



# IHDP Open Meeting 2009

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Global Environmental Change

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UN Campus  
Bonn, Germany

The Social  
Challenges of  
Global Change

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## Environmental Change, Health and Public Health

Location: World Conference Center Bonn, Room G

Convenor: Thomas Krafft, GEOMED Research, Bad Honnef

As stated by the World Health Organization, “environmental health addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviors. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments.” While this definition excludes behavior not related to environment and all behavior related to the social and cultural environment, and genetics this sessions shall bridging these things. Changing environments, lacking access to health care services and insufficient public health are related and closely and bonded in various issues with each other. This session will follow-up on these issues and shall lead consequently to results which shall refer to starting points of sufficient public health.

### Environment change, health and health care in the rural of China

Presenters: Wuyi Wang and Linsheng Yang, Institute of Geographic Sciences and Natural Resources Research, Chinese Academy of Sciences, China

Authors: Wuyi Wang (1), Linsheng Yang (1), Yonghua Li (1), Hairong Li (1)

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**Introduction:** The environment has significantly changed during the past 50 years in China due to the intense anthropogenic activities and the global environmental changes. With the environmental change, the health risks have become important factors to national security in China. To deal with environmental change and health in China, study on health risk and the health care system re-construction for farmers has been conducted.

**Methods:** Multi-factors analysis has been applied.

**Results:** Traditional environmental and health hazards such as endemic diseases and infectious diseases are still prevalent in rural area; while at the same time health hazards associated with economic development and lifestyle change such as hypertension, diabetes can be seen in rural areas as well; the public health expenditure of China increased rapidly since 1980s but the government investment decreased simultaneously, therefore the differentiation of health care delivery becomes enlarged.



Discussion: Health care for rural community in fact is the equity problem, although government has realized that they should pay more attention on the health care system in rural area, but the re-built system should be improved in many aspects further.

## Reproductive Health Problems And Access To Health Care Facilities Of Poor Women In Tongi Slums And Two Villages Of Gazipur : A Geographical Analysis

Presenter: Nahid Rezwana, Dhaka University, Bangladesh

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The most common health hazards of Bangladeshi women are the reproductive health problems which are indicated by the high maternal mortality rate (4.0 per 1000 live births). In the present study an attempt has been made to find the different reproductive health problems and factors influencing accessibility to the healthcare facilities of poor women. In view of these objectives, slums of Tongi paurashava as the urban area and two villages from the Gazipur District of Bangladesh as the rural study area have been selected. About 800 poor women were surveyed in the reconnaissance where as in the detailed survey about 200 poor women were surveyed from the both study areas. To collect the information about the types and cost of the prevailing health services, some selected health care centers have been surveyed from the study areas. From the research, it is found that more than 40% women have lost their children and 20% have miscarriages. More than 30% women do not get any treatment for the menstrual problems and more than 30% suffer from the side-effects of the contraceptives. Again, the accessibility to the health care centers is influenced by different factors such as age , education, occupational status of women, family income ,prevailing health care facilities and transport system and social attitude. By analyzing the factors and incidences it is revealed that although slum women are living in the middle of the health care facilities no significant differences have been found among these two areas.

## HIV/AIDS Knowledge, Beliefs, and Practices in Southeastern Uganda

Presenter: Dawn Parker, George Mason University, United States

Authors: Maction Komwa (1), Kathryn Jacobsen (2), Dawn Parker (3)

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We conducted a cross-sectional survey about HIV/AIDS knowledge, beliefs, and practices with 322 adults living in southeastern Uganda in 2007. 17.4% were HIV-infected, 37.3% did not have HIV but were from HIV-affected households, and 45.3% were from HIV-unaffected households. More than 90% of the participants were highly knowledgeable about HIV transmission and identified one or more prevention methods. Two key HIV health beliefs were expressed by participants. First, 92.9% of participants reported believing that people with HIV infection should work less to save energy even if they are healthy enough to engage in labor. Second, 91.6% reported believing that people with HIV infection should eat a special diet that is high in fruit and vegetable intake. Our preliminary



results showed no differences in reported workloads by HIV-status. Furthermore, our results showed that participants with HIV-infection reported eating more fruits ( $p=0.020$ ) and vegetables ( $p=0.012$ ) than other household members. The efficacy of these health practices in promoting longer, healthier lives for HIV-infected people has not been studied, but our findings suggest that it is important for researchers to further explore these beliefs and practices.

Key words: knowledge, beliefs, HIV/AIDS, Uganda, HIV-infected, HIV-affected, HIV-unaffected

## Global Change, Urbanisation and Urban Health in a Small Island Developing State: Challenges in Fiji

Presenter: Manoranjan Mohanty, Centre for Development Studies,  
The University of the South Pacific, Fiji

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Global change, urbanisation and urban health are closely linked. Urbanisation, a dominant process of global change, has brought in changes in consumption patterns, resulting in growing dependence on non-traditional, imported and processed food and changing the disease patterns. Water & sanitation crisis, solid waste problem and housing crisis & growing squatters all are contributing to rapid environmental changes and have serious implications to health. Environmental degradation, climate change and changing life style that are associated with urbanization process have bearing on human health. The climate & weather changes in terms of heat or cold and/or dryness / humid condition are making the city dwellers prone to illnesses. The small Island Developing States such as Fiji Islands is no exception and is affected simultaneously by global and local environmental changes and urbanization. The incidence of waste, water-borne, respiratory and life-style diseases such as diabetics and cardio-vascular diseases are on the rise. The analysis is primarily based on urban household survey. The question arises - How do we deal with demographic challenges & rapid urbanization? What are the shifting patterns of diseases and the emerging urban health challenges? How does urban health system cope with growing health challenges?

The purpose of the paper is to bring out linkages between global change, urbanization and urban health. It explores the impact of urbanization in shifting patterns of diseases in urban setting of a Small Island Developing State such as Fiji Islands and examines the policy implications to the urban health challenges.