

improve and transform health care systems to meet world people's need. However, public health personnel need to be trained as strong, self-reliant, compassionate and flexible. Besides, one should possess a good conscience and place public interests on a higher priority, above one's own.

SY3-04

Is Peace Conducive to Quality Reproductive Health Services?

Harshalal R. Seneviratne

Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Colombo, Sri Lanka

Peace and harmony are much appreciated concepts of societal development while at a personal level good health is greatly valued. Globally peaceful times are intermingled with natural as well as man made disasters. While the impact of such disruptive events on the social, economic and health status of countries, regions and continents have been assumed and analyzed the influence of peace time on these indicators is unclear. This presentation attempts to further analyze the progress of reproductive health services in relation to the benefits provided by peace and focus on barriers if any towards achieving an ideal status.

For this analysis development of reproductive health services and the national and regional status of health in Sri Lanka are considered. Sri Lanka which has a population of 19.1 million has demonstrated very commendable achievements in its national reproductive health indicators. Conflicts, insurgencies and natural disasters such as the Asian tsunami 2004 have occurred with devastating loss of human life and property. In spite of these the country has reduced its Total Fertility Rate to below 2.0 by 2000, maternal mortality rate to below 100 per 100,000 live births by the year 1975 and gained many other achievements in reproductive health. It is however valid to evaluate the reproductive health parameters in selected areas of poor performance in relation to periods without turmoil and those in the areas affected by disasters. Nuwara-eliya district in the central hill country and Monaragala district which are in the non conflict areas have been poor performers in relation to maternal survival as have Maternal mortality ratios of over 50 per 100,000 LB. In contrast Trincomalee, Batticaloa and Kilinochchi which also have MMR over 50 per 100,000 LB are in the areas of conflict. The reasons for the high level of MMR in the two groups of districts could be expected to be different and would be serious factors to consider in developing strategies to reduce maternal mortality in the respective locations. During the past forty years Sri Lanka experienced a series of major devastations. The "southern insurgency" arrived on two occasions the first in 1971 to 1972 and the second 1987 to 1989. Both events were severe acute disruptions of the entire social fabric. The tsunami of 2004 was a severe acute problem affecting the coastal areas in the Southern and eastern parts of the

country. The thirty year conflict in the northern and eastern provinces of Sri Lanka is an example of a gradual, persistent and harsh reality. The reproductive health performance under these circumstances and its gains if any may provide an insight into the policies needed to provide quality reproductive health the people of Sri Lanka require during the time of peace.

During time of peace many other factors affect the reproductive health status. The serum and seminal plasma levels of agro-chemicals were demonstrated to be significantly higher in those plantation staff from tea estates using these substances in comparison to those indulging in organic methods of agriculture. Similarly pollution caused by lead in vehicles has caused serious effects on infant health which was reversed by the use of un-leaded fuel. During the time of peace if Sri Lanka is to achieve the millennium development goals by 2015 all health and non health factors need to be further strengthened and re-organized.

Symposium 4- Injury Prevention

SY4-01

From Risk Perception to Health Effects: The Case of the Chikungunya Outbreak in La Reunion Island

Michel Setbon

EHESP-CNRS, France

Between March 2005 and May 2006, La Réunion Island was hit by an outbreak of chikungunya fever which affected 260,000 people (38% of the island's population). Chikungunya is a viral disease transmitted through mosquito (*Aedes albopictus*) for which there is no effective treatment nor vaccine. La Réunion is a French overseas territory located in the Indian Ocean and provided with all modern medical and public health facilities. In order to identify the distribution of the infection and factors related to probability of contamination, a socio-epidemiological survey was conducted in May 2006 on a representative sample of the population (N = 1,035). Data collection included two families of individual factors: on the one hand, objective ones as socio-economic, demographic and environmental characteristics and, on the other hand, subjective factors such as perceptions of risk, the experience of the disease, the perceived effectiveness of methods of protection, knowledge and beliefs about the origin of the disease and routes of transmission, as well as attitudes and protective methods employed. The statistical analyses (bivariate and multivariate analyses) reveal meaningful, socially differentiated groups related to probability of contamination. Like that, it was shown that probability of contamination was significantly associated with, 1) a socioeconomic status characterizing disadvantaged people living in individual houses with gardens; 2) the existence of alternative beliefs (not scientifically proven) on the causation and transmission of the Chikungunya infection which, along with a fatalistic attitude, create a feeling of uncontrollability to protect oneself against the