+antenatal care, from 1.5 to 1.2 for women receiving two or more tetanus toxoid, from 7.3 to 2.3 for delivery by skilled birth attendants, from 8.6 to 2.3 for institutional delivery and from 0.7 to 1.7 for postnatal care. In terms of urban: rural differences, there is equity gain for antenatal care by skilled birth attendants, 4+antenatal care and women receiving tetanus toxoid but not for skilled birth attendant delivery, institutional delivery and postnatal care.

Equity in use of all types of antenatal care is improving but it is widening for using delivery and postnatal care between urban and rural women in Nepal. It is recommended to strengthen the ongoing health and non-health maternal health interventions to address the equity gap between urban and rural women.

Labor Incomes of Health Care Workers and Multiple Jobs Holding in Urban Areas of Cameroon

Authors

1. Mr. Gaston Brice Nkoumou Ngoa (University of Yaoundé II, REMA University Paris Dauphine, DIAL)

Abstract
It is argued that the multiple job holding increases access inequality in health care services and results in adverse effects on the health care quality delivered in health centers. The aim of this paper is to analyze the effect of the labor income on the multiple Job holding of healthcare workers in urban areas of Cameroon by estimating a binary probit model. As hourly earnings in secondary jobs are observed only for the multiple job holders, they will be imputed for all individuals. But this method involves a potential selection bias due to unobserved earnings in the second jobs for the single job holders. This potential bias will be addressed using the Heckman two-step method. The data used were collected as part of the project on "Working conditions of health care workers in urban Cameroon" in 2013. The results from the statistical analysis show that doctors only seem to engage themselves in a second job while their main income is already relatively high. Doctors with multiple jobs earn in their main job a higher hourly wage compared to those with only one job. In contrary, there is any difference in the main job wages between multiple job holders and single job holders for nurses and health technicians. The econometric results show that the effect of labor income in the main job on the probability of health care workers to use a second job is low and not significant. In contrast, the effect of secondary income on the probability of using a second job is significantly high and positive. Also, the irregular payment of wages in the main job increases the probability of healthcare workers to be a multiple job holder.

When and Why Youth use their Cell Phones: Links to School, Family, and Peer Connectedness

Authors

1. Dr. Maya Peled (McCreary Centre Society)
2. Ms. Annie Smith (McCreary Centre Society)
3. Mr. Duncan Stewart (McCreary Centre Society)

Abstract
Introduction & Aim:

The aim of this study was to explore when and why youth used their cell phones on the previous school day (among those who owned phones), and risks and benefits associated with phone usage, particularly in relation to connectedness with school, family, and peers.

Method:

Self-report survey data was collected from 29,832 students in public schools across British Columbia, Canada who completed McCreary's 2013 BC Adolescent Health Survey. Youth ranged in age from 12-19. Survey questions tapped risk and health-promoting behaviours, and perceptions about school, family and peers. There was also a grid asking whether youth used their cell phone on the previous school day for

different reasons (e.g., communicating with parents, teachers, friends) and when they took part in these activities (before school, during school, after school).

Results & Conclusions:

Most youth (90%) reported owning a cell phone. Youth in urban areas were more likely than those in rural areas to own one. Most youth who owned a phone used it for communicating with friends (89%) and parents (80%), and 9% communicated with teachers. Students who communicated with teachers before or after school felt more connected to school than those who did not use their phone for this reason. Youth who communicated with parents or friends during school were less likely to feel connected to school.

Youth who communicated with their parents during the school day were also less likely to feel connected to their family. However, students who used their phone to communicate with parents after school were more likely to feel connected to family.

Results indicate that knowing when and why youth use their phones can provide nuanced information on risks and benefits associated with cell phone use among adolescents.

Creating a Place for Experiential Youth in Mental Health Research

Authors

1. Ms. Annie Smith (McCreary Centre Society)
2. Dr. Maya Peled (McCreary Centre Society)
3. Mr. Duncan Stewart (McCreary Centre Society)

Abstract

Purpose:
The presentation will share findings from a project engaging urban based youth with mental health challenges in a design thinking approach to research.

Method:
Twenty-eight youth aged 15-24 with identified mental health challenges (including anxiety, depression, eating disorders and psychosis) participated in a design lab to generate research questions about promoting positive mental health among youth. Participants self-selected into smaller groups and were trained in quantitative analysis, qualitative analysis, report writing, dissemination, or facilitation, based on their interests.

Results:
Over a two-month period, participants used data from the 2013 BC Adolescent Health Survey (n=30,000 youth) to produce a full-length community friendly research report detailing risks and protective factors for promoting youth mental health. In addition to the report being used to guide policy and service delivery, the youth researchers have

drawn on the report to develop a youth-friendly workshop which they are delivering across Vancouver, BC.
Evaluation findings indicated that 100% of youth researchers stayed engaged throughout the project. They reported improvements in their research skills, knowledge of how to promote positive mental health, and improvements in their own mental health because of their involvement in this initiative.

Conclusions
Engaging youth with mental health challenges in research can produce individual and community benefits by answering research questions of importance to young people, and providing reliable data for policy makers and service providers.

Can Mega Sporting Events Increase Sports Participation and Physical Activity Among Canadian Youth in Urban Centres?

Authors

1. Ms. Annie Smith (McCreary Centre Society)

Abstract

Despite high hopes from host cities, there has been little reliable evidence to indicate that staging an Olympic Games has increased sport participation, and many studies have concluded that the 2010 Winter Olympic Games held in Vancouver and neighbouring cities Richmond and Whistler had no measurable impact on physical activity or sports participation among Canadian youth at the national or provincial level. However, using data from the Canadian Community Health Survey, Potwarka & Leatherdale (2015)1. found that the proportion of female youth classified as moderately active/active during leisure time increased substantially in one of the 2010 Winter Olympic host cities (Richmond) between 2009-2010 (pre event) and 2011–2012 (post event).

Method: This study sought to further explore the impact of the 2010 Winter Olympics on exercise and sports participation among Richmond youth using data from the 2008 and 2013 BC Adolescent Health Survey (n= 3,000 Richmond youth aged 12-19).

Results showed that participation in organised sports (with a coach) and informal sports (without a coach), and dance and exercise classes decreased between 2008 and 2013, reflecting the provincial trend. However, male and female youth who perceived there to be more sports opportunities available to them as a result of the Games reported higher levels of participation in organised and informal sports than those who did not perceive there to be increased sports opportunities. Females also reported higher levels of participation in dance and exercise classes.

Similarly, youth who reported they were more physically active as a direct result of the city hosting the Games reported higher levels of weekly participation in organised and

informal sports.

Conclusion: Mega sporting events like the Winter Olympics combined with the infrastructure they leave behind can be leveraged to increase sports and physical activity participation among youth at the municipal level.

Data and Disease in Dhaka: Patterns and Perceptions of Illness in an Unplanned Community in Sankar

Authors

1. Ms. Amanda Morse (University of Washington)
2. Dr. Ishtique Zahid (Spreeha Bangladesh Foundation)
3. Dr. Ian Painter (University of Washington)

Abstract
We conducted a survey of residents in an unplanned community in Sankar, Dhaka, Bangladesh to determine perceptions of the origin and manifestation of disease with the aim to improve interventions to increase clinical care utilization.

We surveyed 77 individuals in their homes using random cluster sampling and an adapted Illness Perceptions Questionnaire, which we translated into Bangla. We asked respondents to evaluate their perceptions of illness outcomes and physician capabilities on a 5-point Likert Scale and to evaluate disease origins and manifestations on a binary scale. We recruited participants by going door-to-door, alternating sides of the road and speaking to the first willing individual in each housing block. We analyzed results with descriptive statistics and two-sample t-tests in Stata, then compared them with clinical diagnoses.

Three-quarters of respondents were women and half felt they were at risk of illness. Most respondents were aware of biological pathogens (89.61%) and the dangers of environmental pollution (90.92%), but 71.43% believed that supernatural forces also cause illness and 10% made unprompted statements that all illness comes from Allah. Respondents were significantly more likely to report believing that a physician could aid them in the event of an illness if they also indicated that they had control over whether they became ill ($p=0.0020$) or if they felt they were at risk of becoming ill ($p=0.0357$). There was not a statistically significant difference in the proportions of individuals indicating belief in a doctor's capabilities and acceptance of either superstition ($p=0.1095$) or their biological pathogens ($p=0.6054$).

Knowledge of biological pathogens is common, but there is a lag in clinical utilization among Sankar residents. Spreeha might find more success in shifting focus in health promotion interventions from pathogen education to highlighting individual control over health outcomes and risk.

Sanitation status of Srikakulam Urban-A.P, India - A Study

Authors

1. Dr. Mythili Kethavarapu (GovtCollege for Women, Srikakulam, A.P)
2. Dr. Jyothsna Caray (GovtCollege for Women, Srikakulam, A.P)

Abstract

Introduction:-

Safe drinking water, sanitation & Hygiene are important ingredients for healthy & good standard of life for every human being.The position of sanitation in some countries, especially in the developing world has raised alarming concerns and the International effort on sanitation was intensified in September 2000 by the United Nations' declarations known as the Millennium Development Goals (MDGs) and targets.

India s ambitious goal is of providing sanitation for all by 2012, established under its total sanitation campaign which was launched in the year 1999 and major goal is to stop open defecation by 2012.

Now we are in the fag end of the 2015 and to assess the achievement of millennium development goals in general and stop open defecation in particular in Srikakulam urban, we have selected the topic

Materials & Methods:-
Study includes both primary and secondary data. Primary data was collected through structured questioner.
Secondary data includes data from sanitation plan of Srikakulam municipality 2010.
The assessment criteria was adopted as per Read R.A and R.J Shaw 2008. The assessment of sanitation facilities was based on quantity, quality and usage.
Study area:-
Study area includes 41 slum areas 0ut of 57 notified slum areas of Srikakulam town, Community toilets spread in 16 localities of the town, river belt , Commercial places which includes Rythubazar, RTC complex and cinema halls .
Result and Conclusions:-
o 37% of the HHs in 41slums are not having toilets.
o Community toilets are in very bad condition in terms of quantity, quality and usage.
o Community toilets are not accessible for physically disabled persons.
o Entire river belt of Nagavali is used for open defecation.
o Toilets at RTC complex are in worst condition.
o Few renovated cinema halls have better sanitation facilities.

Pattern of Healthcare Utilization of India's Urban Middle Class for Maternal Health: Comparative Analysis of Two Rounds of National Level Data

Authors

1. Ms. Susrita Roy (Jawaharlal Nehru University)

Abstract

Utilization of maternal healthcare services is a critical determinant of IMR and MMR and hence is an important subject of discussion for academicians as well as policymakers and practitioners across the world. Most studies on utilization pattern of maternal health care in particular and health care in general focus on underprivileged sections like the poorer and remote section of society especially in the low and middle income countries as they have high IMR and MMR. Literature seldom discusses on the status among the Middle class, especially in urban areas. Since the population of the urban Middle class has characteristics that are distinct and different from the poor or the rich and its share in the population is increasing, they merit detailed attention. This paper describes the utilization pattern of maternal healthcare services of the urban middle class in India. In doing so it argues against the popular understanding that majority of the Middle class in India uses private sector. The analysis is based on two rounds of national survey data spread over 10 years, 2004 -2014. The pattern of utilization is captured through the lens of type of healthcare institutions used, unmet need for healthcare and expenditure incurred in utilizing the services. The paper reveals that while at the aggregate level the majority of India's urban Middle class is using the private sector for maternal health care, when disaggregated by social group, education level, nature of employment and geographical location, certain section within this class continue to rely on public sector and in some the proportion of population using public sector is increasing. Although the paper is in the context of India's urban Middle class, it also compares India's urban middle class with other countries like China and Brazil who have a significant population of urban Middle class.

Morbidity and Mortality Among Municipal Motor Loaders and Street Sweepers in Mumbai

Authors

1. Mr. Pradeep Salve (International Institute for Population Sciences)
2. Dr. Dhananjay Bansod (International Institute for Population Sciences)

Abstract

Introduction: Municipal Corporation has 30,000 employees associated with 8,500 metric tons of solid waste collection every day throughout mumbai. Workers physically handle the decaying carcasses of animals, rusted metal pieces, glass bits and shards, household waste, human and animal excreta, gully material mixed with sewage leaking from drains, infectious hospital waste with bare hands. The working condition makes

them vulnerable to develop a communicable and non-communicable disease.
The study examines the morbidities and caused of death among motor loaders and street sweepers during the service. Methods: Cross-sectional survey focused on 3 groups of workers applied case-control sampling design carried out in Mumbai. Motor loaders and street sweepers have exposed population to solid waste collection and workers with similar socioeconomic characteristics selected as a comparing group. A sample of 540 employees by applying stratified systematic random sampling design was interviewed at a workplace. To identify the diagnosis causes of death 100 employees died during service were selected separately and their family member interviewed at home.
Results: The prevalence of skin disease is as high as 73%, around 80% of workers reported injuries in past 6 months and three-fourth workers admitted having respiratory disease. Nine out of ten workers had at least one of the nine anatomical area problem defined by modified Nordic questionnaire. In diagnosis death cause, 29 workers were diagnosis with tuberculosis followed by 28 heart disease and stroke, 7 liver, 6 diagnosed cancer and 5 with HIV AIDS, 5 died in road accident and 8 because kidney disease and hepatitis B. Death of 12 workers at home were not diagnosed. Conclusion: Workers associated with the solid waste collection have high mortality compared to general population, 2,039 employees died in 14 civic wards during 1996 to 2006 and since 2007 to November 2014 total 1,927 workers reported dead during service.

Bangladesh Garments, Where Humanity Cries

Authors

1. Ms. Farhat Samin (University of Dhaka)
2. Mr. Md. Sirajul Islam Molla (Sun)

Abstract

The urban-based Bangladesh garments industry is the biggest contributor to country's economy, but unfortunately its workers are tremendously humiliated. Aiming at finding out the causes and effects of their miseries and possible solutions, this review is done. In 1984-1985, the sector had only one million workers at 384 factories with an export for US$116 million. Later the industries grew exponentially and in 2011-2012, the number of factories rose up to 5,400 with 40 million workers to earn US$19,090 million which was 79% of the total export of Bangladesh for US$24,288. Despite huge growth in the sector, the workers are hugely deprived. During 2006 to October 2010, a worker received US$23 a month which was raised to US$40 in 2010 and now it is about $65 which is still very insufficient to meeting their basic needs. The international buyers control 80% of profit and the rest 20% goes to the owners to maintain their luxurious livelihood keeping the workers seriously vulnerable. They have insufficient drinking water, dirty living environment and inadequate access to medical and toilet facilities for which they suffer from various diseases including diarrhoea, malaria, pneumonia, lower- and upper-respiratory illnesses and other vector-borne diseases. Many work in a dilapidated situation in their workstations with lots of risks. The Tajreen Fashion and

Rana Plaza accidents are the most recent examples of their miseries which killed 112 and 1,130 workers respectively. This is a clear humiliation and both owners and buyers should come together to increase workers' wage and facilities to a standard level. The retail buyers should also press them to pay a competitive wage to the poor garments workers in Bangladesh and elsewhere in the world. The respective governments should also come up to save the workers from humiliation.

Water and Sanitation Deprivation and Disease Experience in Inner Core Neighbourhoods of Minna, Nigeria

Authors

1. Prof. Yekeen Sanusi (Federal University of Technology, Minna. Nigeria)

Abstract

The inner cores of Nigerian cities constitute a unique place form derived from their pre-colonial and pre-planning origin. So, from origin, the cores constitute public health challenges. Poor access to water and sanitation in the core encourages unsafe disposal of both human and domestic liquid waste and leads to breeding of disease vectors, infections and sometimes epidemics. Records from the National Demographic and Health Survey, 2013 show that 77.7% of urban population have access to improved water supply while 42.7% have access to improved sanitation. This study centres on five inner core neighbourhoods of Minna. These neighbourhoods experience different shades of water and sanitation problems. The objectives of the paper are to examine access to water and sanitation, investigate experience of diseases among the households, interrogate adaptation to water and sanitation deprivation and establish relationship between water and sanitation deprivation and diseases. The paper depends on data from questionnaire administration to 375 households, and physical observations of the immediate environments of residential buildings. Data analysis is done by utilising linear scaling technique to derive water and sanitation development index (WSDI) and disease experience and care index (DECI). The WSDI is measured by accessibility, use, measure of stress, adaptation, privacy, capability and physical conditions while DECI is measured by disease frequency, incidence of disease among children, care and measure of major health mishap. Regression analysis is used to examine statistical relationship between water and sanitation (WSDI) and diseases (DECI). It is the position of the paper that the current access to water and sanitation by urban households constitutes both poor environmental quality and threat to public health. This, on the long rung undermines human wellbeing and urban liveability. Therefore, concerted efforts are required to make urban life less vulnerable to poor health conditions.

Ambient Air Pm2.5 and its Impact on Cardiovascular Disease in Ulaanbaatar Residents

Authors

1. Ms. Enhjargal Altangerel (Ach medical university)

Abstract

Mongolia is a landlocked country with a total land area of 1,564,116 square kilometers. Ambient annual average particulate matter (PM) concentrations in Ulaanbaatar are 10–25 times greater than national standard. The study aims to define the relationship between ambient air PM2.5 level and hospital admissions during the years 2010 and 2014. Pollution data included the 24-hour average of PM2.5. Data were sampled daily and optioned from the national air monitoring stations located in Ulaanbaatar.The sampling frame of hospital admissions for cardiovascular disease (CVD) were the records of all outpatient hospitals of Ulaanbaatar. Data covers the period from January 2011 to January 2014. To test the differences of the results, appropriate statistical tests were used. During 2011-2014, the highest concentration of PM2.5 occurred during the coldest period of time and the particulate matter level recorded is 3.7 times higher in the cold period than the warm period. During cold periods of time, the most admissions for CVD were registered. Four days after exposure, the PM2.5 impact on hospital admissions was weakened but there remained a positive correlation. For PM2.5, 100 μg/m3 growth of the pollutant led to 0.65% increase in the hospitalization for cardiovascular disease on the exposed day. Second day of exposure, 10 μg/m3 growth of the pollutant led to 0.66% increase;on the third day of exposure,10 μg/m3 growth of the pollutant led to 0.08% increase of hospital admissions for CVD, and at the fourth day,such growth led to 0.6% increase of CVD cases during 2011-2014. In conclusion: Most incidences of CVD registered during the cold months in the last four years were a result of PM2.5 exposure. This shows that PM2.5 exposure and hospital admissions for cardiovascular system chronic diseases are positively correlated. CVD in Ulaanbaatar residents were affected more on the same day and third day of exposure.

Cities Destruction Caused by Hydrological Disasters with Environmental Determinants Partner and their Impact on Urban Health

Authors

1. Prof. Jorge Castro (Oswaldo Cruz Foundation/ Fiocruz)

Abstract

Background: this article is a case study envitronmental disaster in the Mariana City district named Bento Rodrigues, placed at Minas Gerais Brazilian state, on 11/05/2015, where a break of waste containment dam iron from the mining activity accumulated as mud, devastated the district, killing its inhabitants, and continued as a wave through the Doce River to the Atlantic Ocean, running a distance of about six hundreds kilometers,

along which damaged the water supply of several cities, and detonated impact on urban health of all these populations, eliminating existing biological systems with impact on fisheries, a traditional regional economic activity. Methods: the study works with data from the health of the surviving population removed from the said district and the urban population of the river basin hit by the mud. Results: a vision on suffered impacts and renovation programs of social life, animal and plant launched by the local t, state and federal governments, asking about why previous similar disasters were not enough to avoid t a efficient technical solution implementation Implications: In other way, the same disaster type may occur caused by other existing barriers, but a risk reduction plan and new submitted population removal can be implemented through a redesign of the occupation of the Doce River basin, regardless of the now irreversible conditions in the short term. This is an opportunity to coordinate urban planning solujtions and methodology with urban health.

Burden of Communicable and Non- Communicable Disease in Urban India: A Regional Analysis

Authors

1. Mr. Ajit Yadav (International Institute for Population Sciences Mumbai)

Abstract

In present study is an effort to analyse the burden of diseases in the state. Disability Adjusted Life Years (DALY) is estimated non-communicable diseases. Multi-rounds (52nd, 60th and 71st round) of the National Sample Surveys (NSSO), conducted in 1995-96, 2004 and 2014 respectively, and Million Deaths Study (MDS) of 2001-03 and 2006 datasets are used. Descriptive and multivariate analyses are carried out to identify the determinants of different types of self-reported morbidity and DALY. The prevalence was higher for population aged 60 and above, among females, illiterates, and rich across the time period and for all the selected morbidities. The results were found to be significant at $P<0.001$. The estimation of DALY revealed that, the burden of communicable diseases was higher during infancy, noticeably among males than females in 2002. However, females aged 1-5 years were more vulnerable to report communicable diseases than the corresponding males. The age distribution of DALY indicates that individuals aged below 5 years and above 60 year were more susceptible to ill health. The growing incidence of non-communicable diseases especially among the older generations put additional burden on the health system in the state. The state has to grapple with the unsettled preventable infectious diseases in one hand and growing non-communicable in other hand.

Dynamics of Child Sex Ratio in Urban India: A Regional/Spatial Patterns

Authors

1. Mr. AJIT YADAV (INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES MUMBAI)

Abstract
Most countries in the developing region had high fertility and mortality in the historically due to combination of low child survival and low female education. Over time these countries, including India, have experienced fertility transition with varying pace and many have reached the replacement level. India has also experienced fertility decline over time and its Total Fertility Rate (TFR) has decreased from the level of 5.2 births per women in 1971 (RGI, 1971) to the level of 2.3 per women in 2013 (RGI, 2013). This decline is not uniform across the country. There is significant diversity within India in terms of fertility levels and pace of fertility transition. Southern India, urban areas and higher socio-economic groups have the lowest low fertility (1.3 TFR) as compared to the North Indian states (Arokiasamy and Goli, 2012). Many demographers believe that the strong desire to have a son is one of the major causes for the high fertility among rural Indians (Gupta, 1987, Gupta and Bhat, 1997, Griffiths et. al., 2000, Guillot, 2002, Sekher and Hatti, 2009, Shekhar and Ram, 2003, Bhat and Zavier, 2003, Arokiasamy and Goli, 2012 and Yadav et. al., 2013). Crude death rate has decreased from the level of 42.7 per 1000 midyear population 1881 (Bhat, 1997-1998) to the level of 7 per 1000 midyear population in 2013 (RGI, 2013). There are many efforts by the government of address the problem of skewed sex ratio.

Leveraging Local Environmental Health Capacity to Inform Geospatial Assessment of Healthy Food Access in Contra Costa County, California

Authors

1. Mr. John Kaufman (Association of Schools and Programs of Public Health)

Abstract
Diet is a major risk factor for the leading causes of morbidity and mortality among US adults. Inadequate access to healthy food has been cited as contributing to poor diets. While publicly available aggregate spatial metrics of food access allow comparisons between zip codes or counties, geographic point-specific data are more useful for local decision-making organizations.

Our aim was to assess geographic healthy food availability in Contra Costa County, California using original data collected by county health inspectors, with a focus on areas with potential access barriers.

Inspectors collected data from all 797 retail food markets in the county using a short

questionnaire on availability and quality of fresh foods. We matched surveys with data on markets' square footage and acceptance of food assistance benefits. We mapped markets in ArcGIS 10.2 with publicly available data on demographics, poverty, food assistance usage, transportation, fast food outlets, and public schools.

The percentage of markets offering fresh foods increased with market size, from 11% of small markets (<2,000 sq ft) to 81% of large markets (>6,000 sq ft). The percentage of markets accepting food assistance benefits increased with market size, from 45% of small markets to 91% of large markets for Supplemental Nutrition Assistance Program benefits, and from 2% of small markets to 49% of large markets for Women, Infants, and Children benefits. Large markets comprised 56%, 49%, and 39% of markets in the high, middle, and low income zip code tertiles, respectively. The lowest income tertile had 8.1 convenience stores offering no produce per 10,000 residents, compared to 4.5 and 3.8 in the middle and high income tertiles, respectively.

These data show the value of using local health inspectors to assess healthy food availability. Our results can be shared with local government agencies and community groups for decision-making, research, and project planning.

Expenditure on Maternal Health Care in Uttar Pradesh, India: Study of out of Pocket Expenditure Leading to Catastrophic and Health Impoverishment

Authors

1. Ms. priyanka yadav (Jawaharlal Nehru University)

Abstract

In the present paper analysis is done in order to examine whether maternal health expenditure has direct relation with maternal death and to examine the socio - spatial variation in out of pocket expenditure in private and public health care centres. The use of maternal health care is limited in India despite several programmatic efforts for its improvement since the late 1980's. The use of maternal health care is typically patterned on socioeconomic and cultural contours. The study uses the 71st round of schedule 25.0 data on Social consumption: health, collected by the National Sample Survey Organisation (NSSO) during January – June 2014. Bivariate analysis was carried out in order to analyse utilization of public, private health facilities for antenatal care, delivery, post natal care across socio economic stratum of rural and urban area. Multinomial logistic regression was done in order to find out the determinants of utilization of services. The result found that the expenditure incurred for treatment of childbirth in the state of uttar Pradesh was higher in the private sector both in the rural as well as urban area. This private expenditure leads to out of pocket expenditure and a state of catastrophism. The key determinants of catastrophic expenditure were low economic status, modern medical care use (usually use of private services), illness episodes and a household member with chronic illness. Out Of Pocket expenditure

reduces with increase in public spending on health and the government should take proper initiative in this field.

Lifestyle Induced Morbidities Among Elderly in India

Authors

1. Mr. Pradeep Salve (International Institute for Population Sciences)
2. Mr. Anshul Kastor (International Institute for Population Sciences)

Abstract

Introduction: The non-communicable diseases (NCDs) cause 63 percent of all cases of deaths in developing countries, 90 percent of people die before age of 60. Major NCDs in India are cardiovascular disease, stroke, diabetes, mental health disorders, injuries and cancer. Non-communicable diseases are the leading cause of death in the South-East Asia, killing nearly 8 million annually. Methods: A study analyses the primary survey data of 'Build a Knowledge base on Population Ageing in India', conducted by Institute for Social and Economic Change in 2011. The focused of this survey was on socioeconomic, health and psychological aspects of elderly in seven selected states viz. Kerala, Tamil Nadu, Maharashtra, Himachal Pradesh, Punjab, Orissa and West Bengal of India. The total of 8,329 household and 9,852 elderly interviews were conducted in rural and urban areas.

Results: The prevalence rate of arthritis disorder was 32% among elderly; it was highest in Punjab (52%) followed by 45% in Himachal Pradesh and 42% in Maharashtra. The prevalence of diabetes among elderly was around 10%, Kerala had highest prevalence rate (27%) of diabetes compare to the other states followed by the Punjab (13%) and Maharashtra (8%). Similarly the prevalence rate of hypertension was highest among Kerala (44%) followed by Punjab (39%) and West Bengal (28%). Three fourth of the elderly seek treatment from private health facilities (71%) whereas only one-fourth (26%) access government facilities. Mainly the expenditure on treatment of elderly was financed by son followed by self-finance and others. Conclusion: The prevalence rate of arthritis disorder was 32% among elderly whereas 10% had diabetes, 8% were suffering from asthma, 24% reported hypertension and 64% elderly had any NCDs. Three four of the elderly seek treatment from private health facilities (71%) on the other hand only one-fourth (26%) access government facilities for diabetes and hypertension.

Experiences of Neonatal Deaths Among the Urban Poor in Metropolitan Delhi: Poor Commination, Poor Quality, and an Overwhelmed System

Authors

1. Mr. Jayanta Bora (Public health Foundation of India)
2. Dr. Nandita Saikia (Jawaharlal Nehru University)

Abstract
Background: India has the highest number of neonatal deaths in the world, with extreme inequality by class, caste, religion, and region. Earlier studies mainly addressed levels, trends and determinants of neonatal mortality at a national or sub-national level using macro data, but few studies looked more in depth at women's experiences of the pathway leading to neonatal deaths.

Methods: The Health Department of North East district of Delhi identified Neonatal deaths that occurred in a nine-month period in selected clusters of the concerned district. We interviewed mothers of deceased neonates through semi-structured questionnaires. Additionally, a group of health service providers from the Public Health Facilities were interviewed to understand the demand-supply balance of health care services.

Results: The majority of women who lost neonates belonged to deprived castes, low-income level, low education level and were recent poor migrants, living in an extremely poor urban environment. Although government health facilities are supposed to provide free services to those women, poor quality of services compelled them either to withdraw from the facilities or to continue with great dissatisfaction. Among women going to public health care facilities, educated women were successful in negotiating with the health service providers for quality services. On the supply side, doctors in government facilities are overburdened with increasing demands due to migration from neighboring regions of Delhi. The mismatch between demand and supply of health care services leads to poor quality of antenatal, intrapartum, and postnatal care, which increase the risk of neonatal mortality.
Conclusion: Women belonging to the lower socio-economic strata in Delhi receive poor quality reproductive care. Health education and counseling to women from low socio-economic subgroups is urgently needed so that they can negotiate better for higher quality services in those facilities. The quality of health services in public hospitals need to strengthen.

Disability of Older Women is More in Urban Area Than Rural Area in Bangladesh: It Needs Deep Attention

Authors

1. Dr. Yeasmin Jahan (Urban Primary Health Care Services Delivery Project)
2. Mr. Md. Abu Bakr Siddique (Uraban Primary Health Care Services Delivery Project)

Abstract
Urbanization is tomorrow's world. Rural areas transform into urban areas. The decreasing birth and death rate population scenario is shifting. The number of aging people increases day by day. Disability of olderwomen is more in urban area in Bangladesh. In urban area olderwomen live in very small space. Facility of mobility is

very limited. Scope of physical work is limited. There is no opportunity of recreation. There is no place for physical exercise or body fitness. The socio-cultural practice of Bangladesh older men go for prayer to the mosque for five times in a day. They go for shopping. Most of the urban women are not practiced. In rural area olderwomen involve in house hold work in wider place, in supporting work in agriculture sector. Free air, open space and association of near by friends and relatives give better healthful situation to the older women of rural area. These facilities are not easily available for urban olderwomen. Women are neglected portion of the society. Old, disabled and poor are most neglected. All subdistrict level municipality will become urban area after some years. This reality says that tomorrow's Bangladeshi older women will be big burden by disability in urban area.
To prevent this burden it is necessary to take some measure. There is lack of knowledge about old age, disability, problem of ageing, management of problem of old age and disability; creation awareness,dissemination of knowledge.Arrangement of ageing people management centre in the urban community. This centre may be in the side of the healthfacility, school, private land. This centre contains recreation park. Recreation park contains arrangement of age friendly physical exercise park, food court, book library; music library; arrangement a forum for interaction between new and old generation. Age friendly job and work give opportunity to use their knowledge, experience and skills. Women are deprived from dignity, honour, respect and rights. These cause manic depressive illness.

The Distribution of Healthcare Facilities in Two Cities in Bangladesh

Authors

1. Mr. Shaikh Mehdi Hasan (International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B))
2. Mr. Shakil Ahmed (International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B))

Abstract
Background: Rapid urbanization in the global south is characterized by increased population density and changing healthcare needs. Comprehensive information on the supply of healthcare services and their distribution across the urban landscape is needed to better plan for and respond to the needs of expanding urban populations.
Objectives: This paper aims to investigate the density of health care facilities and their geographic distribution pattern to identify gaps in service coverage in urban Bangladesh.
Methods: Data was collected between May 2014 and December 2014 in Rajshahi and Naraynganj City Corporations. Naryanganj is an industrial city very close to the capital of Bangladesh whereas Rajshahi is an old city in the north of the country. Health facilities including Hospitals, Clinics, Diagnostic Centres, Delivery Centres, Urban Dispensaries, Blood banks, and Doctor's Chambers of the two cities were identified and geo-located using GPS, and a survey conducted to gather basic facility information. The

prevalence and spatial distribution of different health services in public, private and NGO sectors was quantified and mapped in order to identify the distribution of health services and coverage gaps.
Findings: In Naraynaganj, though there were 8.5 facilities per 10,000 population, facilities were largely concentrated in the central-southern and north-western part of the city. With 11 facilities per 10,000 population, a similar pattern was found in Rajshahi where a higher density of health facilities was observed around the central-southern part of the city. Observed healthcare coverage disparities are particularly evident around poor urban settlements, where access to static facilities is particularly limited.
Conclusion: In two different urban settings of Bangladesh a similar pattern of uneven distribution of healthcare facilities was evident. These findings will help to identify the gap of urban facilities' coverage that could contribute to making evidence-based planning for ensuring better availability and access to urban health services.

Women's Attitude towards Wife-Beating and its Behavioural Impact on their Maternal and Child Healthcare Service Utilization in Selected South Asian Countries

Authors

1. Mr. Anshul Kastor (International Institute for Population Sciences)

Abstract
Background: Individual and family attributes play an important role while utilizing any healthcare service. Women's viewpoint and her like or dislike is crucial to enhance her participation in maternal and child healthcare (MCH) services. The MCH service utilization is a key factor to reduce infant, child and maternal mortality in South-Asian region where more than half of world's maternal and child death occurs. Thus, any insightful assessment of women's justification on wife-beating and its behavioural impact on their MCH service utilization will have number of policy implications in South-Asian countries.

Data source and Methodology: The Demographic Health Survey dataset of India (2005-06), Bangladesh (2011) and Pakistan (2012-13) is used for analysis. Descriptive, bivariate, tri-variate analysis is carried out to understand the level and pattern of women's justification on wife-beating. Further, multivariate analysis (binary logistic regression) is used to understand the adjusted effect of selected covariates on MCH service utilization in South-Asian region.

Results: More than half of women do not justified wife-beating across the situation. The proportion of women not justifying wife-beating is more in Bangladesh (67%) followed by Pakistan (55%) and India (51%). Utilization of all the selected MCH services viz. full ante-natal care, institutional delivery, post-natal care and child's full-immunization declines as the justification on wife-beating increases in all the selected countries. Multivariate analysis shows that early marriage, no education, illiterate husband, living

in rural areas and being poor along with justification of wife beating adversely associated with utilization of MCH services.

Conclusion: Any effort to minimize the violence against women would reap positive result in enhancing the MCH service utilization. Besides addressing the three important A's i.e. availability, accessibility and affordability of healthcare in these countries there is an instant need to promote the women's participation in utilizing the service through securing their dignity in family life.

Growing Disparity in Use of Maternity Care Across Ethnic Groups in India: Does Place Pf Residence Matter?

Authors

1. Mr. Abhishek Kumar (International Institute for Population Sciences)

Abstract

Background: The public health interventions in the country have focused to increase coverage of maternity services among poor. However, identification of the poor is a big challenge in the country because of a corrupt political system and biased policies. Alternatively, it is better to target those who are socially disadvantaged and face discrimination. This would be worthwhile to further reduce maternal mortality ratio in India. This paper examines the trends and pattern in use of full antenatal care and medical assistance at delivery by ethnic groups across rural-urban residence. This layered analysis will provide insights for targeted health policies in India.

Methods: Data of National Family Health Surveys, 1992-2006 are analysed. Ethnic groups are created and disparity in use of the services is analyzed between groups. Inequality and multivariate analysis were used to understand find-out ethnic disparity in use of maternity services by rural-urban residence.

Results: A huge gap exists in coverage of the services between ethnic groups in India – use of the services are 20-35 percent lower among marginalized ethnic groups than non-marginalized. The gap is more pronounced in rural compared to urban area: % caste gap in use of antenatal care was 23% in rural compared to 9% in urban India. There is sluggish change coupled with the concomitant rise in ethnic disparities with respect to use of the services in India and across place of residence.

Conclusions: Though there is provision of reservation for marginalized ethnic groups for enrollment in government universities and in government jobs. There is need for special policy in similar way to increase the coverage of maternity services among marginalized ethnic groups of India, particularly on rural areas. A lower ethnic gap in use of maternity care in urban India might be reflection exposure of modernity and cosmopolitan culture in urban India.

Migration, Urban Health, and Sex Work: A Paper that Explores the use of Narrative and Visual Methods When Seeking to Examine the Lived Experiences of Migrant Sex Workers in South Africa

Authors

1. Ms. Elsa Oliveira (African Centre for Migration and Society, University of the Witwatersrand)

Abstract

Background: The voices of South African and foreign-born individuals involved in the sex industry are currently under-represented in research, advocacy and legal debates. This project sought out to capture the voices of migrant sex workers in order to better understand their lived experiences.

Methods: Participatory photography and narrative interviews were the main methodologies utilized during this study. In contributing to the documentation of under-represented voices, this project included both South African and foreign-born individuals involved in sex work in a process of self-representation through photography. This is of great importance when one considers the extent to which sex workers are “portrayed”, rather than “portrayers”: that they are all too often presented in the media through the eyes of others, rather than afforded an opportunity to depict their own realities.

Results: This study highlighted the varied experiences of migrant women sex workers in inner-city Johannesburg. The women shared stories of human rights abuses, health experiences, migration histories, as well as stories about their dreams and aspirations.

This poster is a collage of images and captions that speak to issues raised by sex workers during a participatory photo project.

Pattern and Distribution of Body Mass Index among Young Adults in a Nigerian University: A Comparative Study of Ife and WHO Classification Systems

Authors

1. Dr. Asafa Abiola (Department of Physiological Sciences, Obafemi Awolowo University, Ile-Ife.)
2. Dr. Ogunlade Oluwadare (Department of Physiological Sciences, Obafemi Awolowo University, Ile-Ife.)
3. Dr. Ayoka Abiodun (Department of Physiological Sciences, Obafemi Awolowo University, Ile-Ife.)
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5. Mr. Owen Osasogie (Medical and Health Services, Obafemi Awolowo University, Ile-Ife.)

6. Mr. Adalumo Olusoji (Department of Physiological Sciences, Obafemi Awolowo University, Ile-Ife.)

Abstract
Obesity is a global epidemic with serious health implications. The World Health Organization (WHO) classification for body mass index (BMI) may not be most appropriate for all adults globally irrespective of racial and ethnic considerations. This study assessed the pattern and distribution of BMI among young adults in a Nigerian university. Two thousand six hundred and forty-four (1221 males and 1423 females) apparently healthy young adults aged between 18-40years (inclusive) were recruited for this study. The weight and height of the participants were obtained using standard techniques and BMI was calculated from weight and height using Quetelet's formula. Ife and WHO classification were used to classify the BMI into underweight, normal weight, overweight and obesity. Data were analysed using SPSS version 20 software and p-value of < 0.05 was considered statistically significant. The mean ± SD of age, weight, height and BMI of the participants were 20.7±3.6years, 59.1±9.9kg, 1.7±0.8m and 21.3±3.3kg/m2 respectively. From this study, the prevalence of underweight, normal weight, overweight and obesity using Ife criterion were 9.15%, 79.54%, 7.30% and 4.01% respectively while the prevalence of underweight, normal weight, overweight and obesity using WHO classification were 15.92%, 73.60%, 8.17% and 2.31% respectively. A significant difference was noticed between the two mode of BMI classifications ($\chi 2=4976.49$, $p<0.0001$). Significant gender differences were noticed with both Ife criterion and WHO classification systems. More than 10% of study population had abnormally high BMI irrespective of classification system. WHO classification under-estimated the prevalence of obesity. In assessment of BMI, population specific criteria may be more appropriate than the globally projected classification.

A Case for Urban Health and Climate Observatory within Urban Health System in India

Authors

1. Dr. Dr VIKAS DESAI (Urban Health And Climate Resilience Center)
2. Dr. Suresh Rathi (Urban Health And Climate Resilience Center)
3. Dr. Ashish Naik (Health Department, Surat Municipal Corporation)
4. Dr. Hemant Desai (Health Department, Surat Municipal Corporation)

Abstract
India in the last decade grew at an average annual growth rate of two percent, urban India at three percent, mega cities at four percent, and the slum population at five to six percent (2-3-4-5 syndrome) (1). Urban Health is a new arena in India. Complex interactions between location, demography, socioeconomic profile, urban services, climate, disasters, funds and governance influence urban health. Health management information system is the backbone of urban health system and accessibility, information technology, medical and academic institutions within jurisdiction favour

better system.

This explorative study of health surveillance in urban India is based on multi stakeholder workshops, interviews, system study of Municipal Corporations of Gujarat state and case studies.

Some public health crisis in urban India in last two decade are Post flood Plague (Surat) and Leptospirosis (Surat, Mumbai), health crisis and air quality (Delhi, Kolkata), deaths due to heat waves (Ahmedabad, Delhi), Dengue outbreaks (Delhi), H1N1 (Hyderabad, Kolkata, Ahmedabad, Surat). Late action due to delayed early warning was almost common in all.

Action points are strengthening health information management system, integrating it with sanitation and climate information, evidence based intervention and capacity building of urban practitioners. Integration of multiple data source, transformation of surveillance statistics in to health management information, technology enabled surveillance for real time quality data.

Exclusive technical intelligence cell for health, sanitation and climate information management is missing link within urban health system in making. There is a strong case for Urban Health and Climate Observatory under National health mission, India. WHO centre for health development has also identified Urban Health Observatory as a good practice which can provide urban policy makers with much needed health intelligence (3).

Developing Collaborative Climate Change Policy in Cities Through a Focus on Health

Authors

1. Ms. Sabrina Dekker (University College Dublin)

Abstract

Cities are increasingly seen as the level of government where tangible action on climate change can be achieved. While cities have demonstrated that they can successfully implement policies to address climate change they still face challenges, namely engagement with citizens. Health, for which the impacts of climate change are diverse, presents a potential avenue for engaging people on climate change policy and action. Moreover this is an idea that is supported by health professionals, who suggest that cities have the potential to set policy to enable adaptation to the impacts of climate change (Galvao, et al, 2009; Rydin et al, 2012; Kenzer, 2009; Schulz and Northride, 2004).
Around the world, cities have been working towards creating healthier urban environments and simultaneously address climate change. This has seen the promotion of green infrastructure and active transport (Barton, 2009). How though, have cities

been successful in implementing policies?
Planners and stakeholders in the cities of Vancouver, Portland and Glasgow were interviewed to understand the challenges faced by cities in the development of policies on climate change and if health provides a meaningful focus. This presentation will discuss the formal and informal methods that have played a role in the capacity of the cities to develop policy. The innovative approaches employed to overcome barriers of distrust and move towards to collaboration with a wide range of stakeholders are presented and discussed.

Determinants of Vulnerability to HIV in Urban Settings in Ethiopia

Authors

1. Dr. Mirgissa Kaba Serbessa (School of Public Health;Addis Ababa University)
2. Dr. Girma Taye (School of Public Health; Addis Ababa University)
3. Mr. Muluken Gizaw (School of Public Health; Addis Ababa University)
4. Mr. Israel Mitiku Hatau (School of Public Health; Addis Ababa University)
5. Mr. Zelalem Adugna (ohn Snow Inc. Ethiopia, Addis Ababa, Ethiopia)
6. Mr. Addis Tesfaye Berhanu (John Snow Inc. Ethiopia, Addis Ababa, Ethiopia)

Abstract
Background: Although urbanization is associated with improved access to services, urbanization poses health disparities and vulnerability to health problems particularly HIV is pronounced in urban setting. However, there is limited evidences on determinants of such vulnerability in Ethiopia. This study seeks to identify determinants of vulnerability to HIV in selected urban centers.
Methods: We conducted series of focus group discussions and in-depth interviews with a total of 150 community members as well as 40 in-depth-interviews and 15 case studies with selected residents in six purposively selected cities. Data was coded and categorized manually and analyzed thematically.
Result: Finding shows that it is not only people who are vulnerable, but also specific places in the towns. While factors of vulnerability for places include being hub of in-migrants and transistors, loose social controls and restraints. Such residents as daily laborers, Female Sex Workers, students living away from family, widows, separated and divorced women, girls who work in restaurants and those in petty trade were found to be relatively more vulnerable to HIV infection. These same section of the population were not using available HIV services due lack of awareness, competing priorities to generate their livelihood and cost of services; institutional factors related to availability of supplies and equipment, decreased number of institutions providing support as well as stigma associated to HIV infection.

Conclusion: In conclusion different group of people are vulnerable to different problems and different sections of the towns show different level of vulnerability. Therefore, every urban need to be mapped to determine which groups of people are vulnerable to selected social, economic and health factors and which section of the town is vulnerable

to these defined problems so that authorities plan interventions accordingly. Vulnerability to HIV has roots in various sectors that require coordinated multi-sectoral response.
Keywords: HIV, Vulnerability, Ethiopia

The Context of Urban Food Environment for Weight Management: "In A City with 24/7 Availability"

Authors

1. Ms. NAN-HE YOON (Seoul National University)
2. Prof. Seunghyun Yoo (Seoul National University)

Abstract

Purpose

Employing the photovoice assessment methods, this study explores the context of urban environment for weight management of residents in Seoul, Korea.

Methods

A photovoice approach was implemented from November, 2014 to May, 2015 with 44 adult residents of 2 districts in Seoul, who had been diagnosed of obesity within 2 years or had experience of weight control. The participants took photos of what influences their management and described its meaning in a short statement. They elaborated their experience and opinion in following group discussions. Thematic analysis was performed on the photos statements and discussion transcripts.

Conclusions

Constant exposure and close proximity to food, both physically and culturally, were identified as the most salient characteristic of urban food environment in Seoul. The context of urban food environment in Seoul was constructed with mobile food stalls on commuting routes, 'food streets' near residential areas, growth and diversification of convenience stores, 24-hour food delivery, and 'food porn' on TV and social media. Alcohol was accessible via most of these venues, from mobile food stalls to food delivery, and alcohol drinking, which is often accompanied by high-calorie foods, was a major challenge to weight management.

While being influenced by such physical and cultural environmental, the study participants tended to perceive weight management as a matter of individual will and effort. They believed that environmental and social changes are difficult to make, especially in the era of economic challenges when most of food vendors are small independent business trying to make their living.

The findings of this study illustrate an aspect of the current food environment of a megacity and emphasize context-based approaches to urban health.

To Test Not to Test: Household Contact Screening of Tuberculosis Patients in Urban Slum, Dhaka

Authors

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Abstract

Background: Bangladesh, one of the high burden countries for tuberculosis (TB), is facing challenges in urban TB control. The migrant nature of the slum residents (66%), overcrowding, and poor living condition contribute to disease transmission. Therefore contacts of TB patients are regarded as one of the high risk groups for TB.

Objective: To determine the proportion of household adherent to contact screening and related factors, in selective urban areas of Bangladesh. Another objective was to determine the proportion of households with child members tested for TB.

Method: We interviewed 481 TB patients and 462 household members from households of all 943 index TB patients, enrolled in eight urban DOTS centres of Dhaka, Bangladesh to identify the proportion of adherent. Adherent refers to households of TB patients with at least one contact screened for TB. Unadjusted and multivariable logistic regressions were used to determine the factors associated with adherence to contact screening.

Results: Adult contacts of 110 (12%) households reported TB screening. Only 59 (9%) households with child member reported TB screening of children; among them, 12 (20%) children were detected with TB. Households with index TB patient below 15 years, were more likely to have contact screening compared to other age-groups

Conclusion: Although, households with younger index TB patients were more likely to attend screening, overall contact screening in urban slum was inadequate. National TB control programme and partners should strengthen household contact screening practice in urban area with special interventions for children.

A Qualitative Multi-Methods Approach for Perceived Urban Built Environment for Physical Activity of Older Adults

Authors

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Abstract

Purpose

This study aims to explore perceived urban built environment attributes for physical activity of older adults in a metropolitan city, utilizing a qualitative multi-methods approach that combines interviews and spatial information.

Methods

In an urban neighborhood in northeastern Seoul with a substantial proportion of elderly residents, 34 older adults aged 65 and over participated in one-on-one interviews between May and October 2015 to describe and explain perceived urban built environment for physical activity. A time chart and a community map were used as visual data collection tools in the interviews. In addition the research team visited the community over 70 times for walking tours, conducted 17 guided tours with the interview participants, and held 2 focus group sessions with community service providers for the elderly to observe and discuss built environment issues.

Conclusions

Multi-methods qualitative approach is advantageous for multifaceted assessment of the perception of physical activity-related urban built environment by analyzing both visual and text information. Physical activity meant being able to practice daily routines for the elderly participants in this study, whose perceived urban neighborhood was within a radius of 600 meters. Time charting of daily routine informed that the elderly tend to be active in early morning hours.

Major attributes of perceived urban environment for physical activity of the elderly include pleasantness and upkeep, accessibility, safety, familiarity, offering social opportunities, and socially healthy atmosphere in public places. While several types of public transportation are located close to residential areas, cost determined the usage and associated walking. Safety for walking was of concern as most of the streets in the community are mixed traffic streets. The findings of this study highlight how urban environment is used and managed matters in addition to what is available where for physical activity of older adults.

Spatial Analysis of Emergency Medical Services Data to Determine Drivers of Emergency Transports

Authors

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Abstract

Background: Emergency Medical Services agencies have access to a wealth of patient data on emergency transports. These transports represent some of the most critically ill patients turning to a last resort for medical care. In order to better serve these patients, it is important to identify the factors that lead to higher rates of emergency transport in different geographic areas.

Methods: A spatial analysis using county, state, federal, and private data sources was conducted to identify drivers of high emergency transport volume in Contra Costa County during the first six months of 2015. Transport data was provided by the private ambulance provider which services a majority of the county. Publicly available data was used to describe neighborhood environments, including demographics, transportation accessibility, and health care access.

Results: At the census tract level, correlations were found between emergency transport rates and social and environmental factors such as percent living below poverty, educational attainment, and transportation frequency. Health care accessibility showed a mild correlation with emergency transport rates when linked to Medical Service Study Areas.

Discussion: Neighborhood factors have been shown to be drivers of health outcomes. In order to obtain the best possible health outcomes in urban settings, it is essential to examine health data in conjunction with neighborhood environment data to determine how agencies and service providers can better collaborate to create targeted interventions which will improve health outcomes for vulnerable populations in the community.

Physical and Social Environment Indicators Obtained by Systematic Social Observation: Distinguishing Between Health Inequities and Health Inequalities

Authors

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Abstract
Purpose: The public health concern turns increasingly to the integration of individual, family and neighborhood processes, integrating them into measures of the health status of populations. The place of residence is strongly shaped by social position, indicating that neighborhood characteristics can be important contributors to health inequalities. Thus, this study aims to build indicators of the physical and social characteristics environment in an urban context from the variables obtained by Systematic Social Observation (SSO).

Methods: The SSO instrument was developed in order to know the characteristics of the physical and social environment of the residents of two health districts of Belo Horizonte City, Minas Gerais, Brazil. Data collection took place between April and June 2011. The final sample consisted of 1,295 segments of streets with average length of 100m, nestled in 147 neighborhoods. The selection of the segments was carried out by systematic sampling. The selected variables were organized according to the following domains: physical environment and transport, pedestrian displacement, physical activity and recreation, characterization of properties, aesthetic, physical and social disorder, security and services. For each domain it was built an indicator through the principal components analysis by covariance matrix aiming to estimate the score. The percentage of explanation of the indicators rangesfrom 48.4% to 86.2%. In assessing the internal consistency, Cronbach's alpha ranged from 0.558 and 0.820. The heterogeneity of the indicators was evaluated in relation to the distribution of the Health Vulnerability Index (HVI), – a complex GIS indicator of social vulnerability - stratified into four categories (low, medium, high, very high). HVI was significantly associated to all domains but physical activity.

Conclusions: Physical and social characteristics of the neighborhood define the urban context. The associations here in found may help to substantiate that neighborhood characteristics are important contributors to understand health inequities as unjust inequalities.