


19: Theron M, Amissah A, Kleynhans IC, Albertse E, MacIntyre UE. Inadequate dietary intake is not the cause of stunting amongst young children
living in an informal settlement in Gauteng and rural Limpopo Province in South Africa: the NutriGro study.
PMID: 17362534 [PubMed - indexed for MEDLINE]

PMID: 17362292 [PubMed - indexed for MEDLINE]

PMID: 17335539 [PubMed - indexed for MEDLINE]

PMID: 17331278 [PubMed - indexed for MEDLINE]

PMID: 17309548 [PubMed - indexed for MEDLINE]

PMID: 17306012 [PubMed - indexed for MEDLINE]

25: Torimiro JN, Wolfe ND, Thomas A, Martin MP, Mpoudi-Ngole E, Tamoufe U, Birx DL, Carrington M, Burke DS, Carr JK. Frequency of CCR5 variants among rural populations with low HIV-1 prevalence in
Cameroon.
PMID: 17301575 [PubMed - indexed for MEDLINE]

26: Beckham N.
Motivational interviewing with hazardous drinkers.
PMID: 17300536 [PubMed - indexed for MEDLINE]

27: Korkmaz M, Uzgoren E, Bakirdere S, Aydin F, Ataman OY.
Effects of dietary boron on cervical cytopathology and on micronucleus frequency in exfoliated buccal cells.
PMID: 17295277 [PubMed - indexed for MEDLINE]

28: Sy MD, Sagna CB, Madet I, Rouffy D.
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PMID: 17286028 [PubMed - indexed for MEDLINE]

29: Coffee M, Lurie MN, Garnett GP.
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30: Appelquist M, Nilsson PM.
[Public health in eastern Skania 1860-1899--a study based on district medical officer's reports]
PMID: 17153177 [PubMed - indexed for MEDLINE]

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PMID: 17119546 [PubMed - indexed for MEDLINE]

32: Karamagi CA, Tumwine JK, Tylleskar T, Heggenhougen K.
Intimate partner violence against women in eastern Uganda: implications for HIV
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PMID: 17116252 [PubMed - indexed for MEDLINE]

33: Thuan NT, Lofgren C, Chuc NT, Janlert U, Lindholm L.
PMID: 17107619 [PubMed - indexed for MEDLINE]

34: Michelo C, Sandoy IF, Dzekedzeke K, Siziya S, Fylkesnes K.
PMID: 17096833 [PubMed - indexed for MEDLINE]

35: Xu F, Yin XM, Zhang M, Leslie E, Ware R, Owen N.
Family average income and diagnosed Type 2 diabetes in urban and rural residents in regional mainland China.
PMID: 17054602 [PubMed - indexed for MEDLINE]

Contamination of soil with Toxocara eggs in urban (Prague) and rural areas in the Czech Republic.
PMID: 17049747 [PubMed - indexed for MEDLINE]

37: Husain N, Gater R, Tomenson B, Creed F.
Comparison of the Personal Health Questionnaire and the Self Reporting Questionnaire in rural Pakistan.
PMID: 16967789 [PubMed - indexed for MEDLINE]

Abstracts

Contextual socioeconomic determinants of cardiovascular risk factors in rural south-west China: a multilevel analysis.

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BACKGROUND: We examined independent influences of contextual variables on cardiovascular risk factors in Shilin county, Yunnan province, South-west China.

METHODS: Three villages were selected from each of the ten townships based on probability proportional to size. In each selected village, 200 individuals aged \( \geq 45 \) years were chosen based on simple random sampling method. From 6006 individuals, information on demographic characteristics, smoking and drinking status was obtained by interview. Blood pressure, height, weight, and waist and hip girth were measured. Fasting blood sugar was measured in a 10-percent subsample. Contextual data were from official reports. Multi-level regression modelling with adjustment for individual and contextual variables was used.

RESULTS: Contextual variables associated with CVD risk factors included: remoteness of village with higher blood pressure and fasting blood sugar, high proportion of Yi minority with drinking, high literacy rate with a lower rate of smoking and a lower mean waist-hip ratio, and high average income with lower systolic blood pressure and body mass index (BMI) but higher FBS. CONCLUSION: While contextual SES is associated with a few CVD risk factors, villages with high level of income are worse off in fasting blood sugar. Strategies of economic development should be reviewed to avoid adverse effects on health.
Distributions of C-reactive protein and its association with metabolic syndrome in middle-aged and older Chinese people.


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OBJECTIVES: We evaluated the distributions of C-reactive protein (CRP) and its association with metabolic syndrome (MetS) in middle-aged and older Chinese people. BACKGROUND: Several studies have suggested that CRP is a risk factor of MetS. However, it remains unclear how CRP levels are distributed and whether they are associated with MetS in Chinese people. METHODS: We conducted a population-based cross-sectional survey in 2005 in Beijing and Shanghai, with a total of 1,458 men and 1,831 women age 50 to 70 years. Metabolic syndrome was defined according to the updated National Cholesterol Education Program Adult Treatment Panel III criteria for Asian Americans. RESULTS: The median CRP level was 0.68 mg/l among the study population. The CRP levels were significantly higher among participants from Beijing or from urban areas than those in participants from Shanghai or from rural areas (p < 0.01). No gender difference in CRP levels was observed. The prevalence of MetS progressively increased with
elevated CRP levels (p < 0.0001 for trend). In the highest quartile of CRP levels (>1.50 mg/l), the risk for MetS was substantially higher (odds ratio 5.97; 95% confidence interval 4.75 to 7.51) compared with that in the lowest quartile of CRP levels (< or =0.33 mg/l) after adjustment for age, gender, geographic location, lifestyle factors, educational attainment, and family history of chronic diseases. This association was observed in both obese and nonobese participants. CONCLUSIONS: The overall plasma level of CRP is low but highly associated with the MetS among the middle-aged and elderly Chinese population. Prospective studies are needed to investigate the role of CRP in the development of MetS and related chronic diseases among Chinese people.

Publication Types:
Research Support, Non-U.S. Gov't

PMID: 17466231 [PubMed - indexed for MEDLINE]


Associations between sexual behaviour change in young people and decline in HIV prevalence in Zambia.

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BACKGROUND: Evidence suggests that HIV prevalence amongst young Zambians has declined recently, especially in higher-education groups. We studied trends in key sexual behaviour indicators among 15-24 year-olds from 1995 to 2003, including the associations between sexual behaviour change and education.
METHODS: The data stem from a series of three population-based surveys conducted in 1995 (n = 1720), 1999 (n = 1946) and 2003 (n = 2637). Logistic regression and Extended Mantel Haenszel Chi Square for linear trends were used to compare the three surveys. RESULTS: Men and lower-education groups reported more than one sexual partner in the year immediately prior to the survey more frequently than did women and higher-education groups (p < 0.01), but these proportions declined regardless of sex and residence. Substantial delays in child-bearing were observed, particularly among higher-education and urban respondents. Condom use at least for casual sexual intercourse increased from 1995 to 2003; the level was highest among urban and higher-education groups. The number of women reporting frequent dry sex using traditional agents fell during the period. Participants from the rural area and those with less education reported more sexual experience than urban and higher-education participants in 2003. The reported number of sexual partners during the year immediately prior to the survey was a factor that reduced the association between HIV and survey times among sexually active young urban men and women. CONCLUSION: High risk behaviours clearly decreased, especially in higher-educated and urban groups, and there is a probable association here with the decline in HIV prevalence in the study population. Fewer sexual partners and condom use were among the core factors involved for both sexes; and for women a further factor was delayed child-bearing.

Publication Types:
    Research Support, Non-U.S. Gov't

PMID: 17448256 [PubMed - indexed for MEDLINE]
Submicroscopic Plasmodium falciparum gametocyte carriage is common in an area of low and seasonal transmission in Tanzania.


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OBJECTIVE: Recently developed molecular gametocyte detection techniques have shown that submicroscopic Plasmodium falciparum gametocytes are common in symptomatic patients and can infect mosquitoes. The relevance for the infectious reservoir of malaria in the general population remains unknown. In this study, we investigated submicroscopic asexual parasitaemia and gametocytaemia in inhabitants of an area of hypoendemic and seasonal malaria in Tanzania.

METHODS: Two cross-sectional malariometric surveys were conducted in the dry and wet seasons of 2005 in villages in lower Moshi, Tanzania. Finger prick blood samples were taken to determine the prevalence of P. falciparum parasites by microscopy, rapid diagnostic test and real-time nucleic acid sequence-based amplification (QT-NASBA).

RESULTS: 2752 individuals participated in the surveys, of whom 1.9% (51/2721) had microscopically confirmed asexual parasites and 0.4% (10/2721) had gametocytes. In contrast, QT-NASBA revealed that 32.5% (147/453) of the individuals harboured asexual parasites and 15.0% (68/453) had gametocytes. No age dependency or seasonality was observed in submicroscopic parasite carriage.

DISCUSSION: Molecular detection techniques reveal that carriage of
submicroscopic asexual parasite and gametocyte densities is relatively common in this low transmission area. Submicroscopic gametocytaemia is likely to be responsible for maintaining malarial transmission in the study area.

Publication Types:
   Research Support, Non-U.S. Gov't

PMID: 17445146 [PubMed - indexed for MEDLINE]


Diagnosis and management of malaria by rural community health providers in the Lao People's Democratic Republic (Laos).

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We assessed the knowledge of malaria diagnosis and management by community health providers in rural Vientiane and Savannakhet Provinces, Lao PDR. Sixty health providers (17 pharmacy owners/drug sellers and 43 village health volunteers) were interviewed. All diagnosed malaria using symptoms and signs only; 14% were aware of >2 criteria for the diagnosis of severe malaria. Although chloroquine and quinine, the then recommended Lao national policy for uncomplicated malaria treatment, were the most common antimalarials prescribed – 65% gave incorrect doses and 70% did not know the side effects. Although not recommended by the then national policy, 27% of the health providers used combinations of antimalarials as they considered monotherapy ineffective. This study strongly suggests that further training of Lao rural health providers in
malaria diagnosis and management is needed to improve the quality of health services in areas remote from district hospitals.

Publication Types:
   Research Support, Non-U.S. Gov't

PMID: 17445145 [PubMed - indexed for MEDLINE]


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OBJECTIVE: To assess whether traditional birth attendants, drug-shop vendors, community reproductive health workers and adolescent peer mobilizers can administer intermittent preventive treatment (IPT) with sulfadoxine-pyremethamine to pregnant women, and reach those most at risk of malaria and increase access and compliance to it. METHODS: The study was designed to assess new approaches of delivering IPT through these groups and compare it with IPT at health units. The primary outcome measures were: the proportion of adolescents and primigravidae accessed; gestational age at recruitment and the proportion of women who completed two doses of sulfadoxine-pyremethamine. RESULTS: Two thousand seven hundred and eighty-five pregnant women (78% of those in the study area) participated. With new approaches, 92.4% of the women received IPT during the second trimester as recommended by the policy, vs. 76.1% at health units, P < 0.0001. Of the women...
who received two doses of sulfadoxine-pyremethamine, 39.9% were at health units (control) vs. 67.5% through new approaches (P < 0.0001). Women using the new approaches also accessed IPT early: the mean gestational age when receiving the first dose of sulfadoxine-pyremethamine was 21.0 weeks vs. 23.1 weeks at health units (P < 0.0001). However, the health units were used by a higher proportion of primigravidae (23.6% vs. 20.0%, P < 0.04), and this was also the case for adolescents (28.4% vs. 25.0%, P < 0.03). This intervention was acceptable with 89.1% of the women at the new approaches intending to use IPT in future.

CONCLUSIONS: The new approaches increased access to and compliance with IPT. We recommend a review of the policy to allow the provision of IPT through the new approaches.

PMID: 17445143 [PubMed - indexed for MEDLINE]


Clinical features and associated morbidity of scabies in a rural community in Alagoas, Brazil.

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OBJECTIVE: To describe the clinical characteristics of scabies and the associated morbidity in an impoverished rural community in northeast Brazil.

METHOD: A door-to-door survey was made to examine twice the population of an endemic area; first at the end of the rainy season, and a second time in the dry season 4 months later. RESULTS: In total, 2005 individuals were examined. The
overall prevalence of scabies was 9.8% (95% CI 8.5-11.2). Predilection sites with similar relative frequencies in all age groups were the abdomen (83.7%) and the inguinal area/inner part of the thighs (66.3%). Hands, feet, genitals and the scalp/neck/face were significantly more often affected in children <7 years (all P < 0.03). Fifty-five per cent of the patients showed scabies lesions simultaneously at > or = 12 distinct topographic areas. Papular lesions were most commonly found, followed by papular-crusted lesions. Vesicles were significantly more often observed in children (P = 0.04). Sixty-four per cent of the patients had three or more types of lesions. Local lymphadenopathy was present in 53.6% and superinfection in 36.7% of the cases. The number of topographic areas affected, as well as the proportion of superinfected lesions, was inversely correlated with age (rho = -0.22, P = 0.002 and rho = -0.358, P < 0.05, respectively). The quantity of skin surface infested, the proportion of superinfected lesions and the presence of a superinfected lesion distal to an enlarged lymphnode were predictors of lymphadenopathy. Seventy-two per cent of the patients suffered from sleep disorders, mainly because of itching.

CONCLUSION: Scabies is associated with considerable morbidity in this endemic community. Predilection sites, clinical presentation, quantity of skin surface affected and proportion of secondary infected lesions show a dichotomy between children and adults.

Publication Types:
Research Support, Non-U.S. Gov't

PMID: 17445140 [PubMed - indexed for MEDLINE]

Exploring rural health inequalities at a local scale: the case of Portneuf, Quebec.

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BACKGROUND: The most common way of accounting for the countryside in health studies has been to compare it, as a whole, to the city. Furthermore, most of the work on small area health inequalities has been confined to major urban centres. To counter this trend, in this paper, we explore small area health inequalities in the predominantly rural county of Portneuf (population = 44,545), Quebec. Such information can be of interest for local health planning.

METHODS: Three sources of data were used to define neighbourhood units: historical data, socio-economic data and perceptions of local stakeholders. Demographic, socioeconomic and general health status indicators were calculated by neighbourhood unit. For health status indicators, data came from mortality files (1998 to 2002), hospitalization files (2001/02) and the 2001 census for disability (individuals who reported being often limited in their daily activities) and the reference population. RESULTS: The county of Portneuf was subdivided into 8 neighbourhoods. Differences between neighbourhoods were noticeable for demographic, socio-economic and all health status indicators. The greatest differences were found between the town of Pont-Rouge (population=4975) and the hinterland of the towns of Donnacona (population=6125) and Saint-Marc-des-Carrieres (population=3160). The most striking was a difference of 6 to 8 years of disability-free life expectancy between the two groups, to
the advantage of Pont-Rouge. CONCLUSION: Although measuring rural health inequalities at a local level has some methodological limitations, true health inequalities exist in the county of Portneuf. These now need to be examined further.

Publication Types:
Research Support, Non-U.S. Gov't

PMID: 17441540 [PubMed - indexed for MEDLINE]


Human variation and body mass index: a review of the universality of BMI cut-offs, gender and urban-rural differences, and secular changes.

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Use of BMI as a surrogate for body fat percentage is debatable and universal BMI cut-off points do not seem appropriate; lower cut-off points than currently recommended by WHO should be used in some populations, especially in Asia. The adult WHO BMI database indicates that, on average, women are more obese than men, while men are more likely to be pre-obese than women. Urban rates of overweight and obesity are generally higher than rural rates in both sexes. The trend in pre-obesity and obesity over time is generally upward, with very marked increases in the USA and UK in both sexes over the last 10 years.

Publication Types:
Review

PMID: 17435352 [PubMed - indexed for MEDLINE]
AIM: To describe the condom use practices of high school students, compare the beliefs of students who used condoms with those who did not, investigate gender differences in condom use and identify factors that prevent condom use. METHOD: Cross sectional descriptive study of sexually active grade 10 students at 28 rural high schools who completed a self-reporting structured questionnaire. RESULTS: Of n = 353 students, mean age 17.50 y (SD 1.40), n = 249 (70.5%) males and n = 104 (29.5%) females (p < 0.005), n = 136 (38.5%) had used a condom at last sex. Students who used condoms differed from non-condom users in their beliefs that use of condoms did not imply lack of trust (p = 0.03), supported girls' requesting that their partners use condoms (p = 0.002), perceived greater social support (p < 0.005), and had more self-efficacy (p < 0.005). In the model, condom use at last sex was significantly associated with males (p = 0.03), age at first sex (p = 0.02), knowing a person infected with HIV/AIDS (p = 0.03), and condom use self-efficacy (p = 0.001). CONCLUSION: The low rate of condom use amongst these students during the AIDS epidemic is influenced by students' condom use self-efficacy, emphasizing the need for skills' training.
The increasing mortality due to HIV/AIDS may be a cue that encourages condom use.

Publication Types:
Research Support, Non-U.S. Gov't

PMID: 17429922 [PubMed - indexed for MEDLINE]


Sociodemographic differences in depressed mood: results from a nationally representative sample of high school adolescents.

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BACKGROUND: Research on adolescent mental health suggests that prevalence rates for depressed mood are not uniformly distributed across all populations. This study examined demographic difference in depressed mood among a nationally representative sample of high school adolescents. METHODS: The 2003 National Youth Risk Behavior Survey was utilized to examine the association between depressed mood and demographic variables. To examine demographic associations, chi-square and follow-up logistic regression models were created for the sample of high school adolescents (N = 15,214). RESULTS: Caucasians and African Americans were significantly less likely to report depressed mood when compared to Hispanics and Others. Women were also more likely than men to report depressed mood. No significant differences were observed among levels of urbanicity and age. CONCLUSIONS: An understanding of the difference in the prevalence and correlates of depressed mood among adolescents of various
ethnic/racial and gender groups deserves increased attention. Given the fact that challenges with depressed mood in adolescents can be substantial and relatively unrecognized, there is an increased need to identify these adolescents early and intervene with culturally appropriate interventions.

PMID: 17425520 [PubMed - indexed for MEDLINE]


Differences in the correlates of physical activity between urban and rural Canadian youth.

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BACKGROUND: Despite the benefits of physical activity (PA), a significant proportion of youth remains inactive. Studies assessing differences in the correlates of PA among urban and rural youth are scarce, and such investigations can help identify subgroups of the population that may need to be targeted for special intervention programs. The purpose of this study was to assess differences in the correlates of PA between Canadian urban and rural youth.

METHODS: The sample consisted of 1398 adolescents from 4 urban schools and 1290 adolescents from 4 rural schools. Mean age of the participants was 15.6 +/- 1.3 years. Hierarchical regression analyses were used to examine the association between self-reported PA and a number of demographic, psychological, behavioral, and social correlates. RESULTS: Common correlates between the 2 locations
included gender (with girls being less active than boys) perceptions of athletic/physical ability, self-efficacy, interest in organized group activities, use of recreation time, and friends' and siblings' frequency of participation in PA. Active commuting to school and taking a physical education class were unique correlates of PA at the multivariate level in urban and rural students, respectively. Variance explained in PA ranged from 43% for urban school students to 38% for rural school students.

CONCLUSIONS: Although more similarities than discrepancies were found in the correlates of PA between the 2 geographical locations, findings from this study strengthen the policies that argue for a coordinated multisector approach to the promotion of PA in youth, which include the family, school, and community.

Publication Types:
Comparative Study
Research Support, Non-U.S. Gov't

PMID: 17425518 [PubMed - indexed for MEDLINE]


High prevalence of low dietary calcium, high phytate consumption, and vitamin D deficiency in healthy south Indians.

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BACKGROUND: Data on the vitamin D status of the population in a tropical country such as India have seldom been documented. Vitamin D deficiency is presumed to
be rare. OBJECTIVE: The objective was to document the dietary habits and concentrations of serum calcium, 25-hydroxyvitamin D [25(OH)D], and parathyroid hormone of Indian urban and rural populations. DESIGN: Healthy urban (n = 943) and rural (n = 205) subjects were studied for their dietary pattern and concentrations of serum calcium, phosphorus, alkaline phosphatase, 25(OH)D, and immunoreactive parathyroid hormone. RESULTS: The daily dietary calcium intake of both the urban and rural populations was low compared with the recommended dietary allowances issued by the Indian Council of Medical Research. Dietary calcium and phosphorus were significantly lower in rural adults than in urban adults (P < 0.0001). The dietary phytate-to-calcium ratio was higher in rural subjects than in urban subjects (P < 0.0001). The 25(OH)D concentrations of the rural subjects were higher than those of urban subjects (P < 0.001), both men and women. In the rural subjects, 25(OH)D-deficient (<20 ng/mL), -insufficient (20-30 ng/mL), and -sufficient (>30 ng/mL) states were observed in 44%, 39.5%, and 16.5% of the men and 70%, 29%, and 1% of the women, respectively. In the urban subjects, 25(OH)D-deficient, -insufficient, and -sufficient states were observed in 62%, 26%, and 12% of the men and 75%, 19%, and 6% of the women, respectively. CONCLUSIONS: Low dietary calcium intake and 25(OH)D concentrations were associated with deleterious effects on bone mineral homeostasis. Prospective longitudinal studies are required to assess the effect on bone mineral density, a surrogate marker for fracture risk and fracture rates.

PMID: 17413106 [PubMed – indexed for MEDLINE]


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Children in the United States have benefited considerably from advancements in medical and nursing science over the course of the past 200 years. The twentieth century saw dramatic declines in the incidence of childhood diseases; the prevalence of measles, haemophilus influenzae type B, diphtheria, rubella and tetanus are at all time lows (CDC, 2006). Indeed, many pediatric nurses have never seen any of these diseases, something that would certainly have startled their predecessors just a few generations ago. Before the mid-twentieth century, caring for children with communicable diseases represented the cornerstone of pediatric nursing practice. Now that the incidence has decreased among American children, it is easy to forget about these diseases that once decimated whole communities. This article tries to peel back the mists of history by studying children's health in one rural New England town during the days of the early republic in the 1830s.

Publication Types:
   Historical Article

PMID: 17411002 [PubMed - indexed for MEDLINE]


Comment on:

Dioxins and PCBs in rural areas.
Federal definitions of rurality and the impact on nursing research.

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In rural health research, the measurement of rural residence is commonly dichotomized as urban or rural, even though researchers encourage the use of more descriptive categories to capture rural diversity. Federal categorization schemes for operationalizing rural locations include United States Census Bureau definitions, Office of Management and Budget (OMB) classifications, and categorizations developed by the United States Department of Agriculture (USDA)—Rural-Urban Continuum Codes (RUCC), Urban Influence Codes (UIC), and Rural-Urban Commuting Areas. When categorizing states by rurality, the choice of the measure used influences which states are identified as most rural. We demonstrate this premise in a study of rural home healthcare. (c) 2007 Wiley Periodicals, Inc.
The development and validation of the Indigenous Risk Impact Screen (IRIS): a 13-item screening instrument for alcohol and drug and mental health risk.

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The study aimed to assess the psychometric properties of the Indigenous Risk Impact Screen (IRIS) as a screening instrument for determining (i) the presence of alcohol and drug and mental health risk in Indigenous adult Australians and (ii) the cut-off scores that discriminate most effectively between the presence and absence of risk. A cross-sectional survey was used in clinical and non-clinical Indigenous and non-Indigenous services across Queensland Australia. A total of 175 Aboriginal and Torres Strait Islander people from urban, rural, regional and remote locations in Queensland took part in the study. Measures included the Indigenous Risk Impact Screen (IRIS), the Severity of Dependence Scale (SDS), the Alcohol Use Disorders Identification Test (AUDIT) and the Leeds Dependence Questionnaire (LDQ). Additional Mental Health measures included the Depression Anxiety and Stress Scale (DASS-21) and the Self-Report Questionnaire (SRQ). Principle axis factoring analysis of the IRIS revealed two factors corresponding with (i) alcohol and drug and (ii) mental health. The IRIS alcohol and drug and mental health subscales demonstrated good convergent validity with
other well-established screening instruments and both subscales showed high internal consistency. A receiver operating characteristics (ROC) curve analysis was used to generate cut-offs for the two subscales and t-tests validated the utility of these cut-offs for determining risky levels of drinking. The study validated statistically the utility of the IRIS as a screen for alcohol and drug and mental health risk. The instrument is therefore recommended as a brief screening instrument for Aboriginal and Torres Strait Islander people.

Publication Types:
Research Support, Non-U.S. Gov't
Research Support, U.S. Gov't, P.H.S.
Validation Studies

PMID: 17364845 [PubMed - indexed for MEDLINE]


Healing mysteries in a Vietnamese village.

Tick E.

The front lines of health and healing today are everywhere around our country and the world, where individuals, societies, and ecosystems are at risk. On these lines and often unheralded, courageous healers and communities utilize traditional, scientific, humanistic, communal, holistic, and spiritual resources to address our most pressing global health issues. FIELD REPORTS offers reports from these front lines about significant health crises, concerns, and healing approaches that occur beyond our usual horizon of vision. Our concern is for world health. We seek to hoist flags of hope.

PMID: 17362851 [PubMed - indexed for MEDLINE]

Inadequate dietary intake is not the cause of stunting amongst young children living in an informal settlement in Gauteng and rural Limpopo Province in South Africa: the NutriGro study.

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OBJECTIVE: To measure dietary intakes of young children aged 12-24 months and to determine the impact of poor diets on stunting. DESIGN: A quantitative food-frequency questionnaire was adapted, tested and standardised. Trained enumerators conducted in-depth interviews with the mothers/caregivers of the children. Forty stunted children in urban informal settlements and 30 stunted children in rural areas were selected and pair-matched with controls. The data were captured on the Food Finder Program of the Medical Research Council.

RESULTS: In both urban and rural areas, the diet of stunted and non-stunted groups did differ significantly and all diets were of poor nutritional quality.

CONCLUSION: Diets in both areas resembled the recommended prudent diet, i.e. low in fat and high in carbohydrates. Poor quality diets were not the primary cause of stunting.

Publication Types:
Research Support, Non-U.S. Gov't

PMID: 17362534 [PubMed – indexed for MEDLINE]

Harm minimization among teenage drinkers: findings from an ethnographic study on teenage alcohol use in a rural Danish community.

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AIM: To examine strategies of harm minimization employed by teenage drinkers.

DESIGN, SETTING AND PARTICIPANTS: Two periods of ethnographic fieldwork were conducted in a rural Danish community of approximately 2000 inhabitants. The fieldwork included 50 days of participant observation among 13-16-year-olds (n = 93) as well as 26 semistructured interviews with small self-selected friendship groups of 15-16-year-olds (n = 32). FINDINGS: The teenagers participating in the present study were more concerned about social than health risks. The informants monitored their own level of intoxication, but in order to reduce alcohol consumption they depended upon support from their peers. The informants preferred drinking in the company of well-known and trusted peers, and during drinking episodes they supervised and intervened in each others' drinking to the extent that they deemed it necessary and possible. In regulating the social context of drinking they relied on their personal experiences more than on formalized knowledge about alcohol and harm, which they had learned from prevention campaigns and educational programmes. CONCLUSIONS: In this study we found that teenagers may help each other to minimize alcohol-related harm, and teenage peer groups should thus be considered a resource for health promotion.

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Chlamydia screening in a rural population: access, outcomes and health-care planning.

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During the first year of a screening programme in Cornwall, a rural area of southwest England, 5024 young people were screened for genital Chlamydia trachomatis infection. We used mapping software to assess the prevalence of
genital chlamydial infection and access to genitourinary medicine services among 16-25 year olds. Using this data, we calculated that attendance at genitourinary medicine clinics in Cornwall varies between 20/1000 and 83/1000 in this age group. Similarly, the rate of positive results varies between 2.9 and 27.4%, depending on place of residence and testing site. The highest rates of infection were noted in two areas with poor access to existing genitourinary medicine clinics. This information can be used to better plan sexual health services.

PMID: 17331278 [PubMed - indexed for MEDLINE]


Maternal health in Northern Nigeria: a far cry from ideal.

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OBJECTIVE: To determine the level of maternal care in Northern Nigeria. DESIGN: A cross-sectional descriptive study design was used. SETTING: The Study was Community based and carried out in the ten states that constitute UNICEF D zone in northeast Nigeria. POPULATION: Women who delivered in the 11 months preceding the survey and resident in the study area. METHODS: The WHO cluster sampling methodology was used to draw a sample of 210 eligible women in each of the 10 local government areas (LGAs). MAIN OUTCOME MEASURES: Utilization of antenatal care (ANC) services, tetanus toxoid immunization, skilled attendant at delivery and postnatal care. RESULTS: Majority of the respondents, 73.2%, were between the ages 20 and 34 years. Overall, 50% of the women attended antenatal clinics.
during their last pregnancy, with a range of ANC coverage by LGA of 14.0-81.0%.
The proportion of women who booked in the first, second and third trimesters was
22.8, 63.0 and 14.2%, respectively. The antenatal services offered ranged from
95.7% for abdominal examination to 41.2% for urine examination. Sixty percent of
the women received no tetanus toxoid in their last pregnancy, 11% had one dose
and 29% had at least two doses. Home delivery was still the norm throughout the
zone with 1791 (85.3%) delivering at home. Up to 80.5% of the deliveries were
supervised by personnel with no verifiable training in sanitary birthing
techniques. Only 11.4% (233) of those who received ANC had postnatal check-up.
CONCLUSIONS: Maternal health care as evidenced above is far from the ideal.
Likewise, the commitment of the 5th Millennium Development Goal is extremely
far-reaching: to reduce the maternal mortality ratio by 75% by the year 2015
with this level of maternal care.

PMID: 17309548 [PubMed - indexed for MEDLINE]


Women's involvement in household decision-making and
strengthening social
capital-crucial factors for child survival in Ethiopia.

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AIMS: To assess the influence of household decision
making, social capital,
socio-economic factors and health service use on under-
five mortality. SETTING:
Butajira Demographic Surveillance Site, Ethiopia. METHODS:
A prospective
case-referent design with a total of 209 under-five year old deaths occurring in an 18-month period, together with 627 referents matched for age, sex and community of residence were included. Questionnaires were administered to mothers or caretakers. Matched case control analysis investigated the effect of risk factors on mortality and the presence of avoidable factors was assessed for each death. RESULTS: Lack of immunization was strongly associated with mortality (adjusted OR=9.8, 95% CI 5.9, 16.1). Low decision making capacity of women (adjusted OR=3.2 95% CI 2.0, 5.0) and low social capital scores (adjusted OR=1.9 95% CI 1.1, 3.5) were also related to high under-five mortality in multivariate analyses. Potentially avoidable household and health facility factors were identified, respectively in 71% and 40% of the deaths. CONCLUSION: Combined efforts to improve women's involvement in household decision making, social capital and immunization may decrease the high child mortality in this setting where the level of poverty is high and no appreciable trend in child mortality decline has been noted over the years.

Publication Types:
Research Support, Non-U.S. Gov't

PMID: 17306012 [PubMed - indexed for MEDLINE]


Frequency of CCR5 variants among rural populations with low HIV-1 prevalence in Cameroon.

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Among rural populations in Cameroon, HIV-1 prevalence is low and the genetic diversity broad. An unusual population-level genetic background may modulate this pattern of HIV infection. We examined HIV-1 prevalence, CCR5Delta32 and CCR5 promoter -2459 G genotype frequency among 1390 rural inhabitants. No individual was identified with the CCR5Delta32 allele, but homozygotes for the CCR5 promoter variant -2459G (27.5%) were relatively common. A seroprevalence of 3.1% of HIV-1 was reported.

Publication Types:
Research Support, N.I.H., Extramural
Research Support, N.I.H., Intramural
Research Support, U.S. Gov't, Non-P.H.S.

PMID: 17301575 [PubMed - indexed for MEDLINE]


Motivational interviewing with hazardous drinkers.

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PURPOSES: To test the effectiveness of motivational interviewing in a population of hazardous drinkers utilizing community health care centers in rural southeastern Idaho. DATA SOURCES: This study targeted rural people at risk for alcohol dependence utilizing low-income community health care centers in rural southeastern Idaho. The Alcohol Use Disorders Identification Test (AUDIT) was used to screen interested clients' alcohol use. Clients achieving an AUDIT score indicating hazardous alcohol use were recruited into the study and randomized
into a control or treatment group. Twenty-six hazardous drinkers attending five low-income community health centers participated in the study. The experimental group participated in one motivational interviewing session with the investigator, a family nurse practitioner (NP). The comparison group received no treatment. Alcohol use was tracked for 6 weeks after successful recruitment into the program. CONCLUSIONS: Participants in the study significantly decreased their average number of drinks per day. At time 1 (pretreatment), the control group drank 4.37 drinks per day and the treatment group drank 4.65 drinks per day. At time 2 (posttest), the control group drank 3.77 drinks per day and the treatment group drank 1.95 drinks per day. The effects of the motivational interviewing treatment on hazardous drinking also were measured by serum gamma-glutamyltransferase (GGT), a liver function test. There was also a significant decrease in the GGT from pretest to posttest in the treatment group. IMPLICATIONS FOR PRACTICE: The results of this investigation found that motivational interviewing shows promise as an effective intervention for hazardous drinkers attending low-income community clinics. Although other possible explanations could be postulated for the positive changes in sample participants, the data indicate that the motivational interviewing approach was responsible for a significant portion of the positive changes within the current sample. The information collected from the study adds to the literature on hazardous drinking, research, and treatment of this significant problem. Negotiating change in behavior is part of the practice of NPs. People struggling with alcohol use are more likely to encounter NPs, family doctors, or social
workers than counselors specializing in alcohol treatment. Motivational interviewing is specifically designed for preparing people for change. Because most people resist being told what to do, that is, "you have to stop drinking," use of motivational interviewing principles can decrease resistance and optimize change. Additionally, identifying and intervening with hazardous drinking in a primary care setting can reduce healthcare costs and reduce the stigma of specialist care. Adding this valuable communication skill to the competencies of NPs is important to both clients and NPs.

Publication Types:
Randomized Controlled Trial

PMID: 17300536 [PubMed - indexed for MEDLINE]


Effects of dietary boron on cervical cytopathology and on micronucleus frequency in exfoliated buccal cells.

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Recent evidence indicates that boron and borates may have anticarcinogenic properties. In this study, we have investigated the incidence of adverse cytological findings in cervical smears and the micronucleus (MN) frequency in women living in boron-rich and boron-poor regions. Cervical smears were prepared from 1059 women with low socioeconomic status; 472 of the women lived in relatively boron-rich rural areas, while 587 lived in relatively boron-poor regions. The average and standard deviation values for the age of the women
screened with the cervical Pap smear test were 41.55 +/- 8.38. The mean dietary intake of boron was 8.41 mg/day for women from the boron-rich regions, and 1.26 mg/day for women living in the boron-poor regions (P < 0.0001). Women from the boron-rich regions had no cytopathological indications of cervical cancer, while there were cytopathological findings for 15 women from the boron-poor areas (chi(2) = 10.473, P < 0.05). Sixty women, 30 from each region, were chosen for evaluating MN frequencies in exfoliated buccal cells. MN frequencies for women from the boron-rich and boron-poor regions were not significantly different (t = -0.294, P > 0.05). Also, there were no significant correlations between age and MN frequency for women from both the boron-rich (r = 0.133, P = 0.48, P > 0.05) and boron-poor (r = -0.033, P = 0.861, P > 0.05) regions. The results suggest that ingestion of boron in the drinking water decreases the incidence of cervical cancer-related histopathological findings. There was no correlation between the pathological findings from the cervical smears and buccal cell MN frequency suggesting that the two study populations were exposed equally to genotoxic agents. Nonetheless, cervical cancer-related histopathological findings should be validated by other researchers.

Publication Types:
Research Support, Non-U.S. Gov't

PMID: 17295277 [PubMed - indexed for MEDLINE]


[Cost recovery and reinforcement of the primary healthcare system in a rural community in Casamance, Senegal]

[Article in French]
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This study was conducted by two pharmacists from Caen, France and two healthcare officials from the region of Ziguinchor and Bignona in Casamance, Senegal. Data showed that with good community awareness and proper supervision a minimum cost recovery policy could be implemented at health posts (cases de sante). This approach enables purchasing of more medicines and lowers operating costs. Additional funding is necessary to pay for building renovation and meaningful wages for healthcare workers.

Publication Types:
   English Abstract

PMID: 17286028 [PubMed - indexed for MEDLINE]


Modelling the impact of migration on the HIV epidemic in South Africa.

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OBJECTIVE: To use observed data to develop a mathematical model that estimates the impact of migration on the spread of HIV in South Africa. METHODS: A deterministic mathematical model was designed to evaluate the dynamic interactions between mobility, sexual behaviour, HIV, and sexually transmitted infections. The model was based on a population study of 488 adults, which included male migrants, male non-migrants and their rural partners in
KwaZulu/Natal, South Africa. RESULTS: The model predicted that the impact of migration depends upon the epidemic's stage and the pattern of migration. Early in the epidemic, frequent migration between populations with different HIV prevalence rates accelerated HIV spread; however, local sexual risk behaviour determined the eventual scale of the epidemic. If migration is coupled with increased sexual risk behaviour by migrant men, as has been reported in the South African communities studied, HIV prevalence would increase 10 times among migrants' female partners (1.8 to 19%). In contrast, if migration were to occur infrequently, with migration-associated risk behaviour assumed to be at current levels, the predicted epidemic would be one fifth that currently observed (2.8 versus 15.1%). CONCLUSIONS: Migration primarily influences HIV spread by increasing high-risk sexual behaviour, rather than by connecting areas of low and high risk. Frequent return of migrants is an important risk factor when coupled with increased sexual risk behaviour. Accordingly, intervention programmes in South Africa need to target the sexual behaviour of short-term migrants specifically, even though these individuals may be more difficult to identify.

Publication Types:
Research Support, N.I.H., Extramural
Research Support, Non-U.S. Gov't

PMID: 17255741 [PubMed - indexed for MEDLINE]


[Public health in eastern Skania 1860-1899--a study based on district medical officer's reports]

[Article in Swedish]
During the last decades of the 19th century Sweden changed from being a developing to a developed country. It was a period when many people emigrated to America and Denmark, due to miserable times. The aim was to investigate the status and development of the public health in the eastern part of the province Skane, Sweden, during the years 1860 to 1899. The investigation included a study of differences in health between city and countryside, men and women, and health problems now and then. The official reports of provincial doctors (general practitioners) from Brosarp (1860-1899) and city doctors from Kristianstad (1883-1899) were studied. The reports included conscription reports, tables of illnesses and deaths, and an annually summarized health report of the district. The district of Brosarp was a very poor area, due to its topographical location. The poverty brought illness, but not as much as could be expected. The infant mortality rate was lower than for the rest of the country. The long distances between the villages impeded the transmission of infectious diseases. The health situation in Kristianstad was also affected by its topographical location. The humid and densely populated city was a hotbed for infections. Sanitary improvements in both Brosarp and Kristianstad resulted in a better health situation at the end of the 19th century. There were several similarities between the studied areas and the developing countries of today, for example regarding malnutrition, traditional medicine and problems with contaminated...
drinking water. Compared to the health problems of today, poverty and infectious diseases were greater problems during the studied period of time, while problems related to diet and alcohol drinking were similar. More research is needed to relate the public health in Brosarp and Kristianstad to that in other Swedish districts during the same period of time.

Publication Types:
English Abstract
Historical Article

PMID: 17153177 [PubMed - indexed for MEDLINE]


Prevalence of the metabolic syndrome among Turkish adults.


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OBJECTIVE: To determine prevalence of the metabolic syndrome (MS) in a sample representing Turkish population using United States Adult Treatment Panel-3 guidelines. DESIGN: The study included random samples from both urban and rural populations in the seven geographical regions of Turkey. The population for this analysis were 2108 men (1372 in urban and 736 in rural areas) and 2151 women (1423 in urban and 728 in rural areas) with a mean age of 40.9+/−14.9 years (range 20-90). RESULTS: The prevalence of the MS diagnosed using the Adult Treatment Panel III criteria was 33.9% (1442 of 4259) and differed significantly in men (28%) and women (39.6%). The prevalence of syndrome increased with age in
men, from 10.7% in subjects aged 20-29 years to 49% in those aged over 70 years. The prevalence increased with age in women, from 9.6% in subjects aged 20-29 years to 74.6% in those aged 60-69 years, and decreased to 68.6% in those over 70 years of age. The prevalence of the syndrome was similar in urban (33.8%) and rural (33.9%) population. We found 26.8, 26.4, 19.3, 10.9 and 3.6% of the population had at least 1, 2, 3, 4 or 5 components, respectively. We found 57.2, 32.3 and 10.6% of the subjects with MS had 3, 4 and 5 components, respectively. CONCLUSIONS: The prevalence of the MS in the adult Turkish population is very high, especially in women. Our findings have important implications for public health in Turkey.

Publication Types:
Research Support, Non-U.S. Gov't

PMID: 17119546 [PubMed - indexed for MEDLINE]


Intimate partner violence against women in eastern Uganda: implications for HIV prevention.

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BACKGROUND: We were interested in finding out if the very low antenatal VCT acceptance rate reported in Mbale Hospital was linked to intimate partner violence against women. We therefore set out to i) determine the prevalence of intimate partner violence, ii) identify risk factors for intimate partner violence and iii) look for association between intimate partner violence and HIV
prevention particularly in the context of the prevention of mother-to-child transmission of HIV programme (PMTCT). METHODS: The study consisted of a household survey of rural and urban women with infants in Mbale district, complemented with focus group discussions with women and men. Women were interviewed on socio-demographic characteristics of the woman and her husband, antenatal and postnatal experience related to the youngest child, antenatal HIV testing, perceptions regarding the marital relationship, and intimate partner violence. We obtained ethical approval from Makerere University and informed consent from all participants in the study. RESULTS: During November and December 2003, we interviewed 457 women in Mbale District. A further 96 women and men participated in the focus group discussions. The prevalence of lifetime intimate partner violence was 54% and physical violence in the past year was 14%. Higher education of women (OR 0.3, 95% CI 0.1-0.7) and marriage satisfaction (OR 0.3, 95% CI 0.1-0.7) were associated with lower risk of intimate partner violence, while rural residence (OR 4.4, 95% CI 1.2-16.2) and the husband having another partner (OR 2.4, 95% CI 1.02-5.7) were associated with higher risk of intimate partner violence. There was a strong association between sexual coercion and lifetime physical violence (OR 3.8, 95% CI 2.5-5.7). Multiple partners and consumption of alcohol were major reasons for intimate partner violence. According to the focus group discussions, women fear to test for HIV, disclose HIV results, and request to use condoms because of fear of intimate partner violence. CONCLUSION: Intimate partner violence is common in eastern Uganda and is related to gender inequality, multiple partners, alcohol,
and poverty. Accordingly, programmes for the prevention of intimate partner violence need to target these underlying factors. The suggested link between intimate partner violence and HIV risky behaviours or prevention strategies calls for further studies to clearly establish this relationship.

Publication Types:
  Research Support, Non-U.S. Gov't

PMID: 17116252 [PubMed - indexed for MEDLINE]


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BACKGROUND: In Vietnam, illnesses create high out-of-pocket health care expenditures for households. In this study, the burden of illness in the Bavi district, Vietnam is measured based upon individual household health expenditures for communicable and non-communicable illnesses. The focus of the paper is on the relative effect of different illnesses on the total economic burden of health care on households in general and on households that have catastrophic health care spending in particular. METHODS: The study was performed by twelve monthly follow-up interviews of 621 randomly selected households. The households are part of the FilaBavi project sample--Health System Research Project. The heads of household were interviewed at monthly intervals from July 2001 to June 2002. RESULTS: For the population in the Bavi
district, communicable illnesses predominate among the episodes of illness and are the reason for most household health care expenditure. This is the case for almost all groups within the study and for the study population as a whole. However, communicable illnesses are more dominant in the poor population compared to the rich population, and are more dominant in households that have very large, or catastrophic, health care expenditure, compared to those without such expenditures. CONCLUSION: The main findings indicate that catastrophic health care spending for a household is not usually the result of one single disastrous event, but rather a series of events and is related more to "every-day illnesses" in a developing country context than to more spectacular events such as injuries or heart illnesses.

Publication Types:
Research Support, Non-U.S. Gov't

PMID: 17107619 [PubMed - indexed for MEDLINE]


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BACKGROUND: Understanding the epidemiological HIV context is critical in building effective setting-specific preventive strategies. We examined HIV prevalence patterns in selected communities of men and women aged 15-59 years in Zambia. METHODS: Population-based HIV surveys in 1995 (n = 3158), 1999 (n =
3731) and 2003 (n = 4751) were conducted in selected communities using probability proportional to size stratified random-cluster sampling. Multivariate logistic regression and trend analyses were stratified by residence, sex and age group. Absence, <30% in men and <15% in women in all rounds, was the most important cause of non-response. Saliva was used for HIV testing, and refusal was <10%. RESULTS: Among rural groups aged 15-24 years, prevalence declined by 59.2% (15.7% to 6.4%, P < 0.001) in females and by 44.6% (5.6% to 3.1%, P < 0.001) in males. In age-group 15-49 years, declines were less than 25%. In the urban groups aged 15-24, prevalence declined by 47% (23.4% to 12.4%, P < 0.001) among females and 57.3% (7.5% to 3.2%, P = 0.001) among males but were 32% and 27% in men and women aged 15-49, respectively. Higher educated young people in 2003 had lower odds of infection than in 1995 in both urban [men: AOR 0.29(95% CI 0.14-0.60); women: AOR 0.38(95% CI 0.19-0.79)] and rural groups [men: AOR 0.16(95% CI 0.11-0.25), women: AOR 0.10(95% CI 0.01-7.34)]. Although higher mobility was associated with increased likelihood of infection in men overall, AOR, 1.71(95% CI 1.34-2.19), prevalence declined in mobile groups also (OR 0.52 95% CI 0.31-0.88). In parallel, urban young people with > or =11 school years were more likely to use condoms during the last casual sex (OR 2.96 95% CI 1.93-4.52) and report less number of casual sexual partners (AOR 0.33 95% CI 0.19-0.56) in the last twelve months than lower educated groups. CONCLUSION: Steep HIV prevalence declines in young people, suggesting continuing declining incidence, were masked by modest overall declines. The concentration of declines in higher educated groups suggests a plausible association with behavioural change.
AIMS: To explore the relationship between family average income (FAI; an index of socio-economic status) and Type 2 diabetes in a region of mainland China.

METHODS: Population-based cross-sectional study, conducted between October 2000 and March 2001 in administrative villages (n = 45) randomly selected from three urban districts and two rural counties of NanJing municipality, mainland China, with a regional population of 5.6 million. Participants were all local residents aged > or = 35 years old (n = 29 340); 67.7% from urban areas, 32.3% from rural areas, 49.8% male and 50.2% female. RESULTS: The response rate of eligible participants was 90.1%. The overall prevalence of self-reported Type 2 diabetes was 1.9%. After adjustment for possible confounding variables (age, gender, area of residence, body mass index, educational level, smoking status, occupational and leisure-time physical activity), participants in the higher and middle FAI categories were more than twice as likely to have Type 2 diabetes as those in the lower FAI category. CONCLUSIONS: The prevalence of Type 2 diabetes is
positively related to socio-economic status (indexed by FAI) in Chinese at the population level. After controlling for potential confounding factors, people in higher socio-economic status groups are more likely to have Type 2 diabetes. These associations are consistent with other effects of epidemiological transition and identify a need for preventive initiatives.

Publication Types:
Research Support, Non-U.S. Gov't

PMID: 17054602 [PubMed - indexed for MEDLINE]


Contamination of soil with Toxocara eggs in urban (Prague) and rural areas in the Czech Republic.


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Contamination of soil with feline and canine ascarid eggs in public parks, backyards and sand pits in Prague, Czech Republic was investigated in this work. Soil samples from shelters and rural areas were also collected. The comparison of soil from different areas (urban, rural, backyards and shelters) exhibited significant difference ($\chi^2=32.16$, d.f. = 3 and $p<0.0001$). The highest rate of contamination (45%) was found in backyards inhabited by feral cats. The eggs of Toxocara spp. were found in 20.4% of parks, 10% of shelters and 5% of rural samples. Mean egg density per sample from Prague parks was 6.2 eggs/100g of
soil. In 126 composite samples from children's and pits, the prevalence of
Toxocara eggs was 11.90%. The number of eggs in positive
samples varied from 2
to 22 (per 100g). A high proportion (46.9%) of eggs was
fully embryonated. There
was no difference between the sand pits with or without
formal exclusion of dogs
(chi(2)=0.6, d.f.=1 and p<0.0001).

Publication Types:
Research Support, Non-U.S. Gov't

PMID: 17049747 [PubMed - indexed for MEDLINE]


Comparison of the Personal Health Questionnaire and the
Self Reporting
Questionnaire in rural Pakistan.

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OBJECTIVE: To apply ROC analysis to select the best
threshold scores for the PHQ
and SRQ; to compare the sensitivity and specificity of the
PHQ and SRQ against a
criterion diagnosis of depressive disorder in a community
sample in rural
Pakistan, and to examine the influence of socio-
demographic factors on
misclassification. METHODS: The study used a two-stage
design. Receiver
Operating Characteristic (ROC) analysis was used to
estimate the optimal
threshold score and to compare the ability of the Self
Reporting Questionnaire
(SRQ) and the Personal Health Questionnaire (PHQ) to
discriminate between cases
of depressive disorder and non-cases. RESULTS: The results
of the ROC analysis
suggest that the SRQ is superior to the PHQ, and at the
threshold of 5/6, the
SRQ has superior sensitivity, negative predictive value and percentage agreement compared with the PHQ. When the SRQ threshold is raised it gains specificity, and at a cut-off threshold of 7/8 it is superior to the PHQ (5/6) in all validity coefficients and percentage agreement. Only gender and the presence of a confidant had a significant effect on misclassification using the SRQ among the cases. Both questionnaires performed better for females based on comparison of the areas under the ROC curves. CONCLUSION: This study has demonstrated that the Urdu translations of both the PHQ and SRQ can be used as screening tests for depressive disorder in the Pakistani population. People with little or no education answer both somatic and psychological items with equal ease. In conclusion, the PHQ does not appear to have any advantage over the SRQ.

Publication Types: Comparative Study

PMID: 16967789 [PubMed - indexed for MEDLINE]