



17TH WORLD CONGRESS ON PUBLIC HEALTH 2023 May 2-6 ROME ITALY

ABSTRACT BOOK



Abstract book by:





ORGANISING COMMITTEE

CMC

The three organising partners of the 17th World Congress on Public Health established a Congress Management Committee (CMC) consisting of representatives of WFPHA, SItI, ASPHER and the PCO. The CMC has the full managerial and financial management responsibility for the Congress.

Chair: Walter Ricciardi

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Luis Eugenio de Souza – WFPHA
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ICC

The International Congress Council (ICC) consisted of the Congress Management Committee and international public health experts representing various regions of the WFPHA, international health organisations, European health non-governmental organisations and Italian universities and institutes. The ICC in particular develops, in consultation with the CMC, the scientific programme including subthemes and plenary programme of the WCPH and identify speakers/panellists/moderators of the plenary sessions.

Chair: Walter Ricciardi

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ISC

The International Scientific Committee (ISC) consists of experienced public health experts from around the world nominated by WFPHA, SItI and Aspher. It mainly advises the ICC on scientific matters of the conference and contributes to the scientific evaluation of the conference. We would like to thank the ISC for their support.

Aim & Scope

Population Medicine is an open-access double-blind peer-reviewed scientific journal that encompasses all aspects of population, preventive, and public health research including health care systems and health care delivery. Its broader goal is to address major and diverse health issues, to provide evidence-based information to professionals at all levels of the health care system, and to inform policymakers who are responsible for the formation of health policies that can lead to evidence-based actions.

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lockdown pa levels do not match pre-lockdown pa levels, with a "Polarization" of pa frequency. In fact, the percentage of children/adolescents who reportedly never or rarely did pa and the percentage of those who did pa with a high frequency both increased post-lockdown, whilst the percentage of those who did pa two/three times per week halved. No gender differences were found.

Conclusion: Our results show that the current pandemic has had a strong impact on the well-being of children and adolescents. It appears to have affected mainly adolescents, and even after the end of the national lockdown, pa levels decreased significantly.

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Suicidal ideation in adolescents during the COVID-19 pandemic: prevalence and risk factors from a cross-sectional study in Geneva, Switzerland

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Background and Objectives: Pandemic-related life changes may have had a deleterious impact on suicidal behaviours. Early detection of suicidal ideation and identification of subgroups at increased risk could help prevent suicide, one of the leading causes of death among adolescents worldwide. We aimed to investigate the prevalence and risk factors for suicidal ideation in adolescents, two years into the COVID-19 pandemic.

Methods: A population-based sample of adolescents (14-17 years old) included in a prospective cohort between December 2021 and June 2022 were invited to fill in an online questionnaire and were asked about suicidal ideation ("In the past 12 months, have you thought about suicide?"). We conducted a network analysis which identifies direct and indirect risk factors using mixed graphical modelling.

Results: Among 505 adolescents, 15% (95%CI: 11.7-18.1) declared having experienced suicidal ideation over the previous year, and 2.5% (95%CI: 1.4-4.4) declared having ever attempted suicide. Using network analysis, we identified that strong psychological distress, belonging to a sexual minority (lesbian/gay/bisexual), low self-esteem and extensive screen time were direct risk factors for suicidal ideation. In addition, female gender, addiction to social media, bullying and health compromising behaviors (smoking/drug/alcohol use) were recognized as major indirect risk factors, as connected through intermediate risk factors. Parent/adolescent relationship had the highest centrality strength in the network analysis, hence substantial influence on the network information.

Conclusion: An alarming proportion of adolescents declared having had suicidal thoughts over the previous year, especially those with strong psychological distress, low self-esteem, belonging to a sexual minority or with extensive screen time. Research suggests that these risk factors were likely exacerbated by pandemic-related societal changes. Parent/adolescent relationship was identified as a strong influential domain on which targeted preventive efforts could have a considerable impact on reducing suicidal ideation.

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A systematic review of the global implementation and impact of non-invasive prenatal testing (NIPT) during prenatal screening for Down's syndrome

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Background and Objective: Non-invasive prenatal testing (NIPT) is an accurate and non-invasive screening test for Down's syndrome (DS) that has been recently implemented into antenatal screening programmes worldwide. This review provides a current understanding of the extent of NIPT use in national antenatal screening pathways and its impact on the reproductive choices made during pregnancy, invasive prenatal diagnosis (IPD) and terminations, and on live births of babies with DS.

Methods: A systematic review of studies and guidelines describing the

implementation of NIPT and its impact on reproductive choices and pregnancy outcomes. Screening and data extraction was completed independently by two researchers, along with hand-searching to identify national guidelines. Narrative synthesis, descriptive analysis and meta-analysis (where possible) were used to evaluate the implementation of NIPT, its uptake, and impact on pregnancy outcomes. Quality was assessed using the Down's and Black quality assessment tool.

Results: In total, 27 countries or states were identified offering NIPT as part of a national screening programme (n=23 studies or national guidelines). NIPT was implemented as either a first- or second-line screening test, and was patient-funded, covered by insurance or healthcare system. Most often, NIPT was a contingent test (n=16) for higher chance of DS pregnancies. In some countries, NIPT implementation resulted in a reduction of IPD procedures. Cultural and societal attitudes to prenatal testing are often cited as an influence on the uptake of NIPT. Preliminary meta-analysis results find no significant difference in the reported terminations or live births of babies with DS following NIPT implementation.

Conclusion: Implementation of NIPT into antenatal screening programmes is highly variable between countries, dependent on pre-existing prenatal testing and healthcare provisions. Further monitoring of the impact of NIPT and studies exploring the reasons behind differential uptake of screening and reduction in IPD are important to inform future public health initiatives.

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Household head- an unspoken crucial dimension to improve maternal healthcare services utilization in Bangladesh: evidence from nationally representative surveys

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Background and Objective: Bangladesh, a lower-middle income country is enormously struggling to reduce the high maternal mortality ratio (196 per 100,000 live births) which got stagnant at the level of 2010. Poor maternal healthcare (MH) services utilization could be attributed to this stagnation. MH programs mostly overlook the household head (HH)- the most influential person in household decision-making in Bangladesh. This study aims to examine the role of HH and their relationship dynamics with women in MH services utilization during pregnancy and childbirth. Additionally, this study explores the possibilities of short and long-term policy actions.

Methods: This study used data from the latest nationally representative cross-sectional Bangladesh Multiple Indicator Cluster Survey 2019, Bangladesh Maternal Mortality Survey 2016, and Bangladesh Adolescent Health and Wellbeing Survey 2019-20. Antenatal care (ANC), facility birth (FB), skilled birth attendance (SBA) for home births, and care-seeking for maternal complications were assessed as MH services. The role of HHs' education and relationship dynamics were examined through multivariate regressions and marginal effects. Spatial hotspot analyses were performed to generate policy suggestions.

Results: After controlling for pregnancy complications and all other confounders, the adjusted odds of at least four ANC visits, FB, SBA in home births, and facility-based care seeking for pregnancy complication monotonically decreased by lower levels of HH education. Marginal effects of HHs' education across different level of ANC visits indicates that less educated HHs diminish the maximum benefits of ANC in facilitating FB. Hotspot analyses revealed low-level of education among HHs and male adolescents of the eastern region, while the coverage of mobile phone ownership among HH was high there.

Conclusion: This study warrants integrating household heads into MH programs. Mobile phone-based awareness programs targeting household heads can be the immediate call for action, while averting school dropout among male adolescents can be the long-term strategy.

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The use of traditional medicine practitioners for childhood illness in sub-Saharan Africa

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Methods: We utilized extracted Demographic and Health Surveys (DHS) data collected between 2010 and 2021 among 353,463 under-fives children from 32 SSA countries. Our outcome variable was the use of TMP for childhood illnesses (diarrhea or fever/cough or both). We used STATA v14 to conduct meta-analysis and two-level multivariable modeling.

Results: Approximately [2.80% (95%CI: 1.88-3.90)] women who sought healthcare for childhood illnesses utilised the service of a TMP with the highest in Ivory coast [16.3% (95%CI: 13.87-19.06)] followed by Guinea (13.80% (95%CI: 10.74-17.57)) to the lowest in Sierra Leone [0.10%(95%CI:0.01-1.61)]. Women with no formal education [AOR=1.62;95%CI:1.23-2.12], no media access [AOR=1.19;95%CI:1.02-1.39], who lived in a household headed by a man [AOR=1.64;95%CI:1.27-2.11], without health insurance [AOR=2.37;95%CI: 1.53-3.66], who considered it a problem getting permission to visit a health facility [AOR=1.23;95%CI:1.03-1.47] and perceived the size of their children at birth to be above average[AOR=1.20;95%CI:1.03-1.41] had higher odds of using TMP for childhood illness.

Conclusion: Despite the low usage of TMP for childhood illness, our findings highlight that TMPs continue to have a role in managing childhood illness in SSA. It is essential that policymakers and service providers consider the potential role of TMPs in designing, reviewing and implementing child health policies and interventions in SSA. Also, child health policies and interventions should be focused on the characteristics of women who use TMPs for childhood diseases identified in our study.

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Acceptance of influenza and Sars-CoV 2 vaccines co-administration in pregnant women according to health action process approach

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Background and objectives: Infectious diseases contracted during pregnancy, such as influenza and COVID-19, are associated with a greater probability of developing adverse events (perinatal mortality, spontaneous abortions, etc). The Center for Disease Control and other international health authorities recommend co-administration of Influenza and SARS-CoV2 vaccines in pregnant women. In Italy, there is no systematic recording of data on vaccination status for pregnant women. The aim of this study is to assess the acceptance by pregnant women of Influenza and COVID-19 vaccines co-administration.

Methods: A cross-sectional study was carried out on pregnant women at ARNAS Civico-Di Cristina-Benfratelli Hospital of Palermo, by administering a questionnaire based on the Health Action Process Approach model. It was detected difference among women who accept or not vaccine co-administration. Subsequently, it was performed a multivariable logistic analysis for women who accepted co-administration using Stata MP14.2 statistical software.

Results: Overall 120 pregnant women were enrolled in the study. Of them 33.3% (n=40) would receive co-administration during pregnancy. The women predominantly are married and graduated. The main source of information on vaccinations is the gynecologist followed by the family doctor. The multivariable analysis shows the positive expectation on co-administration (reduction of complications for mother and newborn) was associated to a greater vaccine acceptance (aOR 2,07;IC% 1,15-3,73). The higher self-efficacy of women (influence of family context) appeared to be a further factor directly associated to co-administration adherence (aOR 2,63;IC% 1,15-4,56).

Conclusion: The vaccination campaign could focus on the positive expectation of co-administration and on self-efficacy, also involving the people surrounding the pregnant woman. In places of prenatal visits, a figure is needed to improving access to vaccines for pregnant women and train healthcare workers in the

mother-child area. Furthermore, a system that records specific data on vaccination coverage of pregnant women is needed to plan future interventions.

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Study of the role of oral health status variables in miscarriage events

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Immanuel Oktavian, Irene Adyatmaka, Adang Bachtiar The Indonesian MOH Ante Natal Care (ANC) guidelines did not include Oral Health status as a factor that plays a negative role during pregnancy and birth. This study aims to what Oral Health (OH) variables and how much it plays a role in the occurrence of Miscarriage. This research method uses secondary data from a Pilot Project of ANC Innovative at 23 locations in West-Kalimantan starting September 2021 it as 1). 254 ANCexamination cards, 2). OH examination cards, 3). End of pregnancy report, which recorded 238 births (93.7%), mainly consist of 179 Normal-Births (70.5%), Miscarriages 13 (5.1%). This study focused on the Miscarriage-(M) compared to the Normal Birth-(NB). We will divide 2 groups: 1). M - all variables were compared with NB and a T-Test. Only variables that show significant differences will be assessed as factors that play a role in miscarriage. The results: Tartar in M were 12 persons (92%), NB 132 (74%) RR=1,3. Cavities M 100% compared NB 69%RR=1,5. Purple-Plaques M 100% compared NB 85%RR=1,2. Purple and Blue Plaques M 100% compared NB 89% RR=1,1. Tartar Segments M 4,08 compared NB 3,07 RR=1,3. "Severe Dysbiosis" M 100% compared NB 74% RR=1,3. It was concluded that pregnant woman, related to oral health disorder indicate that the incidence of Miscarriage were higher between 1.1 times (up 10%) to 1.5 times (up 50%). In other words, Bad Oral Health in pregnant women is estimate to have a role of 10% to 50% higher in the incidence of miscarriage.

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Factors that provide protection against intimate partner physical violence among married adolescents in Bangladesh

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Background: Intimate partner physical violence (IPPV), perpetrated by husbands and within adolescence marriage are pervasive in Bangladesh. We examined factors associated with IPPV experienced by married adolescents ages 15-19 and tested four hypotheses: (1) adolescent girls married to relatively older husbands, (2) adolescents living in extended families with parents or parents-in-law, (3) adolescents who are minimally controlled by husbands, and (4) adolescents who have a child after marriage are protective of IPPV.

Methods: We analyzed IPPV data from 1,846 married girls ages 15-19 from a national adolescent survey conducted in 2019-20. IPPV is defined as the respondent having physical violence perpetrated by her husband at least once in the last 12 months. We implemented logistic regression models to test our hypotheses.

Results: Sixteen percent of married adolescent girls experienced IPPV. Girls living with parents-in-law or parents had adjusted odds ratio (AOR) of 0.56(p<0.001) of IPPV compared to those girls who lived with husband alone. Girls with husbands ages 21-25 years and 26 years or older had AORs of 0.45(p<0.001) and 0.33(p<0.001) of IPPV compared to those girls with their husband ages 20 and younger. Married adolescent girls who did not own a mobile phone had an AOR of 1.39(p<0.05) than girls who had a phone. IPPV risk increases with an increased duration of marriage for those with no living children but not for those with at least one living child; the risk was higher among those who had a child within the first year of marriage than those who had not yet had a child.

Discussion

Strictly adhering to the law that requires men waiting until the age of 21 to marry can reduce married girls' risk of IPPV. Raising girls' legal marriage age can minimize adolescents' IPPV and other health risks associated with adolescent childbearing.

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