

Social Determinants of Health

Mary Anne Mercer, DrPH, University of Washington Dept of Global Health, Health Alliance International, Seattle, WA

APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Abstract

Your loss is my gain: Consequences of the cultural practice of sexual cleansing among widows in the Luo community of Kenya

Leso Munala, PhD, Esther Mwangi, MPH and Margaret Harris
St. Catherine University, St. Paul, MN

APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Background: Sexual cleansing is practiced in numerous African countries and has been studied in the context of understanding the spread of HIV/AIDS in Sub-Saharan Africa. However, there is limited research on sexual cleansing as a cultural practice that perpetuates sexual violence against widows. According to tradition in the Luo community in Kenya, widows are subjected to sexual cleansing. **Purpose:** The aim of this study was to explore the lived experiences of widow who have undergone sexual cleansing. **Methods:** 27 face-to-face in-depth interviews were conducted with widows 29 to 90 years old, who had undergone sexual cleansing. Participants resided in Siaya County in Southwest Kenya, the predominant location of the cultural practice. Data was analyzed using conventional content analysis, to gain an understanding of sexual cleansing from the perspective of widows. **Results:** Three salient findings of the study are: 1. Sexual cleansing is viewed as rape by widows. 2. Becoming a widow alters the social status of a woman, resulting in negative treatment by community members and social isolation. 3. Widows reported short and long-term consequences: loss of livelihood, loss of social support, and increased risk for HIV infection. **Conclusion:** These shared experiences assist in defining sexual cleansing as an act of violence against women. Identification of the practice as an act of violence against women may assist in the cessation of the practice, as well as facilitate the development of support services for those who have undergone sexual cleansing.

Other professions or practice related to public health Public health or related research

Abstract

Prevalence, patterns and determinants of multimorbidity in Jamaica – Application of latent class analysis

Leslie Craig, PhD¹, David Hotchkiss, PhD², Katherine P. Theall, PhD², Colette Cunningham-Myrie, MBBS, DrPH³, Julie Hernandez, PhD², Jeanette Gustat, PhD², Novie Younger-Coleman, PhD⁴ and Rainford Wilks, DM⁴

(1)Tulane University School of Medicine, New Orleans, LA, (2)Tulane University School of Public Health and Tropical Medicine, New Orleans, LA, (3)Department of Community Health and Psychiatry, University of the West Indies, Mona, Kingston, Jamaica, (4)Caribbean Institute for Health Research, University of the West Indies, Mona, Kingston, Jamaica

APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Background: Chronic disease multimorbidity – defined as the coexistence of two or more chronic conditions in the same individual – is associated with impaired functioning, more frequent and complex patterns of health service use, lower quality of life and higher mortality. While vulnerability to the accumulation of conditions may be heightened by the common etiology and shared pathogenesis of many non-communicable diseases (NCDs), susceptibility is further embedded in social, economic, and cultural contexts with important

differences across high- and low-income settings in the prevalence, patterns and determinants of multimorbidity. Despite high prevalence of individual NCDs, exploration of the social epidemiology of multimorbidity within the Caribbean region remains sparse. This study aims to determine the prevalence, patterns and determinants of multimorbidity in Jamaica to better inform prevention and intervention strategies.

Methods: Latent class analysis (LCA) was used to examine multimorbidity patterns in a sample of 2,551 respondents aged 15-74 years and estimate the association between individual-level social determinants of health and class membership, using data from the nationally representative Jamaica Health and Lifestyle Survey 2007/2008. The analysis was based on the self-reported presence/absence of 11 chronic conditions.

Results: Approximately one-quarter of the sample (24.05%) were multimorbid, with a significantly higher burden in females compared to males (males: 16.11% vs. females: 31.58%; $p < 0.001$). LCA revealed four distinct profiles: a 'Relatively Healthy' class (52.70%), with a single or no morbidity; and three additional classes, characterized by varying degrees and patterns of multimorbidity, labelled 'Metabolic' (30.88%), 'Vascular-Inflammatory' (12.21%), and 'Respiratory' (4.20%). Class membership was associated with advancing age ($p < 0.001$) and recent healthcare visits ($p < 0.001$). Further, health insurance ownership (RR=0.63; $p < 0.01$) and higher educational attainment (RR=0.73; $p < 0.05$) were associated with lower relative risk of belonging to the 'Metabolic' class. Female sex independently predicted membership in the 'Vascular-Inflammatory' class (RR=2.54; $p < 0.001$).

Conclusion: This study provides a nuanced understanding of the prevalence and social patterning of multimorbidity in Jamaica, with potential to inform screening programs, health system reforms and intervention planning. Future research using longitudinal designs would aid understanding of disease trajectories and clarify the role of social determinants in mitigating the risk of accumulation of diseases.

Chronic disease management and prevention Social and behavioral sciences

Abstract

Effects of HIV-related stigma and social support on accessing healthcare in China

Chiao-Wen Lan, PhD, MPH¹, Yongkang Xiao, PhD² and Li Li, PhD¹

(1)University of California, Los Angeles, Los Angeles, CA, (2)Anhui Provincial Center for Disease Control and Prevention, Hefei, China

APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Background: The use of antiretroviral medication has transformed HIV infection from a fatal diagnosis into a manageable chronic illness. Yet, many countries continue to face challenges in increasing access to care for people living with HIV/AIDS (PLH). China is burdened by persistent disparities in care access and widespread HIV-related stigma, especially in rural areas where resources are limited. This study examines the ways in which HIV-related stigma and social support may affect the patterns of care access among PLH in rural China.

Methods: This study used a cross-sectional design. Mixed-effects models were employed to ascertain the extent to which HIV-related stigma and social support were associated with access to care, while simultaneously controlling for confounders.

Results: Higher levels of perceived stigma and affectionate support were significantly associated with lower levels of access to care (estimated difference = -0.08, $p = 0.02$; estimated difference = 0.43, $p < 0.0001$, respectively). Conversely, internalized shame and emotional support were not associated with access to care (estimated difference = -0.01, $p = 0.69$; estimated difference = 0.03, $p = 0.37$).

Conclusion: The findings imply that it may be beneficial to adopt previously successful stigma reduction interventions to enhance PLH's access to care. The results suggest the importance of examining dimensions of social support in health service research and their potential benefits for informing the development of interventions. Future study should explore how programs incorporating social support and psychosocial components may defer the adverse effects of the disease for PLH in this region.

Conduct evaluation related to programs, research, and other areas of practice
Other professions or practice related to public health
Planning of health education strategies, interventions, and programs
Program planning
Social and behavioral sciences

Abstract

Correlates of Self-Rated Health in Ukraine

Christine Johnson¹, Karissa VanSurksum² and **Lydia Homandberg**³

(1)Cornell University, Ithaca, NY, (2)Dordt University, Sioux Center, IA, (3)Auburn University, Auburn, AL

APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Self-rated health is an important measure of perceived health in a population. Research has demonstrated demographic factors associated with self-rated health in former Soviet countries like Ukraine, but lacks comprehensive diagnosis and impairment measures. The current study utilizes a nationally representative sample of N = 1,720 adults in Ukraine who were interviewed using the World Health Organization (WHO) World Mental Health (WMH) Composite International Diagnostic Interview (CIDI) – a comprehensive mental health instrument. We examine associations of demographic factors, mental disorders, and physical impairments with self-rated health in Ukraine. After controlling for age, sex, education, and financial state, urbanicity and living in a central region of the country were associated with significantly worse health (OR=1.7, 95% CI 1.0-2.8; OR=1.9, 95% CI 1.1-3.4). Additionally, self-care and out-of-role impairment were associated with significantly worse health (OR=1.9, 95% CI 1.0-3.5; OR=2.1, 95% CI 1.0-4.1). Future work should explore potential reasons for the regional and urban area association, including particular socio-economic and health factors disproportionately aggregated in the Central region and large cities. It should also examine the ways self-care and participation in social and community roles impacts wellbeing, specifically within the cultural and historical contexts of Ukraine. The results of the study have identified factors associated with self-rated health in a representative population of Ukrainian citizens and help to increase understanding of population-level indicators in this population.

Diversity and culture
Planning of health education strategies, interventions, and programs
Public health or related research
Social and behavioral sciences

Abstract

HIV testing among adolescent girls and young women in Ghana. Does Ethnicity Matter?

Ucheoma Nwaozuru, PhD¹, Chisom Obiezu-umeh, MPH², Thembekile Shato, PhD¹, Florida Uzoaru, MSc² and Juliet Iwelunmor, PhD²

(1)Saint Louis University, St. Louis, MO, (2)Saint Louis University, Saint Louis, MO

APHA's 2019 Annual Meeting and Expo (Nov. 2 - Nov. 6)

Introduction:Although HIV testing is a critical strategy for prevention and treatment of HIV, uptake of HIV testing remains low among adolescent girls and young women (AGYW) aged 15-24 years in Ghana. Several studies have examined the role of individual level factors on HIV testing, with limited focus on sociocultural factors such as ethnicity. The objective of this study was to examine the relationship between ethnicity and HIV testing among AGYW in Ghana.

Method:The 2014 Ghana Demographic and Health Survey data were used (N=3325 females). Multiple logistic regression models were used to examine the relationship between ethnicity and HIV testing, controlling for socioeconomic and behavioral variables.

Results:Ethnicity was statistically associated with ever testing for HIV among AGYW in Ghana ($p>0.05$). However, when controlling for socioeconomic and behavioral variables, there was no association between

ethnicity and HIV testing. The significant predictors of HIV testing were: marital status, multiple sexual partners and condom use. AGYW who were married (aOR=4.56, CI:3.46-6.08) or previously married (aOR=4.30, CI: 2.00-9.23) were more likely to test for HIV compared to those who were never married. Also, having multiple sexual partners (aOR=0.41, CI: 0.20-0.85) and condom use (aOR= 0.56, CI:0.38-0.84) were associated with lower odds of HIV testing.

Conclusion:Our findings provide evidence that ethnicity is associated with HIV testing among AGYW in Ghana. However, this association is attenuated when behavioral and socio-economic factors are accounted for. This suggests that differences in behavioral and socio-economic factors across ethnic groups may be the major driver of HIV testing variations among AGYW in Ghana.

Public health or related education Public health or related research Social and behavioral sciences

