GLOBAL ENVIRONMENTAL HEALTH LAB

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Collection on Global Environmental Health

Research and Best Practices

Volume 1

Abstracts and Narratives

October 26, 2022

Santa Monica, CA, USA

ISSN Pending

gehlab.org

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Primary Goal: SDG 3 Good Health and Well-Being

Public Health Challenges and Opportunities during Covid-19 Pandemic with Penthahelix Role Optimization in the City of Bandung

Dr.Ira Dewi Jani, MT

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Narrative
The purpose of this presentation is to provide an overview of the development of the Covid-19 pandemic and health services during the pandemic, the challenges, opportunities and the role of the pentahelix. Covid-19 cases in the city of Bandung are currently experiencing a significant decline, and other health services have increased. Epidemiological description of the Covid-19 of Bandung City from early March 2020 to October 2, 2022 with a total of 95,415 confirmed positive cases, with details of 42 active confirmations, 1,484 confirmed deaths and 93,507 confirmed recoveries. Various challenges were faced at the beginning of the Covid-19 pandemic, including logistics, tracing was not optimal, laboratory took a long time, human resources were felt to be lacking in several other health services, the need for beds and ICUs increased. The form of handling in dealing with Covid-19 in the City of Bandung is by issuing 51 legal products in the form of circulars, regulations, decisions of the Mayor and the Bandung City Health Office. The pandemic does not only pose challenges but also many opportunities, one of which is the use of Information and Communication Technology (ICT). Information and Communication Technology has become a lifestyle of the community and is also a major need in facilitating the implementation of health activities and services, with the existence of ICT community services can be carried out anywhere and anytime. The city of Bandung optimizes the role of pentahelix (government, community, academics, private sector, media and business community), so that it is able to control Covid-19 cases and improve health services. Conclusion: These results are expected to provide an overview for policy makers in formulating health service strategies to be more optimal.

Keywords: COVID-19, Indonesia, Information communication technology, pentahelix

Relevant goals: SDG 17 Partnerships for the Goals

Primary goal: SDG 3 Good Health and Well-Being

Research

Understanding Vaccine Hesitancy in Java, Indonesia

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Abstract
Objective: To understand risk factors associated with vaccine hesitancy in Indonesia.
Methods: A cross-sectional survey was conducted in Java, Indonesia to assess knowledge and perception, as well as family and religious influence on vaccine uptake.
Results: Family communication increased odds of being hesitant to get vaccinated (n = 69). Specifically, the significant responses included family that can listen to family members' concerns or problems (OR 8.1 95% CI [1.7, 37], p = 0.005) and can define problems positively to solve them (OR 4.4 95% CI [1.2, 17], p = 0.028). Refusal was associated with believing that the COVID-19 vaccine was developed too quickly without proper research and is not safe (OR=15.1 95% CI [3.1, 75], p < 0.001), not needing a vaccine if you've been infected with COVID-19 (OR 16.6 95% CI [3.4, 156], p = 0.02), and the vaccine does not always work so I should not bother to get one (OR 16.9 95% CI [1.4, 211], p = 0.043). Religion (e.g. Muslim (77%), Christian (9%), Protestant (9%), Catholic (3%), and Hindu (3%) in the participants) was showed associations with vaccine refusal by believing religion influences other-health related actions currently (OR 14 95% CI [1.6, 121], p = 0.005).
Conclusion: Family relations and religious organizations have played important roles in promoting the COVID-19 vaccine in Indonesia. This pilot study revealed that they could also influence individuals' vaccine hesitancy and refusal. Further research should be done to understand best ways to debunk misinformation, and reduce vaccine hesitancy.

Keywords: vaccine hesitancy, global health, health promotion and education, misinformation

Relevant goals: SDG 10 Reduce Inequality, SDG 16 Peace, Justice, and Strong Institutions

Primary goal: SDG 7 Affordable and Clean Energy

Chernobyl Revisited: Nuclear Power and the War in Ukraine

Nicholas Hryhorczuk, Ph.D.

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Narrative
On February 24, 2022, Russia invaded Ukraine and captured the Chernobyl Exclusion Zone. In early March, they occupied the Zaporizhzhia Nuclear Power Plant (ZNPP). These are the world's first military occupations of civilian nuclear power plants. Ukraine has four nuclear power plants, which prior to the war provided 50% of the domestic energy needs. The military takeover of nuclear power plants poses risks of catastrophic release of radiation not only from breaching the integrity of the reactors but also from disruption of electrical power used to cool the reactors and spent fuel rods. When we consider the risks and benefits of nuclear power, we need to also consider the risks of what were previously believed to be low probability events. Since 1986 we have had two Level 7 accidents, at Chernobyl and Fukushima, resulting in catastrophic releases of radiation. Russia's military takeover of the ZNPP threatens an even larger scale disaster. Proponents of nuclear power tout the safety of modern plants and the benefits of clean energy, but the world continues to discount for variables such as human error, tsunamis, and war. When Russia took control of the CEZ and ZNPP, they reminded the world that a greener future is still far away.

Keywords: Ukraine, Russia, Chernobyl, low probability events

Relevant Goals: SDG 7 Affordable and Clean Energy, SDG 16 Peace, Justice and Strong Institutions

Primary goal: SDG 5 Gender Equality, SDG 16 Peace Justice and Strong Institutions

Applying an Ecological Model of Health Behavior to Prevent Sexual Assault in Youth Sports with #WeRideTogether

Katrina Jacoby

#WeRideTogether, Seattle, Washington, US

Narrative

Sexual abuse in atheltics is a long standing issue but has only recently been recognized as a problem in the United States. Up to 60% of American youth partakes in athletic endeavors(1). Athletics can boost confidence and increase social/academic standing in addition to teaching lessons in teamwork, work ethic and leadership. However, in athletics, the power imbalances between coach and athlete can present problems particularly with fostering abusive practices. According to #WeRideTogether "up to 50% of athletes experience sexual abuse"(2). A study comissioned by Lauren's Kids found that 25% of college athletes "report experiencing instances of sexual assault or harassment by someone in a campus leadership position" (3) often with personnel in power aware of the issue. Sexual abuse between athletes and coaches is underreptorted due to a number of issues: shame, denial/lack of understanding, fear of retaliation or that no one will believe them are common causes (4). One statistic said that "the average abuser will have 100 or more victims before they are caught" (2). The most reported psychological effects are anxiety, depression, sleep disorders, panic attacks, dissociation, eating disorders and PTSD. Physical effects include self harm, weight fluctuations, drug use, STDs, pregnancy, UTIs and suicide (5). There is increasing evidence that abuse and trauma can affect the physiology of the victim's brain even years after the abuse has occurred resulting in abnormalities in the frontal regions, hippocampus and corpus callosum(6)(7).
#WeRideTogether is a nonprofit dedicated to preventing sexual assault in youth sports. Their intervention strategy is to provide education on the topic, support survivors, families and potential partners as well as improving access to resources for survivors. By applying an ecological model of health behavior to #WeRideTogether one can understand contextual factors involved with abuse in youth sports and inform how #WeRideTogether moves forward in their mission.

Keywords: Sexual assault, abuse, athletes, youth, ecological model of health behavior

Relevant goals: SDG 4 Quality Education, SDG 10 Reduced Inequalities

Primary goal: SDG 8 Decent Work and Economic Growth

The Roles of Power in Work Equity

Rachael Jones, Ph.D

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Narrative
Sustainable development goals include decent work and reduced inequalities. Moving towards these goals will improve the health, safety and well-being of workers, their families and communities, but there are many social norms, practices, policies and regulations that limit the ability of individuals and groups that experience safe, healthy work. This presentation will discuss how to identify and understand the source of barriers to safe, healthy work for all workers; and specifically, consider the role of power in sustaining and breaking down these barriers.

Keywords: work equity, role of power, safe and healthy work

Primary goal: SDG 3 Good Health and Well-Being

Research

Patient Perceptions of Postpartum Readiness: A Survey Study

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Abstract

Background: Access to quality sexual and reproductive healthcare and education is a global priority set forth by the Sustainable Development Goals. The postpartum period is critical for the physical and psychosocial wellbeing of parents and infants, yet there is sparse literature on best practices for preparing expectant parents for postpartum.[1] The objective of the study was to evaluate factors affecting perception of readiness for the postpartum period to identify potential areas for improvement in medical practice to increase postpartum preparedness.

Methods: Anonymous surveys from 50 patients up to six weeks postpartum was collected using a modified version of the Perceived Readiness for Discharge After Birth Scale[1] at two obstetrics/gynecology clinics in Miami. Data was analyzed using simple and multivariable regression models to assess for factors significantly associated with perceived postpartum preparedness.

Results: Multiparous patients were significantly more likely (OR; 95% CI) to feel ready for the postpartum period compared to primiparous patients (35.2; 1.91-3.21). Age, race, ethnicity, education, civil status, breastfeeding, delivery type, and insurance coverage were not found to significantly influence perception of postpartum readiness.

Conclusion: To ensure universal preparedness for postpartum, we recommend providing comprehensive postpartum resources for patients, especially primiparous patients. Healthcare systems should also consider additional time in prenatal appointments for patient education and questions. Providers should be mindful of assumptions made about postpartum readiness based on factors such as race, ethnicity, level of education, and instead provide comprehensive postpartum education to all first-time parents.

Keywords: maternal health, sexual health education, reproductive health education, postpartum

Relevant goals: SDGs 3 Good Health and Well-Being, SDG 4 Quality Education, and SDG 5 Gender Equality

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