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Background and Objective: Maternal factors that influence child health outcomes have been extensively studied worldwide and within the Nigerian context. However, there is seemingly little research about the role of paternal factors, knowing that men are culturally situated to influence health-related decision-making in a typical Nigerian household. Therefore, we conjectured that the inequality and stagnated improvement in the child health indices of Nigeria may be partially attributable to unexplored male-specific factors. Hence, this study examined child mortality variations across socio-cultural contexts in Nigeria and explored the determining effect of the socioeconomic position (SEP) of men.

Methods: Randomly sampled, nationally representative data from 14,000 households, collected between August and December 2018 in the context of the periodic Demographic and Health Survey (DHS) were analysed. A normalized SEP variable suited to the context and research question was generated as a composite index of the weighted measures of the respondent's age, education, occupation, employment status and household wealth-index quintile. Bivariate analyses and multiple regression models of the hazard of child mortality associated with the dichotomized SEP status were conducted.

Results: Of the 13,311 eligible men aged 15-59years, preliminary findings showed a child under 5-years old was 43 times more likely to die when a man heads the household compared to when a woman did. The crude propensity of an under-five child death was 1.67 times higher in households with men of high SEP compared with those with low SEP.

Conclusion: Findings reveal a significant predictive power of men's SEP on child mortality in Nigeria and underscore the need to explore socio-cultural factors associated with men in household health outcomes analysis, as this will improve the overall understanding of the influence of men on the well-being of their families in culturally diverse settings.

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Evaluation of the implementation fidelity of a project introducing a health innovation in West Africa

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Background and objective: The AIRE project aims to improve the detection of respiratory distress in children under five years of age by introducing the routine use of pulse oximeters (POs) during consultations in primary health centers (PHCs) in four countries (Burkina Faso, Guinea, Mali, Niger). A wide range of activities (training of health workers, distribution of essential drugs, supervision visits, etc.) were also carried out. Assessing whether the activities planned by the project were actually implemented and for as long and as often as planned is very important in order to link intervention activities to results; and to analyze implementation challenges in the field.

Methods: Our research used the Carroll et al. (2007) and Perez et al. (2016) framework for analysing fidelity and adaptation to implementation. We identified the core activities planned for this project both through a review of the AIRE project documentation and by interviewing the operational teams. We then interviewed the actors involved in the project in16 PHCs (health workers, heads of centers, etc.) to learn about the actual implementation of the activities.

Results: In all countries, essential activities such as the training of agents and the distribution of POs have been carried out, but have sometimes been modified compared to what was planned. We note that the implementation of some activities varies between countries. For example, in Guinea and Burkina Faso, visits to supervise the use of the PO were made more often than planned, while in Mali visits were less frequent in some centers due to safety issues. In one country, technical support to the PHCs on drug management could not be carried out due to difficulties in recruiting a logistician.

Conclusion: Differences in implementation fidelity between countries and between health centers may help explain variations in project outcomes.

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Let's move europa: school based promotion of healthy lifestyles to prevent obesity - EUMOVE project

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Background and objective: The prevalence of overweight and obesity in childhood and adolescence is one of the most significant health issues of the 21st century. To prevent associated diseases, healthy habits should be promoted. EUMOVE is an Erasmus+ Project aimed at implementing a comprehensive set of strategies and evidence-based resources to enable the educational community to promote healthy lifestyles among children and adolescents from 8 to 16 years old.

Methods: The current project is based on two theoretical frameworks: the Behaviour Change Wheel (BCW; Michie, van Stralen, and West, 2011) and the Creating Active Schools Framework (Daly-smith et al., 2020). EUMOVE Project is focused on seven functions to enable those interventions to occur: education, persuasion, enablement, training, modelling, restrictions, and environmental restructuring.

Results: All the countries involved in the project are responsible for comprehensive evidence-based educational resources consisting of: EUMOVE smartphone APP, Physically Active Lessons toolkit, Real-Time active breaks platform, Learning Units about healthy lifestyle, Active School Commuting toolkit, Parent Toolkit about promoting healthy lifestyles and School Leader toolkit. In December 2022 EUMOVE website and EUMOVE APP were launched on the internet. The University of Bologna created several Learning Units (LUs) about healthy lifestyles. The LUs are divided into three main categories: 12 LUs related to healthy nutrition, 10 to physical activity and 5 to healthy sleep. The LUs can be used by all the teachers at school regardless of the subject they teach and obviously can be integrated, adapted and extended based on the teacher's experience, creating potential academic connections.

Conclusion: EUMOVE project can be a new strategy to integrate healthy lifestyles into the school curriculum and among teachers, students and their families in order to prevent obesity. EUMOVE will organize 4 blocks of events throughout Europe to promote practical strategies for promoting healthy habits.

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Adolescent health indicators in humanitarian settings: A cross-country comparison

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Background: Adolescents (aged 10-19) face many barriers to health services, especially in humanitarian crises. Developing a response to adolescent health needs requires age and sex-disaggregated data. We aim to collect available adolescent health indicators and their sources in humanitarian crises to identify gaps in the data to inform policy and practice.

Methods: Adolescent health indicators of five countries currently facing humanitarian crises: Myanmar, Nigeria, Ukraine, Yemen, and occupied Palestinian territories, were collected. An extensive search on the available adolescent health indicators was done using surveys in each country, reports, assessments by humanitarian organizations, and peer-reviewed journals. Data were extracted on the source of information, indicator name, domain, categorization, level, numerator and denominator, age groups, and sex on each indicator.

Results: The Multiple Indicator Cluster and Demographic Health Survey were done in all five countries selected, but surveys were adjusted according to the appropriateness of each country and done infrequently. Yemen and occupied Palestinian territories only included women in their sample sizes, and no one younger than 15 was interviewed. Many times countries' indicators used by humanitarian organizations were out-of-date. Yemen's latest survey was done in 2015. The most frequent indicators found were in the categorization of reproductive health. Limited data was found on adolescents aged 10-14, boys,

17TH WORLD CONGRESS ON PUBLIC HEALTH

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ABSTRACT BOOK

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ORGANISING COMMITTEE

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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.

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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.

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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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