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Journal

**ISSN**

16750306

**DOI**

10.37268/MJPHM/VOL.21/NO.1/ART.723

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# RISK FACTORS OF INFERTILITY CASES AMONG SHALLOT FARMERS

[Winarni, Sri<sup>a</sup>](#) ; [Denny, Hanifa M.<sup>b</sup>](#) ; [Dharminto<sup>a</sup>](#); [Arifan, Fahmi<sup>c</sup>](#) ; [Suwondo, Ari<sup>b</sup>](#);[Kartini, Apoina<sup>d</sup>](#) ; [Susanto, Hardhono<sup>e</sup>](#) [Save all to author list](#)<sup>a</sup> Department of Biostatistics and Population, Faculty of Public Health, Diponegoro University, Semarang, 50275, Indonesia<sup>b</sup> Department of Occupational Safety and Health, Faculty of Public Health, Diponegoro University, Semarang, 50275, Indonesia<sup>c</sup> Programme Diploma of Chemical Engineering, Faculty of Engineering, Diponegoro University, Semarang, 50275, Indonesia<sup>d</sup> Department of Public Health Nutrition, Faculty of Medicine, Diponegoro University, Semarang, 50275, Indonesia[View additional affiliations](#)

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**Abstract**

The result from preliminary survey showed that the prevalence of couples in childbearing age who used pesticide excessive in the shallot farming and did not have offspring for >1 year in Pamulihan Village, Larangan Subdistrict, Brebes was 33%. This study aimed to analyze occurrence of male infertility according to their practices on pesticide use and zinc-containing diets. The design study was case-

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## Malaysian Journal of Public Health Medicine

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Scopus coverage years: 2007, from 2012 to 2022

Publisher: Malaysian Public Health Physicians' Association

ISSN: 1675-0306

Subject area: Medicine: Public Health, Environmental and Occupational Health

Source type: Journal

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SJR 2021

0.163 ⓘ

SNIP 2021

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# MALAYSIAN JOURNAL OF **PUBLIC HEALTH MEDICINE**



e-ISSN: 2590-3829

ISSN: 1675-0306

Volume 21 No 1 2021

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Official Publication of the

**MALAYSIAN PUBLIC HEALTH PHYSICIANS' ASSOCIATION**

**DOI:** <https://doi.org/10.37268/mjphm/vol.21/no.1>

**Published:** 2021-04-24

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### MANAGING PULMONARY TUBERCULOSIS IN A PATIENT WITH POST OP OROPHARYNGEAL CANCER - CHALLENGES FOR FAMILY PHYSICIAN

## ORIGINAL ARTICLE

## ANALYSIS OF SEXUAL AND REPRODUCTIVE HEALTH RISK PREFERENCES OF ZIMBABWE UNIVERSITY STUDENTS

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## ABSTRACT

Although the Zimbabwean government launched an Adolescent and Youth Sexual and Reproductive Health policy in 2010, HIV prevalence and incidence among youth remains amongst the highest in sub-Saharan Africa. Zimbabwean Youths in tertiary education institutions exhibit high-risk sexual behaviours. The study aimed to estimate the risk preference parameters of youths in a tertiary education setting to understand their risky behaviour better using prospect theory. It involved 250 students completing a socioeconomic questionnaire and making a choice from over three series of pairwise lottery questions framed around sexual and reproductive health prevention interventions. The study used bivariate techniques to examine differences in risk-taking behaviour. Ordinary least squares and interval regression techniques determined the socioeconomic determinants of the risk behaviour function. The study established an average risk aversion parameter of 0.7 and a probability weighting parameter of 0.8. The probability weighting parameter implies that the participants were more focused on the outcomes with less concern for their likelihood. The study estimated the loss aversion parameter at 2.26, which indicates the need to reduce loss-framed messages in favour of positively framed awareness campaigns. Bivariate and multivariate regression analyses showed that income, prior sexual and reproductive health knowledge and alcoholism were associated with risk and loss aversion. We recommend positive framing of youth sexual and reproductive health awareness campaigns. We also recommend youth economic emancipation to increase economic prospects which in turn improves reference points which changes the viewing of health interventions and outcomes from the loss domain to gain domain.

**Keywords:** Adolescence sexual and reproductive health, Prospect theory, Risk aversion, Loss aversion

## INTRODUCTION

Sexual and reproductive health risk-taking behaviour imposes morbidity and cost consequences through treatment and lost productivity<sup>1</sup>, mainly due to Sexually Transmitted Infections (STIs), including HIV/AIDS. Zimbabwe's HIV prevalence of 13.35%<sup>2</sup> is one of the highest in sub-Saharan Africa<sup>3, 4</sup>. As of 2016, 1.4 million people were HIV positive in need of treatment worth \$350 million per year<sup>5</sup>. Zimbabwe is also one of the four countries to report a high STI prevalence rate above 20% globally<sup>6</sup>.

To manage sexual and reproductive risk-taking amongst adolescents and youth, the Zimbabwean government launched its Adolescent Sexual and Reproductive Health (ASRH) policy in 2010<sup>7</sup>. Notwithstanding, HIV prevalence for this age group remains high at 3% for males and much higher for females at 5.8%<sup>2, 8</sup>. Published literature provides insights into high-risk sexual behaviours amongst Zimbabwean youth. Musizvingoza and Wekwete<sup>9</sup> find 27% of youth having multiple sexual partners, which is corroborated by Mzyece<sup>10</sup>, who finds high STI prevalence amongst youth at 43% for males and 57% amongst females. Further studies indicate that youth in tertiary education institutions have

the highest propensity to take sexual and reproductive health risks<sup>11, 12</sup>. Furthermore, interventions to improve ASRH outcomes such as male circumcision and cervical cancer screening have low uptake. Male circumcision averages 22.9%<sup>8</sup> amongst youths against a national target of 80%<sup>13</sup>. Only 13% of females have had cervical cancer screening<sup>14</sup>.

Male circumcision is promoted as part of the ASRH essential package because it can reduce HIV infection by 60%<sup>13</sup> and other STIs such as human papillomavirus (HPV) by up to 82%<sup>15, 16</sup>. HPV has a 99% chance of progressing to cervical cancer in women<sup>17</sup>. HPV infection itself has no treatment<sup>18</sup>, but the precancerous lesions that it causes are curable before they become cancers<sup>19, 20</sup>. The lesions also increase the chances of HIV infection<sup>21, 22</sup>. Research has shown that 35% of HPV infection occurs at the onset of sexual activity<sup>17</sup>.

The continued risky sexual and reproductive behaviour of Zimbabwean youth contrasts with government efforts towards the prevention of STIs and HIV/Aids amongst young people in the country. Understanding the risk-taking of youth in sexual and reproductive health becomes imperative for the government in solving the problem of low ASRH service uptake, preventing

ORIGINAL ARTICLE

## FACTORS PREDICTING BACK PAIN AND DISABILITY IN PATIENTS WITH NON-SPECIFIC LOW BACK PAIN

Amornrat Sangsaikaew<sup>1\*</sup>, Apinya Koontala<sup>2</sup>, Khunphitha Junsevg<sup>3</sup> and Arunrat Utaisang<sup>4</sup>

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### ABSTRACT

Back pain and disability in patients with non-specific low back pain are chronic health problems and this continues to increase among Thai population. The current study was based on a prospective observational design, the objective of which was to identify factors predicting back pain and disability in patients with non-specific low back pain. The samples were patients diagnosed with non-specific low back pain, who were treated in an outpatient department at Nakhon Phanom Hospital. The 95 patients were enrolled in the study between May and December 2019. Data were collected through questionnaires. The research instruments used included the low back pain scale and the disability low back pain form. Finally, data were analyzed using binary logistic regression analysis method. There were 95 patients in the present study. According to the study, the farmers were at risk of low back pain up to 0.25 times more than those of non-farmers (AOR = 0.25, 95%CI: 0.07 - 0.96,  $p < 0.05$ ). The subjects with high disability were 4.32 times more likely to be at risk of low back pain than those with normal and low disability (AOR=4.32, 95%CI: 1.46-12.78,  $p < 0.05$ ). In addition, gender, body mass index, history of back pain treatment, and duration of current episode were not found to influence lower back pain. Given factors influencing the disability, males were 3.37 times more likely to be at risk of disability than females (AOR = 3.37, 95%CI: 1.03 - 11.09,  $p < 0.05$ ) and (AOR=0.26 95%CI=0.07-0.99,  $p < 0.05$ ). The study also revealed that occupation, body mass index, duration of current episode, and history of back pain did not influence disability.

**Keywords:** Back pain, Disability, Non-specific low back pain

### INTRODUCTION

Low back pain is a common symptom in relation to other spinal pains. Individuals are likely to experience lower back pain at certain times in their lives<sup>1</sup>. Recently, non-specific low back pain has been reported worldwide in both sexes and all ages. Low back pain accounts for 630 patients over the world<sup>2</sup>. The causes of the disease may be associated with the pathology<sup>3</sup>, spine degeneration (lumbar spondylosis), as well as muscle strain and tendinitis without relation to dislocated fractures nor neurological signs<sup>4</sup>.

Chronic lower back pain involves both neural and non-neural systems. In the musculoskeletal system, the symptoms caused by low back pain develop sciatic nerve pain, cramp in legs, monoparesis in feet. In addition, in the nerve system, the patients could experience loss of sensation and muscle power<sup>5</sup>. Those symptoms potentially exacerbate back pain, thus leading to poor care outcomes and

the expression of inappropriate behavior. In other words, the disease impacts patients' life in various aspects of life including interfering and disrupting the process of daily activities (e.g., reduced movement, disability) as well as their quality of life<sup>5</sup>.

As a result, when experiencing the disease, patients with low back pain are subjected to change of daily activities, family roles, and social roles. To illustrate, they are inclined to reduce interaction or participation. Rather, they become dependent and a burden on their family or caretakers. At work, the manifestation of the disease leads patients to develop stress, anxiety, regret depression; subsequently, the patients are aroused to display certain expression of aggressive behavior, social deprivation, or life boredom<sup>6-8</sup>. In addition, lower back pain treatment can also affect family economic status. Considerable expenses involve massage therapy, physical therapy, acupuncture, and chiropractor, etc<sup>9-10</sup>. In other words, lower back pain particularly in non-specific low back pain could



ORIGINAL ARTICLE

## COVID-19: COMPARISON OF SITUATIONAL FACTORS BETWEEN HEALTHCARE WORKERS AND NON-HEALTHCARE WORKERS IN EAST MALAYSIA

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### ABSTRACT

COVID-19 is one of the worst global pandemics in the last 20 years caused by Severe Acute Respiratory Syndrome Coronavirus 2. To control the pandemic in Malaysia, on 18<sup>th</sup> March 2020 the government implemented the Movement Control Order (MCO), a non-pharmaceutical intervention (NPI) under Malaysia's Prevention and Control of Infectious Diseases Act 1988. Despite a high rate of compliance to the MCO in East Malaysia, a month after its implementation, a new cluster of infections among hospital healthcare workers (HCW) had emerged. This paper reports the early findings of a multinational study involving Malaysia, Thailand, Italy, and the United Kingdom. Our early analysis seeks to understand two main situational factors in the states of Sabah and Sarawak in East Malaysia - testing rates and household composition between HCW and non-healthcare workers (non-HCW). Our results showed that there were higher testing rates and smaller-sized households among HCW when compared to non-HCW workers.

**Keywords:** COVID-19, SARS-CoV-2, health care worker, household, non-pharmaceutical interventions, quarantine, isolation, screening, testing, Sabah, Sarawak, East Malaysia

### INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is the largest Coronavirus outbreak in the last 20 years<sup>1</sup>. As of 5<sup>th</sup> June 2020, there were over 6.5 million infections and almost 390,000 deaths due to COVID-19<sup>2</sup>. In Malaysia, there was a gradual increase in the number of cases after the first case was detected on 25<sup>th</sup> January 2020 that was linked to a religious gathering in Sri Petaling, Kuala Lumpur Federal Territory. Following this, there was an exponential surge from 29 cases on 1<sup>st</sup> March 2020 to 673 cases on 17<sup>th</sup> March 2020<sup>3</sup>. In response to the rise in COVID-19 cases, the Malaysian government imposed the Movement Control Order (MCO) under the Malaysia's Prevention and Control of Infectious Diseases Act 1988 on 18<sup>th</sup> March 2020. The MCO, a non-pharmaceutical intervention (NPI), prohibits inter-state movement, mass gatherings, and overseas travel for Malaysians; restricts entry for foreigners; and requires closure of all educational institutions and non-essential services<sup>4</sup>. East Malaysian states of Sabah and Sarawak have special provisions in the Malaysian law for control over immigration and are empowered to refuse entry to citizens who are not born in those states<sup>5</sup>. Before the national MCO, both states had enforced travel

restrictions. They banned foreigners from or with travel history to mainland China and implemented compulsory 14-day home quarantine for state citizens returning from China<sup>6,7</sup>.

NPIs are effective methods to prevent and control infection while vaccines and other preventive treatments are being developed<sup>8</sup>. Contact tracing and early detection of cases, medical resource management and enhanced public health education are crucial in addition to NPIs to eliminate the disease<sup>1</sup>. Before the MCO, Malaysia had concentrated on testing symptomatic individuals with epidemiology link and faced challenges from inadequate testing facilities and reagents.

High MCO compliance rates were observed among the general public in Sabah and Sarawak, on the island of Borneo, East Malaysia at 96.8% and 97.3% respectively<sup>9,10</sup>. Despite that, clusters of COVID-19 cases related to healthcare workers (HCW) have been reported in several government hospitals in Sabah and Sarawak, whereby 70% of the cases were related to the HCW's social activities or travel history<sup>11,12</sup>. Whilst the conventional NPIs would work



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"ETHICAL APPROVAL"**

No : 124/EA/KEPK-FKM/2020

Protokol penelitian yang diusulkan oleh :  
*The research protocol proposed by*

Peneliti utama : dr. Sri Winarni, M. Kes  
*Principle Investigator*

Nama Institusi : Universitas Diponegoro  
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