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Relationship between Drinking Water and Blood Arsenic Level with Hyperkeratosis and Melanoma in Buyat Village North Sulawesi Indonesia

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Objectives: Arsenic contamination of groundwater is a severe public health crisis in Buyat Village Kotabunan Sub-district, Bolaang Mangondow Regency, North Sulawesi Province Indonesia, where the population is exposed to arsenic in drinking water through tube wells used for groundwater collection. In this study, we explored the relationship between drinking water and blood arsenic levels with hyperkeratosis and melanoma on Buyat Communities.

Methods: The research used of baseline data from subject 108, which as 54 case and 54 control who were recruited into the Health Effects (Skin lesions such as, hyperkeratosis and melanoma). This study was Case control study on the health effects of arsenic exposure from drinking water in Buyat Village. We conducted analyses with Chi-Square and Odd Ratio. **Results:** We found a strong dose-response association with all measures of arsenic exposure in drinking water and hyperkeratosis & melanoma. Arsenic levels in drinking water from tube well of Buyat Village was about 0.01-0.104 mg/L (average 0.056 mg/L). A significance was observed between in drinking water and blood arsenic levels with $p=0.000$ (Odd Ratio = 19.44 95% CI: 6.52-58.00), blood arsenic levels and hyperkeratosis & melanoma with $p=0.000$ (Odd Ratio = 15.63, 95% CI: 4.94-49.40).

Conclusions: Our study provides insight into potentially modifiable host characteristics and identifies factors that may effectively target susceptible population subgroups for appropriate interventions.

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Workplace Violence from Citizens (3): Mental Health and Welfare Center

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Objective: To clarify actual circumstances of citizens' violence at mental health and welfare center.

Method: A questionnaire study was completed with the subjects of 66 mental health and welfare center.

Results: 62.5% of the questionnaires (43 cases) were collected. 76.7% of the respondents were public health nurses. 74.4% of the facilities discussed violence in advance, when violent situation was predicted. 41.9% reported that violent situations occurred. Victims were mostly public health nurses, and violence mostly happened during telephone counseling. 95.3% of the respondents reported that they could discuss violence at their workplaces without hesitation. 16.3% of the facilities had prepared violence prevention and protection management manuals. 23.3% of the facilities had carried out in-facility trainings.

Conclusion: The study disclosed a lack of prevention plans, even though violent situations were not rare and was predicted. Because the workplaces of mental health and welfare center have basis to create a violence prevention system, further promotion is needed to develop substantial systems.

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Workplace Violence from Citizens (2): Child-Welfare Consultation Center

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Objective: To clarify actual circumstances of citizens' violence at child-welfare consultation centers.

Method: Questionnaires were completed by 217 child-welfare consultation centers.

Result: 70.5% respondents answered the questionnaires. The respondents included 69.9% males and 30.1% female. The subjects' occupations included child welfare officer (73.9%), public officer (11.1%), and public health nurse (8.5%). 45.1% of the subjects received violence, and the child welfare officers were most frequently involved in violent situations. Psychological violence happened during telephone counseling, and physical violence mostly happened during home visits. Assailant included parents as well as children at temporal protection facilities. 97.4% of the respondents reported that they could discuss violence at their workplaces without hesitation. 93.5% of the facilities had prepared violence prevention and protection management manuals when violent situation was predicted. Some concrete methods included "the number of staff," "interview place or method," "timing of police report." 43.1% of the facilities prepared violence prevention manuals, such as "self-defense and role play" and "complaint management," and practical use of them were limited to 22.2% of the facilities.

Conclusion: Violence were not only limited to physical, but also it could be threat, sexual harassment, and social violent using Information Technology. It is needed to

create a structure that has both safety management systems.

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Factors Influencing the Life Happiness among the Elderly Female in Rayong Province, Thailand

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Objective: To study the factors influencing the life happiness of elderly female in Rayong province, Thailand.

Methods: A cross-sectional survey research was conducted in 233 elderly female aged between 60-80 years by multi-stage random sampling. The data were collected from June 6th to July 31st 2008 by interviewing questionnaires. Data were analyzed by frequency, percentage, Pearson's product moment correlation coefficient and Stepwise multiple regression analysis.

Results: About half (50.2%) of the elderly female had moderate level of life happiness, followed by low (27.1%) and high level (22.7%). The factors which significantly influencing the life happiness of the elderly female were self – esteem, social support, and family relationships (p -value < 0.05). In addition, self – esteem, social support, and family relationships could significantly predict life happiness of the elderly female by 91.4 %. Whereas self – esteem had the highest predictive power of life happiness. elderly female.

Conclusion: The important factors influencing the life happiness of the elderly female were self – esteem, social support, and family relationships. To promote happiness of the elderly female, the responsible organizations should establish the activities that enhance elderly's self-esteem and also provide sufficient social support, and good family relationships, to maintain their life happiness.

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Social Gradient in Health of Schoolchildren in Kazakhstan

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Background: The social gradient in health has been shown to be one of the dominant features affecting the health situation. This study attempts to examine the socioeconomic state and investigate the relationship between socioeconomic state and health and bad habits among schoolchildren in Kazakhstan.

Methods: The form based on the WHO for Health Behavior in School-aged Children Study, has been used. The Family Affluence Scale (FAS), with the higher level of family socioeconomic state - FAS 3, was used for indication of social inequality as well correlated with macroeconomic measures on national level. Binary logistic regression with comparison for odds ratios (OR)

for the variables for socioeconomic determinants was done in Epi -Info Program 3.5.

Results: Odds ratios for variable FAS (FAS2/FAS1 and FAS3/FAS1) show that chance for positive appraisal for health is higher in FAS2 groups. As for separate subjective complaints, the chance for appearance is lower in groups FAS 2 and FAS 3, then in group FAS1. We can not see strong connection between smoking and FAS and there is no strong connection between FAS and drinking.

Conclusion: Health of schoolchildren is directly influenced by socioeconomic state of the family. One of the reasons for more health complaints and worth state of health is low socioeconomic status.

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Subjective Dimensions of Squint

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Strabismus is a significant problem with considerable psycho-social effects on health. In cases of strabismus, in Austria coverage of costs is only given within the procedure of treating the medical relevant diagnose, no coverage of costs is given for „cosmetic“ or subjective handicaps due to strabismus. However patients experience dysfunctionality, abnormality and social exclusion in all aspects of life. Strabismus affects one's social and economic status. Study design was based upon extensive history and narrative interviews. The findings of narrative interviews were consistent with those of patient history and showed that the physical dysfunctionality is not the main criterion for not feeling healthy, and that the consideration of social determinants and gender categories are critical for proper diagnosis and treatment. We recommend that medical professionals view the strabismus affliction in different ways through modified models of illness. These models are of utmost importance for qualitative health research. The model of P.-E. Schnabel corresponds with the experiences of the participants in our study. Schnabel's main focus is the transition from the state of health to illness and vice versa. There are patients who feel handicapped (subjective dimension), but who are not diagnosed by the medical professionals, since strabismus is usually an aesthetic concern; however, others perceive them as abnormal. Those who do not feel handicapped do not consult medical professionals, and are thus never diagnosed, but they are nonetheless seen as being abnormal.

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Gender & Health in the Asia-Pacific Region (APR): Impact in Education and Culture

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