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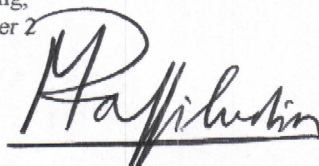
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Health risk behaviors: Smoking, alcohol, drugs, and dating among youths in Rural Central Java

Shaluhayah Z. [✉](#), [Musthofa S.B.](#), [Indraswari R.](#), [Kusumawati A.](#)[📄 Save all to author list](#)^a Health Education and Behavioral Sciences, Faculty of Public Health, Diponegoro University, Indonesia

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Adolescents are more likely to adopt risky health behaviors, such as smoking, alcohol use, and sexual activity. This study examined the links between smoking, alcohol use, and risky dating behavior and analyzed how these factors influenced risky dating and other behaviors. It is expected that this study would be used as a foundation for developing appropriate integrated intervention for multiple risk behaviors among youths. This study was an explanatory research study with a cross-sectional approach. It involved 160 youths aged 15-24 years randomly selected from purposive villages. Participants completed self-administered questionnaires with an enumerator present. Data were analyzed using univariate, chi-square, and multiple logistic regression. Smoking behavior, leisure activity, and self-efficacy were predictors of risky dating behavior. The self-efficacy variable also influenced multiple risk behaviors. A strong association was found between smoking, risky dating behavior, and alcohol use. One-third of the participants had dated and smoked recently, but only 10% of them had experienced high-risk dating activity, including petting and intercourse. Only 5% had

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Qualitative Exploration of Experiences and Consequences of Health-related Stigma among Indonesians with HIV, Leprosy, Schizophrenia and Diabetes

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Abstract

Health-related stigma causes a negative impact on the lives of affected people and undermines the effectiveness of public health programs. This study aimed to explore experiences and consequences of stigma among people affected by four health conditions relevant in Indonesia— HIV (Human Immunodeficiency Virus), leprosy, schizophrenia and diabetes. In this qualitative study 40 people affected by the four health conditions in Jakarta and West Java, Indonesia—, were interviewed between March and June 2018. Data were analyzed thematically by following an integrative inductive-deductive approach. The experiences and consequences of people with stigma were similar, but such experience were more severe among people affected by HIV, leprosy, and schizophrenia. Those with diabetes either experienced no or less severe stigma. The participants revealed that they experienced enacted stigma in healthcare, employment, and social interactions in the structural and interpersonal levels. They also experience the stigma in the form of internalized and anticipated stigma at an individual level. Incidences of human rights violations were evident. Social, behavioral, psychological, and medical consequences were also reported.

Keywords: diabetes, Human Immunodeficiency Virus, leprosy, schizophrenia, stigma Indonesia

Introduction

Health-related stigma is a global health issue that undermines the effectiveness of public health programs and negatively impact on the lives of affected people.¹ It affects people living with infectious diseases, such as HIV (Human Immunodeficiency Virus),² and leprosy,^{3,4} and mental health conditions, such as schizophrenia.⁵ It also affects people with noncommunicable diseases, including diabetes,^{6,7} and cancers.^{8,9} As a social phenomenon, stigma occurs within the society and usually depends on the nature of a disease.¹⁰ People with communicable diseases, such as HIV or leprosy, experience stigma because of the infectious nature of diseases.^{11,12} They are often blamed for having a transmissible disease and are avoided by others, especially when consequences of the condition are visible, as in leprosy.^{4,11,13} People living with noncommunicable diseases, such as diabetes, are known to be blamed and shamed for their lifestyles and for inflicting the condition on themselves.^{6,7} People living with chronic mental health conditions, such as schizophrenia are perceived to be aggressive and dangerous, so they are socially avoided and rejected.^{5,14}

People with different health conditions experience

stigma that negatively affects their social, physical, psychological, and spiritual well-being.^{2,12,15} It reduces the degree of access and uptake of health care services, causing the underdiagnosis of conditions, failing to detect mental health issues, and delaying and disrupting treatment.¹⁶⁻¹⁸ Such consequences of stigma affect preventive and treatment measures for eliminating these diseases, ultimately hampering advancements in decreasing the burden of diseases.^{19,20}

Low-and middle-income countries (LMICs) are known to be disproportionately affected by health-related stigma because of the existence of subjugating social norms, lack of health awareness, and inequitable access to health services that contribute to stigma and its negative effects.^{21,22} However, much of the burden of health-related stigma in LMICs still remains hidden and unaddressed because of the lack of wider recognition in health policies and practices.²¹

As the world's fourth-most populous developing nation currently in epidemiological transition with relatively high prevalence and distribution of noncommunicable and communicable diseases, Indonesia is particularly vulnerable to the burden of

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Effects of Diabetes on the Output of Farmer and Its Policy Implications

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Abstract

This study investigated the impact of diabetes on work performance of different farming communities from Punjab, Pakistan. This study was based on cross-sectional data. A representative sample of 374 farmers was collected from five selected districts. Three types of respondents were analyzed in the study e.g., laborer, small and large growers. Poisson and logistic regression techniques were used for the sake of analysis. According to the investigated results for the labor category, respondents with more age, less qualification, low earning per month (Rupees), and having positive record of family diabetes, would have more leave per month. In the same way, findings for small farmers revealed that education, family size, family with diabetic records, marital status and availability at farm (hour/day) were significant. In case of third category, study outcome highlighted that age, education, marital status, having positive record of family diabetes and number of hours spent at farm would be positively correlated with the reduction in working efficiency at farm due to diabetes. It can be concluded that diabetes have negative influence on the work performance of selected farming groups.

Keywords: agriculture, diabetes, farming communities, Punjab, work performance

Introduction

There is an increasing trend in the demand for human capital with the passage of time in the growing world.¹⁻³ According to the 2015 Human Capital (HC) Report, health is one of 46 indicators of HC index. Human Capital has been affected negatively due to different types of diseases such as diabetes.⁴ Diabetes is the most prevalent disease caused by metabolic disorders; in other words, it is the most prevalent endocrine disease. Nowadays, diabetes is the fifth leading cause of mortality in Western societies and the fourth reason of visiting doctors. Diabetes is a growing threat to world health. It is disease that causes high blood sugar, low production of insulin as well as inefficient work of body cells.⁵⁻⁷ Approximately 350 million people are suffering from the disease.⁸ There are mainly three types of diabetes e.g., type one (body cell fails to produce the insulin), type two (low production of insulin by the body cell) and gestation diabetes (high blood sugar in the pregnant women).

Diabetes can cause undesirable consequences in all parts of human body; therefore, devastating complications of this disease are the strong evidence for the importance of its consideration. One important reason to

consider diabetes is the high expense of this disease. Several studies worldwide have given enough reasons to increase concerns in this regard. This cost is increasing the economic cost of health for poor farming communities who are already on the margins of poverty. The growth of any economy can be spurred by the active and healthy participation of human capital in term of labor force, especially in developing countries like Pakistan.⁹⁻¹¹ Agriculture sector is the main contributor to Gross Domestic Product (GDP) in Pakistan and employs around 60% of the labor force. Income and subsequently the standard of living also perturb due to diminution in the labor force participation as a result of diabetes. The developed countries, as well as developing countries, are going to face an upward trend in diabetes.¹²

There are two main pillars of every economy in the growing world, namely agriculture and industrial sector.¹³⁻¹⁵ These two sectors are considered as the source of jobs creation in the scenario of population growth.^{16,17} All countries across the world are classified into two categories, namely agricultural (labor intensive) and industrial (capital intensive) on the basis of their

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