

- Public health outreach to construct efficient cook stoves and latrines to prevent common diseases;
- School stipends for orphans and particularly vulnerable youth; and
- Loans, materials, access to markets and other support for micro-enterprise.

**Outcome & Evaluation:** Among other outcomes, the under-five mortality rate has been reduced from 225/1000 in 1993 to 31/1000 in 2013—well below the national average—and there were 300 children in school in 2012.

**Going Forward:** Following a magnitude 7.8 earthquake in 2015, HHC is continuing its core programs while rebuilding health clinics, schools and other structures to world class standards. As part of school reconstruction, we plan to create a teacher training institution to serve as a model for education reform in rural Nepal. Ultimately we hope the HHC approach to community development can be replicated in other marginalized developing communities.

**Source of Funding:** Traditionally, HHC has received funding from medical treks, our handicraft business, individual donors and partner organizations including Rotary Foundation and GlobeMed. Since the earthquake, we have also received grants from AmeriCares, World Food Programme, Brother's Brother Foundation, GlobalGiving and dozens of family and community foundations.

**Abstract #:** 2.007\_NCD

### **It's kind of a shameful thing': Stigmatization and Diabetes in Majuro, Republic of the Marshall Islands (RMI)**

J.P. Marriott<sup>1</sup>, A. Sy<sup>2</sup>, T. Tomeing<sup>3</sup>, S. McIntosh<sup>4</sup>, M. Demment<sup>4</sup>, T.D.V. Dye<sup>1</sup>; <sup>1</sup>University of Rochester, Rochester, New York, USA, <sup>2</sup>University of Hawaii RTRN, Honolulu, USA, <sup>3</sup>Ministry of Health, Republic of the Marshall Islands, Majuro, Marshall Islands, <sup>4</sup>University of Rochester, Rochester, USA

**Background:** Diabetes in the Republic of the Marshall Islands (RMI) is ranked among nations with the highest diabetes rates in the world. Poor adherence to preventive advice and medical and social complications are common. While various factors and mechanisms are responsible for diabetes prevalence on Majuro, the capital of RMI, diabetes stigma may serve as a barrier to prevention of diabetes and complications in Majuro. This analysis examines the role of diabetes stigma with diabetic experiences in Majuro.

**Methods:** We conducted a Rapid Qualitative Inquiry (RQI) that included qualitative discussions with 37 people. The interviews focused on non-communicable diseases (NC) in Majuro, circumstances and causes, and prevention of NCDs. Iterative data analysis was conducted through field debriefings with three field team researchers, and content analysis thematic coding using DEDOOSE was conducted with two coders.

**Findings:** Participants note that community members with diabetes often feel “ashamed” and “embarrassed,” such that some avoid taking medication so not to appear “weak.” Some attribute this stigma to local norms (“it's like a habit we're born with, so we're always ignoring and deny things”). As a result, this stigmatized view of diabetes may result in care delays; (“they will wait and

wait to go to a doctor”). In particular, younger people seem particularly sensitive to diabetes stigma (“If you're young and you get it you don't want people to know”).

**Interpretation:** Diabetes is a major concern in RMI. Stigma associated with diabetes acts as a barrier preventing people from seeking necessary medical treatment until severe treatments for the disease, such as amputations, become necessary. Social stigma should be included in messaging and interventions to prevent and control diabetes in Majuro.

**Source of Funding:** CDC's Prevention Research Centers Program, Cooperative Agreement #1U48DP005026-01S1 and Racial and Ethnic Approaches to Community Health.

**Abstract #:** 2.008\_NCD

### **Barriers in Seeking De-Addiction Treatment in Patients with Hazardous Use of Alcohol in a Tertiary Care Centre in lower middle income country**

V. Mathew<sup>1</sup>, N. Chacko Kunjumon<sup>2</sup>, J.P. Ruben<sup>3</sup>; <sup>1</sup>St.John's College of Nursing, Bangalore, Karnataka, India, <sup>2</sup>St.John's College of Nursing, Bangalore, India, <sup>3</sup>St.John's National Academy of Health Sciences, Bangalore, Karnataka, India

**Background:** Alcohol is one of the leading causes of death and disability globally. Almost 4 per cent of all deaths worldwide are attributed to alcohol. It is suggested that only one in fourteen of the in-need alcohol dependent population are accessing treatment each year. This suggests that problem drinkers experience varied barriers in seeking deaddiction services. This study attempts to evaluate various barriers in seeking deaddiction services in a lower middle income country.

**Methods:** This was a descriptive and cross sectional study design. The setting was in departments of medical, surgical and gastroenterology wards a tertiary care hospital .45 consecutive patients with hazardous alcohol use as screened by AUDIT score of > 6 were selected . A semi structured profoma and the Barrier questionnaire was used to collect the baseline variables and the barriers in seeking de-addiction treatment.

**Findings:** The main barriers in seeking de-addiction treatment was the patient's denial ( mean % = 77.11) and the desire to continue drinking ( mean% = 71.61). The other important barriers were stigmatization from the society followed by to avoid personal disclosure, lack of awareness and misconceptions, bad experience in the past, poor social support and financial problem .There was statistically significant association between age, marital status, age of starting alcohol use and age of onset of problem drinking with barriers and a negative correlation between age, age of onset of problem drinking and age of onset of dependence with barriers.

**Interpretation:** We found significantly important barriers in hazardous alcohol users seeking deaddiction services. We can focus on these barriers during counseling the patient for motivating them to seek deaddiction services. These factors can be used in allaying fears about seeking deaddiction services through public awareness and other means of communication. Thus, motivating people to completely abstain from using alcohol in hazardous pattern.