Introduction

Physical activity is now recognised as an important determinant of health status. Thus it is important to explore its relation to mortality in transitional populations.

Methods

We examined the association between self-reported physical activity and mortality in a rural adult cohort numbering over 70,000 in southern India in the first 5 years of observation, from 2001 to 2006. The scores assigned under occupational and non-occupational recreational categories based on previous studies, were added to arrive at a total activity score. Based on this, we categorised subjects into those with mild, moderate, and heavy physical activity.

Results

There is an inverse relationship between death rate and physical activity, with a much greater effect in women, true for both all cause and cardiovascular mortality. The effect is more pronounced in smoking males compared to non-smoking males. The protection offered by physical activity is also more evident in pronounced in smoking males compared to non-smoking males. The conclusion confirms the large variation in disease mortality, with Maori and Pacific personnel suffering to a disproportionately greater extent. These historical results serve as a reminder that tackling health inequalities is a long-term commitment that requires ongoing public health attention.
Results 8 papers and reports which contributed to the final model. The proportional meta-analysis showed a pooled proportion positive for chlamydia of 7.7% (95% CI 5.2% to 10.6%). All the studies were reported on <24 years age group and there was only limited data on males. Hence no separate analyses were performed according to age group or gender. Chlamydia screening programs in community pharmacies tend to be targeted at certain client groups for example, young people, those seeking emergency contraception in pharmacies. Studies reviewed reported that clients and pharmacists find chlamydia services via community pharmacy broadly acceptable. However the uptake of the service was much lower than expected and tended not to include men and ethnic minorities.

Conclusion The reported prevalence of chlamydia infection in pharmacy setting is similar to estimates from general practice thus giving wider choice of care to young people. This new approach is acceptable to both young people and pharmacists. Encouraging men and ethnic minorities to access community pharmacy based chlamydia services remains a challenge.

Introduction Despite improvements in tobacco control smoking is the leading, preventable risk factor for premature death and disability in Hungary. The purpose of this study was to identify the determinants of smoking and quitting in Hungary.

Methods The first wave of a quantitative longitudinal study was delivered in 2009. A sample of individuals (n=2250) aged 16–70 years was selected from the seven geographical regions of Hungary. The survey was conducted through self-administered questionnaires. \( \chi^2 \) test and one-way ANOVA were applied to compare smokers who attempt to quit with smokers without intentions.

Results One-third (33.2%) of interviewed were current smokers, 17.6% were ex-smokers, and 49.1% non-smokers; the prevalence of smoking was significantly higher in men and lower educated respondents. Actually 48.0% of smokers wanted to quit smoking, 29.5% didn’t and 22.5% was uncertain. Age, gender, education and marital status had no effect on behaviour, but the knowledge about the various risks of smoking (\( p<0.001 \)) and the support for tobacco control in public places (\( p<0.001 \)) were significantly higher among smokers who wanted to quit smoking.

Conclusion The improvement of knowledge and the implementation of anti-smoking policy can support the decision making about quitting smoking independently from socio-demographic factors.

This publication was made possible by Grant Number 1 R01 TW007927-01 from the Fogarty International Center, the National Cancer Institute, and the National Institutes of Drug Abuse, within the National Institutes of Health (NIH). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the NIH.

Introduction The high mortality of cervical cancer is a public health problem in Hungary. The risk of cervical cancer is increased by the human papillomavirus (HPV) infection. The awareness of HPV associated diseases and HPV vaccination plays an important role in the prevention. The purpose of this survey was to assess the knowledge about HPV and its prevention among adolescent girls.

Methods A self-administered questionnaire concerning knowledge of HPV, cervical cancer and vaccines were applied. Altogether 589 girls (aged 14–18) taking part in a short course about sexual and reproductive health were involved; the questionnaires were completed before the education. SPSS for Windows version 17.0 was used to analyse the results.

Results Half of the girls were sexually active, 75.6% of them began sexual activity at 15–17 ages; the mean age was 15.59 years. Only 49.9% of the respondents identified correctly that HPV is a sexually transmitted infection. The girls being familiar with this fact were more informed about the various ways of HPV transmission. In general, the awareness of HPV transmission was very low (0.8% gave totally correct answer). 34.8% of the sexually active girls thought that using a condom completely prevent HPV infection. 47.9% have heard about the HPV vaccine.

Conclusion This survey indicated that adolescent girls have low level knowledge about HPV, although they are sexually active. Serious misconceptions exist about specific aspects of the disease. Improvements in the sexual education in the upper primary schools are needed to encourage the prevention of cervical cancer in Hungary.

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