HIV/AIDS STATUS IN A HILL-TRIBE POPULATION, THAILAND

Introduction We aimed to describe the current HIV/AIDS situation, sexual behaviours, access to care and survival time in the six main hill-tribe people in Thailand; Akha, Lahu, Karean, Mong, Yao, and Lisaw This is where much of the epidemic of HIV/AIDS in Thailand occurs.

Materials and Methods Using a retrospective cohort study design we systematically extracted data from the medical records of hill-tribe HIV/AIDS patients from a total of 57 hospitals. We also studied risk factors by administering a questionnaire delivered by fact-to-fact interview. The questionnaires had been tested for validity and reliability. Statistic analyses were contribute by Survival Analysis and Cox-Regression

Results A total of 608 cases came from 37 hospitals. Only 581 cases were included in the analysis. 64.9% of cases were female, 39.6% aged 26–55 years at diagnosis, 94% infected from their spouse, 22.6% were infected by sexual intercourse and 6.2% by IDU. 48.9% received ARV and 47.1% received OI drug. Survival analysis found that those who received ARV had a 50% survival time of 12.4 years (p<0.001) and those who received OI had a 50% survival time of 6.0 years (p<0.001). Cox-Regression showed that having receiving ARV, OI, female sex, religion were factors favouring improved survival time. In addition, among men: 19% gave a history of IDU, 63% had their first sexual experience below age 20 years, 25% had 2 or more partners, and 27% reported using condoms. Among females: 10% had work as masseuses, and 8% as sex workers.

Conclusions This study shows that a given our knowledge of HIV/AIDS there is scope for peer education among hill-tribe people, especially with regard to promoting condom use.

TOTAL AND CHRONIC DISEASE MEDIATED EFFECTS OF EDUCATIONAL ATTAINMENT ON MULTI-DIMENSIONAL HEALTH SCORE

Introduction Education, chronic disease, and other factors such as occupation play a role in how one perceives and reports their health. The interrelationships of these factors are not well understood; specifically it is unclear how much of the education contribution can be explained through other factors such as chronic disease and whether this varies by world region and by gender. In this paper we quantified the total and mediated associations between educational attainment and multi-dimensional health score spanning eight health domains, across the world stratified by world region, national income, and gender.

Methods Using hierarchical regression methods to analyse World Health Survey data on 146,561 individuals in 51 countries, we estimated the influence of education on a multidimensional health score that is calculated using self-reported assessments of eight global states of general health. We quantified both the total effects and effects not mediated by chronic disease status and occupation, with(out) stratification by world region, national income, and participant gender.

Results We found that individuals with no formal schooling consistently reported the lowest levels of health. How occupation and chronic disease mediated this association varied widely by world region and national income. Chronic disease status and occupation accounted for much more of this relationship in developed regions and higher income countries. On average, the results for women reflected an increased importance of education on health score compared with men.

Conclusions Western and wealthy countries and regions and women appear to be more successful at converting their educational attainment into better health.

DEMAND AND SUPPLY SIDE DETERMINANTS CAUSING LOW ORS AND ZINC USE RATE FOR DIARRHOEA TREATMENT AMONG CHILDREN IN UTTAR PRADESH (UP), INDIA

Introduction Several studies have established the significance of ORS and Zinc in management of diarrhoea—ORS in terms of reducing the level of dehydration and Zinc for reducing the frequency, severity, duration and future episodes of diarrhoea - thereby contributing towards reducing child-mortality. The state of UP has an overall ORT use rate of only 29.2% in contrast to 88.4% in Meghalaya state and national average of 53.6%.

Objective The main objective of this analysis is to identify the bottlenecks in prescription, accessibility, availability and utilisation of ORS and Zinc for management of diarrhoea in the community in the state of UP.