

Cancer

A4913: Radiotherapy and Short-Term Androgen Deprivation for Localized Prostate Cancer

Author: Christopher U. Jones

Source: New England Journal of Medicine, 365, 2 (July 14, 2011): 107-118

Abstract: **Methods:** From 1994 through 2001, we randomly assigned 1979 eligible patients with stage T1b, T1c, T2a, or T2b prostate adenocarcinoma and a prostate-specific antigen (PSA) level of 20 ng per milliliter or less to radiotherapy alone (992 patients) or radiotherapy with 4 months of total androgen suppression starting 2 months before radiotherapy (radiotherapy plus short-term ADT, 987 patients). The primary end point was overall survival. Secondary end points included disease-specific mortality, distant metastases, biochemical failure (an increasing level of PSA), and the rate of positive findings on repeat prostate biopsy at 2 years. **Results:** The median follow-up period was 9.1 years. The 10-year rate of overall survival was 62% among patients receiving radiotherapy plus short-term ADT (the combined-therapy group), as compared with 57% among patients receiving radiotherapy alone (hazard ratio for death with radiotherapy alone, 1.17; $P=0.03$). The addition of short-term ADT was associated with a decrease in the 10-year disease-specific mortality from 8% to 4% (hazard ratio for radiotherapy alone, 1.87; $P=0.001$). Biochemical failure, distant metastases, and the rate of positive findings on repeat prostate biopsy at 2 years were significantly improved with radiotherapy plus short-term ADT. Acute and late radiation-induced toxic effects were similar in the two groups. The incidence of grade 3 or higher hormone-related toxic effects was less than 5%. Reanalysis according to risk showed reductions in overall and disease-specific mortality primarily among intermediate-risk patients, with no significant reductions among low-risk patients. **Conclusions:** Among patients with stage T1b, T1c, T2a, or T2b prostate adenocarcinoma and a PSA level of 20 ng per milliliter or less, the use of short-term ADT for 4 months before and during radiotherapy was associated with significantly decreased disease-specific mortality and increased overall survival. According to post hoc risk analysis, the benefit was mainly seen in intermediate-risk, but not low-risk, men.

Keywords: Radiotherapy, Androgen Deprivation, Prostate Cancer, Cancer

Child health care and development

A4906: Effects of child health on housing in the urban U.S.

Author: Marah A. Curtis

Source: Social Science & Medicine, 71, 12 (December 2010): 2049-2056

Abstract: This study exploits an exogenous health shock—the birth of a child with a severe health condition that is considered by the medical community to be random—to investigate the effect of that shock on the family's housing situation. We use population-based data from an urban birth cohort study in the U.S. that oversampled non-marital births, resulting in a relatively disadvantaged sample that may be particularly susceptible to the effects of adverse life events. The health conditions were recorded in the infants' hospital medical records and coded by a pediatric consultant to capture conditions that are considered both severe and random. Seven different housing outcomes in the domains of quality, crowding, and stability were assessed from maternal interviews and in-home assessments when the children were 3 years old. We found that poor child health increases the likelihood of both overcrowding and homelessness and that it may also increase the likelihood of having inadequate utilities and generally poor housing quality. The effect sizes ranged from 1 to 17 percentage points, depending on the measure of poor child health and housing outcome.

Keywords: Child health, Housing, Homelessness, Home crowding, Housing stability, USA

A4909: Social inequalities in childhood dental caries: The convergent roles of stress, bacteria and disadvantage

Author: W. Thomas Boyce

Source: Social Science & Medicine, 71, 9 (November 2010): 1644-1652

Abstract: The studies reported here examines stress-related psychobiological processes that might account for the high, disproportionate rates of dental caries, the most common chronic disease of childhood, among children growing up in low socioeconomic status (SES) families. In two 2004–2006 studies of kindergarten children from varying socioeconomic backgrounds in the San Francisco Bay Area of California (Ns = 94 and 38), we performed detailed dental examinations to count decayed, missing or filled dental surfaces and microtomography to assess the thickness and density of microanatomic dental compartments in exfoliated, deciduous teeth (i.e., the shed, primary dentition). Cross-sectional, multivariate associations were examined between these measures and SES-related risk factors, including household education, financial stressors, basal and reactive salivary cortisol secretion, and the number of oral cariogenic bacteria. We hypothesized that family stressors and stress-related changes in oral biology might explain, fully or in part, the known socioeconomic disparities in dental health. We found that nearly half of the five-year-old children studied had dental caries. Low SES, higher basal salivary cortisol secretion, and larger numbers of cariogenic bacteria were

each significantly and independently associated with caries, and higher salivary cortisol reactivity was associated with thinner, softer enamel surfaces in exfoliated teeth. The highest rates of dental pathology were found among children with the combination of elevated salivary cortisol expression and high counts of cariogenic bacteria. The socioeconomic partitioning of childhood dental caries may thus involve social and psychobiological pathways through which lower SES is associated with higher numbers of cariogenic bacteria and higher levels of stress-associated salivary cortisol. This convergence of psychosocial, infectious and stress-related biological processes appears to be implicated in the production of greater cariogenic bacterial growth and in the conferral of an increased physical vulnerability of the developing dentition.

Keywords: Dental caries, Socioeconomic status, Stress, USA, Children

Disease

A4903: Lung Volumes and Emphysema in Smokers with Interstitial Lung Abnormalities

Author: George R. Washko

Source: New England journal of medicine, 364, 10 (March 10, 2011): 897-906

Abstract: Background: Cigarette smoking is associated with emphysema and radiographic interstitial lung abnormalities. The degree to which interstitial lung abnormalities are associated with reduced total lung capacity and the extent of emphysema is not known. Methods: We looked for interstitial lung abnormalities in 2416 (96%) of 2508 high-resolution computed tomographic (HRCT) scans of the lung obtained from a cohort of smokers. We used linear and logistic regression to evaluate the associations between interstitial lung abnormalities and HRCT measurements of total lung capacity and emphysema. Results: Interstitial lung abnormalities were present in 194 (8%) of the 2416 HRCT scans evaluated. In statistical models adjusting for relevant covariates, interstitial lung abnormalities were associated with reduced total lung capacity (-0.444 liters; 95% confidence interval [CI], -0.596 to -0.292; $P < 0.001$) and a lower percentage of emphysema defined by lung-attenuation thresholds of -950 Hounsfield units (-3%; 95% CI, -4 to -2; $P < 0.001$) and -910 Hounsfield units (-10%; 95% CI, -12 to -8; $P < 0.001$). As compared with participants without interstitial lung abnormalities, those with abnormalities were more likely to have a restrictive lung deficit (total lung capacity <80% of the predicted value; odds ratio, 2.3; 95% CI, 1.4 to 3.7; $P < 0.001$) and were less likely to meet the diagnostic criteria for chronic obstructive pulmonary disease (COPD) (odds ratio, 0.53; 95% CI, 0.37 to 0.76; $P < 0.001$). The effect of interstitial lung abnormalities on total lung capacity and

emphysema was dependent on COPD status ($P < 0.02$ for the interactions). Interstitial lung abnormalities were positively associated with both greater exposure to tobacco smoke and current smoking. Conclusions: In smokers, interstitial lung abnormalities — which were present on about 1 of every 12 HRCT scans — were associated with reduced total lung capacity and a lesser amount of emphysema.

Keywords: Lung, Emphysema in Smokers, Lung Abnormalities

A4904: Securitization of infectious diseases in Vietnam: the cases of HIV and avian influenza

Author: Jonathan Herington

Source: Health Policy and Planning, 25, 6 (November 2010): 467-475

Abstract: The frequent and swift emergence of new and devastating infectious diseases has brought renewed attention to health as an issue of international importance. Some states and regional organizations, including in Asia, have begun to regard infectious disease as a national and international security issue. This article seeks to examine the Vietnamese government's response to the epidemics of avian influenza and Human immunodeficiency virus. Both diseases have been recognized at different times as threats to international security and both are serious infectious disease problems in Vietnam. Yet, the character of the central government's response to these two epidemics has been starkly different. How and why this disparity in policy approaches occurs depends largely on the epidemiological, economic and political context in which they occur. Although epidemiological factors are frequently explored when discussing disease as a security issue, seldom are the political, social and economic characteristics of the state invoked. These dimensions, and their interaction with the epidemiology of the disease, are central to understanding which diseases are ultimately treated by states as security issues. In particular, the role of economic security as a powerful motivator for resistance to control measures and the role that local implementation of policies can have in disrupting the effect of central government policy are explored. In exploring both the outcomes of securitization, and its facilitating conditions, I suggest some preliminary observations on the potential costs and benefits of securitizing infectious disease and its utility as a mechanism for protecting health in Asia.

Key words: HIV, H5N1, Vietnam, Health security, Health governance

Economics

A4890: Education, Human Development and Economics Growth in Punjab: A causal Analysis

Author: Sandeep kaur and Paramjit Nanda

Source: Artha Vijana, LII, 3 (September 2010): 197-211

Abstract: This paper has evaluated the relative performance of 12 manor districts of Punjab in terms of Human Development and Economic Growth and examined the two-way link between them during 1981-2001. Expectation of life at birth positively but non-significantly affected inter-district variations in EG. For EG induced HD, per capita NDP negatively and significantly affected interdistrict variations in literacy rate and positively and non-significantly affected inter-district variations of life expectancy. Classification of districts based on their performance on HD and EG reveals that out of 12 districts, only four districts were in the category of lopsided HD and six districts were in the category of virtuous cycle as per the indicators of HD (HDI, literacy rate and expectation of life at birth) in 2001. The results suggest that the policy should be such that HD induced growth process is strengthened for lifting the districts to the virtuous cycle category.

Keywords: Education, Human Development and Economics Growth

Epidemiology

A4911: Consanguinity: A Risk Factor for Preterm Birth at Less than 33 Weeks' Gestation

Author: Ghina Mumtaz

Source: American Journal of Epidemiology, 172, 12(December 15, 2010): 1424-1430

Abstract: Consanguinity promotes homozygosity of recessive susceptibility gene variants and can be used to investigate a recessive component in diseases whose inheritance is uncertain. The objective of this study was to assess the association between consanguinity and preterm birth (PTB), stratified by gestational age and clinical presentation (spontaneous vs. medically indicated). Data were collected on 39,745 singleton livebirths without major birth defects, admitted to 19 hospitals in Lebanon, from September 2003 to December 2007. Deliveries before completed 33 weeks' gestation and deliveries at 33–36 weeks' gestation were compared, with respect to cousin marriage, with those after completed 36 weeks' gestation by using multinomial multiple logistic regression. Overall, infants of consanguineous parents had a statistically significant 1.6-fold net increased risk of being born at less than 33 weeks' gestation

compared with infants of unrelated parents. This association was statistically significant only with spontaneous PTB. There was no increased risk of being born at 33–36 weeks' gestation associated with consanguinity for both clinical presentations of PTB. Our findings support a genetic contribution to early onset PTB and suggest that early PTB should be targeted in future genetic studies rather than the classic lumping of all births less than 37 weeks' gestation

Keywords: Consanguinity, Developing countries, Genetics, Premature birth

Health policy and planning

A4897: Rural–urban differences in health-seeking for the treatment of childhood malaria in south-east Nigeria

Author: Theodora A. Okeke and Joseph C. Okeibunor

Source: Health Policy, 95, 1 (April 2010): 62-68

Abstract: Objectives: To identify the differences in health-seeking for childhood malaria treatment, between urban and rural communities in Nigeria, with a view to providing information to policy makers that will be used to improve malaria control. Methods: Quantitative and qualitative research methods were employed in eliciting information. A pre-tested structured questionnaire was administered to 1200 caretakers of children under 5 years who had malaria 2 weeks prior to the survey period. Focus group discussions were held with mothers and in-depth interviews with health care providers. Results: Health-seeking for malaria, differed significantly between rural and urban mothers. While majority (64.7%) of urban caretakers patronized private/government health facilities, most (62%) of their rural counterparts resorted to self-treatment with drugs bought over-the-counter, from patent medicine vendors. Hospitals were geographically more accessible to urban than rural dwellers. Rural mothers only go to hospital when the problem persists or becomes worse, which results in delay in seeking appropriate and timely care. Conclusion: Urban and rural mothers differed in their responses to childhood fevers. Training drug vendors and caretakers are important measures to improve malaria control. Health facilities with good quality services and readily available drugs should be provided.

Keywords: Health-seeking, Childhood malaria, Fever, Rural–urban, Nigeria

A4898: Healthcare policies over the last 20 years: Reforms and counter-reforms

Author: Federico Toth

Source: Health Policy, 95, 1 (April 2010): 82-89

Abstract: The case argued in this article is that the last two decades have been characterised by distinct waves of healthcare reforms. The first, in the early 1990s, aimed to introduce more patients' choice and greater competition between the components of the healthcare system. The second, from 1995 to 2000, had the opposite aim of introducing greater integration and regulation. From 2000 onwards, the policy issue more in vogue has been the strengthening of patients' rights. Looking for the motives behind these reform strategies, this article aims to show how the ideological leaning of the governments in power affects the content of reform initiatives. The analysis presents evidence drawn from six OECD countries: France, Germany, the Netherlands, New Zealand, Sweden and UK.

Keywords: Healthcare reform, Health policy, Policy making, Political factors, Healthcare systems

A4900: Global immunization policy making processes

Author: Maggie Bryson

Source: Health Policy, 96, 2 (July 2010): 154-159

This paper reports the results of a global survey on the topic of national immunization policy development. Countries reported on actors involved, sources of evidence consulted, challenges faced and desired changes in their immunization policy development processes. Most countries had established or would like to establish a national Immunization Technical Advisory Group (ITAG). Countries reported using many sources of information; the most valued being those from the World Health Organization (WHO). Common challenges of immunization policy development reported include funding, capturing the epidemiology of disease and coordination of government and stakeholders.

Keywords: Vaccine policy, Immunization policy, National policies

A4901: Do we have primary health care reform? The story of the Republic of Serbia

Author: Snezana Simic

Source: Health Policy, 96, 2 (July 2010):160-169

Abstract: Objective: To provide insight of national activities and international assistance in PHC reform and to assess their effects on technical and allocative efficiency as well as financial sustainability of primary health care in the Republic of Serbia. Materials and methods: Analytical framework of the study consisted of gathering and reviewing of relevant political documents, international assistance project documentation, and analysis of routinely collected national statistical data based on the evaluation model of three groups of criteria: allocative, technical efficiency and financial sustainability in the public sector of Serbia from 2000 to 2007. Time trends were analyzed by Poisson regression models using average annual percentage changes – AAPC, and the percent of targeted change achieved by progress quotient – PQ. Results: Allocative efficiency of the PHC during period of 8 years was improved, but technical efficiency was almost unchanged for all service, except for preschool health care. Financial sustainability was also improved measured by indirect indicators of health expenditure. Conclusions: Results of this study indicated that we are on the right track with PHC reform, and international support is in accordance with the reform goals. Our approach has been and will remain incremental, gradualist and multi-faceted.

Keywords: PHC reform, Evaluation, Projects and activities, Republic of Serbia

A4902: State-level tobacco control policies and youth smoking cessation measures

Author: Cindy Tworek

Source: Health Policy, 97, 2-3 (October 2010): 136-144

Abstract: Objective: Research on the effects of state-level tobacco control policies targeted at youth has been mixed, with little on the effects of these policies and youth smoking cessation. This study explored the association between state-level tobacco control policies and youth smoking cessation behaviors from 1991 to 2006. Methods: The study design was a population-based, nested survey of students within states. Study participants were 8th, 10th, and 12th graders who reported smoking “regularly in the past” or “regularly now” from the Monitoring the Future study. Main cessation outcome measures were: any quit attempt; want to quit; non-continuation of smoking; and discontinuation of smoking. Results: Results showed that cigarette price was positively associated with a majority of cessation-related measures among high school smokers. Strength of sales to minors’ laws was also associated with adolescent non-continuation of smoking among 10th and 12th graders. Conclusions: Findings suggest that increasing cigarette price can encourage cessation-related behaviors among high school smokers. Evidence-based policy, such as tax increases on tobacco products, should be included as an important part of comprehensive tobacco control policy, which can have a positive effect on decreasing smoking prevalence and increasing smoking cessation among youth.

Keywords: Adolescent, Smoking cessation, Tobacco control, Policy

Health Survey

A4894: Adult and child malaria mortality in India: a nationally representative mortality survey

Author: Neeraj Dhingra

Source: Lancet, 376, 9754 (20 November 2010): 1768 - 1774

Abstract: Background: National malaria death rates are difficult to assess because reliably diagnosed malaria is likely to be cured, and deaths in the community from undiagnosed malaria could be misattributed in retrospective enquiries to other febrile causes of death, or vice-versa. We aimed to estimate plausible ranges of malaria mortality in India, the most populous country where the disease remains common. Methods: Full-time non-medical field workers interviewed families or other respondents about each of 122 000 deaths during 2001–03 in 6671 randomly selected areas of India, obtaining a half-page narrative plus answers to specific questions about the severity and course of any fevers. Each field report was sent to two of 130 trained physicians, who independently coded underlying causes, with discrepancies resolved either via anonymous reconciliation or adjudication. Findings: Of all coded deaths at ages 1 month to 70 years, 2681 (3.6%) of 75 342 were attributed to malaria. Of these, 2419 (90%) were in rural areas and 2311 (86%) were not in any health-care facility. Death rates attributed to malaria correlated geographically with local malaria transmission rates derived independently from the Indian malaria control programme. The adjudicated results show 205 000 malaria deaths per year in India before age 70 years (55 000 in early childhood, 30 000 at ages 5–14 years, 120 000 at ages 15–69 years); 1.8% cumulative probability of death from malaria before age 70 years. Plausible lower and upper bounds (on the basis of only the initial coding) were 125 000–277 000. Malaria accounted for a substantial minority of about 1.3 million unattended rural fever deaths attributed to infectious diseases in people younger than 70 years. Interpretation: Despite uncertainty as to which unattended febrile deaths are from malaria, even the lower bound greatly exceeds the WHO estimate of only 15 000 malaria deaths per year in India (5000 early childhood, 10 000 thereafter). This low estimate should be reconsidered, as should the low WHO estimate of adult malaria deaths worldwide.

Keywords: Malaria, Child Malaria, Mortality survey

HIV/AIDS

A4905: Conceptual and analytical approach to comparative analysis of country case studies: HIV and TB control programmes and health systems integration

Author: Richard Coker

Source: Health Policy and Planning, 25, 1 (November 2010): i21-i31.

Abstract: Attempts to comparatively analyse large-scale communicable disease control programmes have, for the most part, neglected the wider health system contexts within which the programmes lie. In addition, many evaluations of the integration of vertical disease control programmes into health systems have focused on single case studies or on a limited number of cases, or, when large numbers of cases were drawn upon, have been presented as a compendium of monographs rather than a systematic cross-national comparison. One reason for this may be that appropriate theories and tools for comparative health systems analysis are rare and difficult to formulate. In this paper we propose a conceptual framework and an analytical methodology which might be used to comparatively analyse a series of case studies that explore health systems, communicable diseases programmes and concepts of integration in order to make systematic comparisons to offer novel insights, to test new theories and to offer new hypotheses. We illustrate through a preliminary analysis how this framework can be applied to compare the impact of health systems integration and HIV and TB programmes in four countries in South-East Asia that were the subject of cases studies.

Keywords: Comparative analysis, Framework, Global Fund, Health systems, Integration, Methodology

A4914: Prevention of HIV-1 Infection with Early Antiretroviral Therapy

Author: Myron S. Cohen

Source: New England Journal of Medicine, 365, 6 (August 11, 2011): 493-505

Source: Background: Antiretroviral therapy that reduces viral replication could limit the transmission of human immunodeficiency virus type 1 (HIV-1) in serodiscordant couples. Methods: In nine countries, we enrolled 1763 couples in which one partner was HIV-1–positive and the other was HIV-1–negative; 54% of the subjects were from Africa, and 50% of infected partners were men. HIV-1–infected subjects with CD4 counts between 350 and 550 cells per cubic millimeter were randomly assigned in a 1:1 ratio to receive antiretroviral therapy either immediately (early therapy) or after a decline in the CD4 count or the onset of HIV-1–related

symptoms (delayed therapy). The primary prevention end point was linked HIV-1 transmission in HIV-1–negative partners. The primary clinical end point was the earliest occurrence of pulmonary tuberculosis, severe bacterial infection, a World Health Organization stage 4 event, or death. Results: As of February 21, 2011, a total of 39 HIV-1 transmissions were observed (incidence rate, 1.2 per 100 person-years; 95% confidence interval [CI], 0.9 to 1.7); of these, 28 were virologically linked to the infected partner (incidence rate, 0.9 per 100 person-years, 95% CI, 0.6 to 1.3). Of the 28 linked transmissions, only 1 occurred in the early-therapy group (hazard ratio, 0.04; 95% CI, 0.01 to 0.27; $P<0.001$). Subjects receiving early therapy had fewer treatment end points (hazard ratio, 0.59; 95% CI, 0.40 to 0.88; $P=0.01$). Conclusions: The early initiation of antiretroviral therapy reduced rates of sexual transmission of HIV-1 and clinical events, indicating both personal and public health benefits from such therapy.

Keywords: HIV-1 Infection, Antiretroviral therapy, HIV Infection, HIV

Hospital Administration

A4899: Hospital management training and improvement in managerial skills: Serbian experience

Author: Zorica Terzic Supic

Source: Health Policy, 96, 1 (June 2010): 80-89

Abstract: Objectives: The purpose of this study was to analyze the improvement of managerial skills of hospitals' top managers after a specific management training programme, and to explore possible predictors and relations. Methods: The study was conducted during the years 2006 and 2007 with cohort of 107 managers from 20 Serbian general hospitals. The managers self-assessed the improvement in their managerial skills before and after the training programme. Results: After the training programme, all managers' skills had improved. The biggest improvement was in the following skills: organizing daily activities, motivating and guiding others, supervising the work of others, group discussion, and situation analysis. The least improved were: applying creative techniques, working well with peers, professional self-development, written communication, and operational planning. Identified predictors of improvement were: shorter years of managerial experience, type of manager, type of profession, and recognizing the importance of the managerial skills in oral communication, evidence-based decision making, and supervising the work of others. Conclusions: Specific training programme related to strategic management can increase managerial competencies, which are an important source of competitive advantage for organizations.

Keywords: Hospital management, Managerial skills, Management training, Management learning

Leprosy

A4892: Recent trends in new case detection rates in leprosy by age and sex in Gudiyatham Taluk, Tamil Nadu, India

Author: J Richard

Source: Indian Journal of Leprosy, 82, 3 (July-September 2010): 131-135

Abstract: In the race towards eradication of leprosy, the emphasis has shifted from prevalence to new case detection rates which are proxy for true incidence rates. There is great need for reliable data on new case detection rates over time, classified by age and sex. In this paper, the trend of age specific and sex specific new cases detection rates, from 2001 to 2009, for the field area of schieffelin institute of health-Research and Leprosy centre are presented and implications discussed. The appropriate age distribution of Census of India 2001 was used to estimate the age distribution of the area. Three year moving averages were computed for age specific rates. The age group 55+ had the highest rate among all age groups from 2002 to 2006 and afterwards declined a little. The rates of ages 15-34 and 35-54 were high and their patterns over 2002 to 2008. The specific rates of males were slightly higher than the females all through 2001 to 2009 but the difference between male and female rates was not significant at any year ($P>0.05$).

Keywords: Age specific rates, Sex specific rates, Leprosy, Karigiri

A4893: Stigma in leprosy: miles to go

Author: A Sinha

Source: Indian Journal of Leprosy, 82, 3 (July-September 2010): 137-145

Abstract: No disease has been more closely associated with stigma than leprosy such that it has become a metaphor for stigma. Stigma has been difficult to measure and little research has been done on this issue. Stigma reduction has not been an important component of anti-leprosy program. The study was undertaken to measure the stigma associated with leprosy by using P scale which is used for assessing participation restriction of those affected by the disease. This comparative questionnaire based study was carried out in two sets of patients.

Two groups of 30 patients each were studied. First group belonged to a Government run Leprosarium and group two from a tertiary care skin and leprosy centre. The study used the Participation (P) scale and data was collected by interviewing the patients. Participation restriction was defined as any score equal to and more than 13. Participation restriction was observed in 27 (90%) cases of group 1 while participation restriction was present in only 7 (23.3%) subjects of group 2. It was observed that mean score of participation restriction in group 1 was quite high at 31.9 while it was only 8.3 for group 2. The participation restriction was directly related to the duration of disease and the grade of disability. Longer the duration of disease, greater was the likelihood of restriction. The participation restriction was found to be negatively correlated with the education. Recommendation about prevention of disability would require program about early diagnosis of nerve damage and subsequent action at the patient-family-community level and health care providers.

Keywords: Stigma, Leprosy, Participation restriction, P Scale

Maternal health

A4910: Confronting maternal mortality, controlling birth in Nepal: The gendered politics of receiving biomedical care at birth

Author: Jan Brunson

Source: Social Science & Medicine, 71, 10 (November 2010): 1719-1727

Abstract: One way of reducing maternal mortality in developing countries is to ensure that women have a referral system at the local level that includes access to emergency obstetric care. Using a 13-month ethnographic study from 2003 to 2005 of women's social positions and maternal health in a semi-urban community of Hindu-caste women in the Kathmandu Valley, this paper identifies impediments to receiving obstetric care in a context where the infrastructure and services are in place. As birth in Nepal predominantly takes place at home, this paper identifies the following areas for potential improvement in order to avoid the loss of women's lives during childbirth: the frequency of giving birth unaided, minimal planning for birth or obstetric complications, and delayed responses at the household level to obstetric emergencies. Focusing particularly on the last item, this study concludes that women do not have the power to demand biomedical services or emergency care, and men still viewed birth as the domain of women and remained mostly uninvolved in the process. As the cultural construction of birth shifts from a "natural" phenomenon that did not require human regulation toward one that is located within the domain of biomedical expertise and control,

local acceptance of a biomedical model does not necessarily lead to the utilization of services if neither women nor men are in a culturally-defined position to act.

Keywords: Nepal, Maternal health care, Childbirth loss, Birth, Obstetric emergencies

Mental Health

A4891: Effects of rurality on mental and physical health

Author: Steven Stern

Source: Health Services and Outcomes Research Methodology, 10, 1-2 (June 2010): 33-66

Abstract: The effects of rurality on physical and mental health are examined in analyses of a national dataset, the Community Tracking Survey, 2000–2001, that includes individual level observations from household interviews. We merge it with county level data reflecting community resources and use econometric methods to analyze this multi-level data. The statistical analysis of the impact of the choice of definition on outcomes and on the estimates and significance of explanatory variables in the model is presented using modern econometric methods, and differences in results for mental health and physical health are evaluated.

Keywords: Rural, Mental health, Physical health, Health outcomes

A4896: Scarcity and inequity of mental health research resources in low-and-middle income countries: A global survey

Author: Denise Razzouk

Source: Health Policy, 94, 3 (March 2010): 211-220

Subject: Objective: To map mental health research capacity and resources in low-and-middle-income countries (LAMIC) for the years 1993–2003. Method: Mental health researchers from 114 LAMIC in three continents were identified through their publications in two databases (Medline and PsycInfo) and from local grey literature. A questionnaire was developed and sent to authors to elicit information about researchers' background, available resources and details of up to three recent projects. Results: 4208 researchers from 83 countries were identified through 6340 mental health indexed-publications and 3598 publications from the grey literature. 912 researchers from 52 countries completed the questionnaires. Researchers and publications were concentrated in 10% of the countries. Respondents reported participation in

1847 projects, most of which were devoted to depression and anxiety disorders, substance misuse and psychoses. Epidemiologic studies, social, psychological and clinical research accounted for 80% of all projects. Two-thirds of projects had received external funding, and less than one-third of them were conducted in collaboration with other countries. Conclusion: Mental health research capacity is scarce and unequally distributed in LAMIC. Global agencies for health research as well as LAMIC with higher concentrations of researchers and scientific output should play a more decisive role in strengthening the capacity of other LAMIC enhancing South–South partnerships and networks.

Keywords: Developing countries, Inequity, Mental health, Research, Training support

Reproductive health

A4912: Reproductive and Hormonal Factors in Association with Ovarian Cancer in the Netherlands Cohort Study

Author: M. G. M. Braem and others

Source: American Journal of Epidemiology, 172, 10 (November 15, 2010): 1181-1189

Abstract: Parity, oral contraceptive use, and hysterectomy are known to protect against ovarian cancer, whereas the effect of other reproductive factors remains unclear. The authors investigated the association between several reproductive and hormonal factors and the risk of epithelial invasive ovarian cancer among postmenopausal women participating in the Netherlands Cohort Study on Diet and Cancer. Information on reproductive history and exogenous hormone use was obtained through a self-administered questionnaire at baseline in 1986. After 16.3 years of follow-up, 375 cases and 2,331 subcohort members were available for case-cohort analysis. Ovarian cancer risk was reduced for parous women, with increasing parity, and for hysterectomized women. Moreover, the authors found evidence that oral contraceptive use is protective against ovarian cancer, even when initiated at an older age. In addition, a reduced risk was observed for each year reduction in age at natural menopause and per year reduction in total menstrual life span. A small increased risk was observed with prolonged time to pregnancy, but no difference was found between ever-married nulliparous women and never-married nulliparous women. Moreover, no associations were observed for age at first birth, age at menarche, age at first and last use of oral contraceptives, and use of hormone replacement therapy.

Keywords: Hormones, Infertility, Ovarian neoplasms, Prospective studies, Reproductive history, Netherlands

Social science

A4907: Employment relations, social class and health: A review and analysis of conceptual and measurement alternatives

Author: Carles Muntaner

Source: Social Science & Medicine, 71, 12 (December 2010): 2130-2140

Abstract: Employment relations, as a theoretical framework for social class, represent a complementary approach to social stratification. Employment relations introduce social relations of ownership and control over productive assets to the analysis of inequalities in economic (e.g., income), power (occupational hierarchy), and cultural (e.g., education) resources. The objectives of this paper are to briefly clarify the theoretical background on socio-economic indicators used in social epidemiology and to conduct a review of empirical studies that adopt relational social class indicators in the socio-epidemiological literature. Measures of employment relations in social determinants of health research can be classified within two major conceptual frameworks: 1) “Neo-Weberian”, like the National Statistics Socio-Economic Classification (NS-SEC) which is widely used in the United Kingdom; and 2) “Neo-Marxian”, like Erik O. Wright’s social class indicators, which are being used by social epidemiologists in the Americas and Europe. Our review of empirical findings (49 articles found) reveals that the relation between employment relations and health does not necessarily imply a graded relationship. For example, small employers can exhibit worse health than highly skilled workers, and supervisors can display worse health than frontline workers. The policy implications of employment relations research are therefore different, and complement those of income or education health gradient studies. While the latter studies tend to emphasize income redistribution policy options, employment relations implicate other factors such as workplace democracy and social protection. Our analysis confirms that the current transformation of employment relations calls for new social class concepts and measures to explain social inequalities in health and to generate policies to reduce them.

Keywords: Employment relations, Social class, Neo-Marxian, Neo-Weberian, Socio-economic indicators

Tuberculosis

A4895: It is more than the issue of taking tablets: The interplay between migration policies and TB control in Sweden

Author: Asli Kulane

Source: Health Policy, 97, 1 (September 2010): 26-31

Abstract: Objectives: Tuberculosis is re-emerging as a critical public health concern in Sweden among the immigrants. The aim of this study was to explore the experiences of the Somali community of TB care in the Stockholm area. Methods: Focus group discussions were conducted with 34 adult women and men by a Somali speaking moderator. Each group consisted of 6–9 participants—men and women separately. The audio taped discussions were transcribed, translated and read many times and in the process patterns and codes were identified and migration emerged as important theme in the context of TB control. Results: Fear of being deported emerged as barrier to sharing of complete health information with the doctor. The routine contact tracing and follow-up of infected cases in TB control was expressed as a source of concern since it was feared the health care providers could share the information with the immigration authorities. Interpreter use was expressed as barrier particularly if of same female gender. Conclusion: It is important to be aware of how a country's immigration policies impact on TB control activities among immigrants. The existing TB control measures, such as contact tracing, assume new meanings for immigrants. Further research is therefore needed to understand this emerging complexity in order to make TB control more effective.

Keywords: Tuberculosis, Immigrants, Qualitative research, Sweden, Somali

Women health

A4908: Young women facing multiple and intersecting stressors of modernity, gender orders and youth

Author: Maria Wiklund

Source: Social Science & Medicine, 71, 9 (November 2010): 1567-1575

Abstract: This article aims to explore stressors experienced by Swedish adolescent girls and young women, specifically understood in relation to social context and gender theory. Interviews were conducted with 40 young Swedish women, aged 16–25 years, who had sought help at a youth health centre for stress problems. Using qualitative content analysis we identified three clusters of stressors: “the stressors of modernity”, “the stressors of gendered orders”, and “the stressors of youth”. The results revealed that multiple and intersecting discourse-shaped stressors and demands connected to essential life spheres contribute not only to experiences of distress but also to feelings of constraint. Gendered individualism and healthism proved to be essential in understanding the young women’s experienced stress.

Failing social support from adults, gendered demands and responsibility taking were also illuminated. This calls for a broad contextualized and gender-sensitive approach to young women's stress and health problems.

Keywords: Sweden, Stress, Young women, Gender, Femininity, Youth health

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