

Foreword

Selecting the key events among activities over a year is certainly a subjective privilege – less visible events may, of course, be as important for individuals in a teaching and research environment such as ours.

The cover of this Annual Report documents what may be considered as the cream of the academic cake: the installation of new professors of whom, as you may spot, three, Anna (in epidemiology), Lasse (in medical sociology) and Urban (in public health), happen to be “ours”. Also, we are proud to have nominated one of the Honorary Doctorates, Tom Pearson from Rochester, USA, as presented further on page 5. Later during the year we welcomed Ingela Krantz as adjunct professor in infectious disease epidemiology. She is affiliated with the Regional Board of Health and Director of the Skaraborg Institute for Research and Development in Skövde. Carina left to go to the National Public Health Institute but returned 20% as an adjunct senior lecturer, sponsored as part of the renewed long-term collaboration with that Institute as of 2003. So did Curt E, supported by the Social Insurance Office in Umeå. Lars W held his docent lecture and was promoted to associate professor of epidemiology and public health.

We saw two new doctoral dissertations (by Zia and Adi), and two licentiate theses (by Jeremiah and Ninuk) emerging from our milieu and successfully defended. To fill the “gap”, we have admitted four new PhD students during the year, Kjerstin, Kerstin, Margareta, Minh and Nawi. We have been successful in recruiting several new, young researchers, Malin, Klasse and Joakim, and, after many years, we were pleased to see the return of Barbro as secretary and Göran as part-time statistician.

After three years’ hosting of Scand J Public Health we have seen 443 manuscripts pass our review process, of which we have accepted 147 for publication. During 2002 we published three supplements, the 2001 National Public Health Report, the final report from Swedish Public Health Commission and proceedings from the Copenhagen conference on “Reducing Social Inequalities in Health”.

As always our masters and PhD students have contributed significantly to making our environment truly international and, probably resulting from the establishment of UISPH in 2001, we have seen increasingly more applicants to our MPH programme as well as to the annual summer course.

What also affected virtually all of us during 2002 was that our environmental crowding problem was solved at last. After refurbishment and culturally appropriate decoration mastered by Anna-Lena we moved in “upstairs”, and there was almost universal internal migration taking place within the 9B building. Our long-felt frustration is potentially changing into creative efficiency.

Stig Wall,

Head of Division

Printed by Print & Media, Umeå, Sweden 2003
Cover photo: Rolf Eklund, Print & Media

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PhD events during 2002



Nailing of Adi's thesis



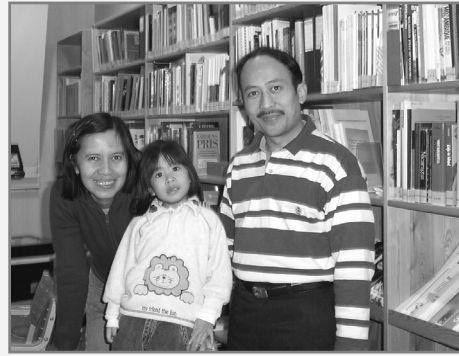
Opponent and respondent



Examination committee



Karin and Birgitta



Adi, Putri and Iwan



Indonesian post-doc performance





Nailing of Zia's thesis



Opponent and respondent



Wife and daughter



Tutor and respondent



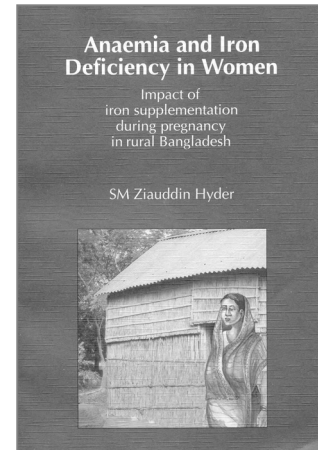
SM Ziauddin Hyder

Anaemia and iron deficiency in women. Impact of iron supplementation during pregnancy in rural Bangladesh

Thesis defended: 29 May 2002

Opponent: Prof Gunilla Lindmark, International Maternal and Child Health – IMCH, Uppsala University

Supervisors: Eva-Charlotte Ekström and Lars Åke Persson



Iron deficiency anaemia is a global public health problem that affects women in all stages of the reproductive cycle. Current iron supplementation strategies in public health settings have met with limited success. Alternatives with intermittent dose frequency have been suggested to reduce side effects, increase compliance and iron absorption and, thereby, improving effectiveness. The objectives of this thesis were to assess the anaemia problem in rural Bangladeshi women, and to compare the impact of a daily and a weekly iron supplementation on haemoglobin (Hb) outcome in pregnancy and puerperium.

In a survey of 179 rural non-pregnant women (15-45 years), anaemia (Hb <120g/l) was highly prevalent in all social strata, however, severe anaemia (Hb <70g/l) was uncommon.

An iron supplementation trial was conducted in 50 antenatal care centres randomly assigned to provide women with either 60 mg iron daily or 2 x 60 mg once weekly from second trimester to 6 weeks post partum. Compliance was monitored over 11 weeks of supplementation during pregnancy by use of a pill-bottle equipped with an electronic counting device. Side effects were assessed by recall after 4 weeks. Hb was assessed at baseline, after 4, 8 and 12 weeks and at 6 weeks after delivery. Iron status was assessed at baseline and at 6 weeks post partum by serum ferritin (sFt) and serum transferrin receptors (sTfR).

Half of the pregnant women (n=214) at baseline had anaemia (Hb <110 g/L) while none had severe anaemia. Four out of five cases of moderate anaemia (Hb 70-99 g/L) and every second case of mild anaemia (Hb 100-109 g/L) had indications of iron deficiency (sFt <12 µg/L and/or sTfR >85 mg/L). When evaluating the effect of iron supplementation on haemoglobin concentration no difference was found per iron tablet taken as daily or weekly dose schedule. The first 20 tablets consumed produced most of the effect, and the maximum response was achieved after about 40 tablets. Side effects were more common in the weekly group, but had limited influence on compliance. Compliance was higher among those taking tablets on a weekly basis. A significantly larger haemoglobin response was achieved by a 12-week daily regimen as compared to weekly. At 6 weeks post partum, there was a dose-dependent effect of iron supplementation that did not differ between the two regimens.

Reduction of anaemia is dependent on the actual number of iron tablets consumed rather than on supplementation regimen. The current international recommendation of iron supplementation in pregnancy seems to be unnecessarily high. Since most of the improvement in haemoglobin concentration was found to occur early in treatment, the initial supplementation dose in pregnancy should be set as high as possible, which may then be followed by a lower (intermittent) dose. The study provides evidence that the impact of iron supplementation in pregnancy could be sustained after childbirth.

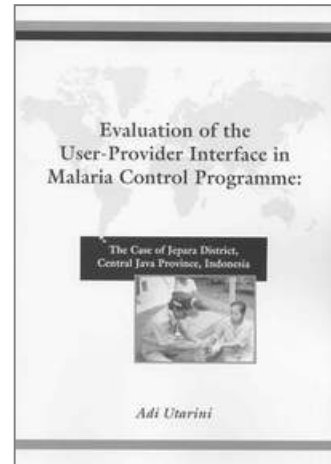
Adi Utarini

Evaluation of the user-provider interface in malaria control programme: The case of Jepara district, Central Java province, Indonesia

Thesis defended: 11 October 2002

Opponent: Professor SW Lindsay, School of Biological & Biomedical Sciences, Durham, UK

Supervisors: Anna Winkvist, Lennarth Nyström and Daniel Chandramohan



Early detection and case management remain the main strategies in malaria control programme (MCP) in a low endemic area such as in Java Island, Indonesia. These strategies require an understanding of the community's care-seeking behaviour in relation to the various health services. Since most malaria cases in Java are diagnosed at home by the village malaria workers (VMWs), this study aimed to examine the user-provider interface in early detection and case management of malaria, particularly the interaction between the clinical malaria patients and the VMWs.

The number of blood slides examined and the laboratory results over a 20-year period were retrieved from the routine malaria surveillance system. The population at risk of malaria and the rainfall data were obtained from secondary sources. In addition, age, sex, malaria species, types of drugs, drug and dosage and time lapse between slides taken and examined were recorded from the malaria registers at the three endemic health centres from 1994-1998. The quality of diagnosis was examined by re-reading 153 slides at the Faculty of Medicine, Gadjah Mada University. Prior to using rapid assessment procedures (RAP), we proposed 11 criteria and applied these to 15 published RAP studies in health. For each of the papers, two authors assessed the adequacy of information provided independently. Using the criteria as a guideline for developing a protocol, a RAP study of malaria was thereafter carried out. Data were retrieved from 38 free-listings, 28 in-depth interviews, seven focus group discussions and unstructured observation. A qualitative thematic content analysis was applied. Finally, based on the RAP results, a one-year longitudinal study of care-seeking behaviour of all clinical malaria cases treated by the VMWs was conducted in Mlonggo II area.

The incidence of malaria during the 1990s fluctuated, albeit at the lower level than that of the 1980s, and it reached a peak (3.5/1000 population) during an outbreak in 1996-97. There was no clear association between the El Nino phenomenon and incidence of malaria. The incidence was almost twice as high in children <15 years than in adults (15+ years). In <5 year old children the risk of *P. vivax* malaria was higher than the risk of *P. falciparum*. Comparisons between active and passive case detection (ACD and PCD) showed that almost 60% of 10, 493 confirmed malaria cases in Jepara were identified from ACD. ACD also detected significantly higher percentage of *P. falciparum* gametocyte infections than PCD (14.7% vs. 5.7%). Applying the criteria to the published RAP studies, it was found that information was limited to address subjectivity, staff and ethics criteria. In Jepara, malaria (known as *katisen* or *panas tis*) was considered a common but minor illness. However, when the illness was perceived as important, the community had a good access to different health care providers. Eighty seven percent of cases had been treated by the VMWs on day four of the illness period. On day two, the proportion not treated was significantly higher in male than in female cases (60.7% and 54.6%; $p < 0.01$) and in those <15 years of age compared with those 15+ years (71.3% and 56.9%; $p < 0.001$). Insufficient understanding of malaria signs and symptoms likely leads to delay in illness recognition and treatment. Interactions between the VMWs and the patients were mostly focused on medical tasks, and low compliance with treatment was a common concern of the VMWs in the interaction.

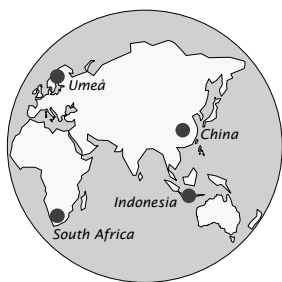
If case management continues to be the main strategy in MCP in this low endemic area, the emic perspective of the people must be well integrated to improve home treatment. Likewise, simple interventions to strengthen the role of VMWs in home management should be conducted.



Thomas A. Pearson, Honorary Doctor of Medicine at Umeå university 2002

Thomas Pearson was born in 1950 and has Swedish ancestors. He got his medical and epidemiological training at Johns Hopkins School of Medicine and School of Public Health. He is medically qualified in internal medicine, cardiovascular diseases and preventive medicine. Between 1987-97 he was professor of epidemiology and chair of Mary Imogene Bassett Research Institute in Cooperstown, New York, and since 1990 adjunct professor of nutrition at Cornell University, and since 1994 also at College of Health and Human Development, the Pennsylvania State University. Since 1997 he has the Albert D. Kaiser chair of medicine at University of Rochester and is Senior Associate Dean of clinical research at University of Rochester Medical Center. He has published more than 250 original papers and contributed to some thirty books and monographs.

Thomas Pearson is a leading cardiovascular epidemiologist, with research on all levels from patient to health systems, population and health policy. He has received several prestigious awards from the American medical and cardiology associations. Thomas Pearson has internationally been a pioneer by at an early stage predict and theoretically characterizing the epidemiological transition and the approaching cardiovascular epidemic in developing countries. He has thus contributed to partly shifting the epidemiological development research in our faculty towards chronic diseases. He has in international fora argued for the unique potentials of the Medical Biobank in Umeå and he has actively marketed UISPH and our international public health training in USA. He has initiated comparative studies between Västerbotten and upstate New York for population-based prevention and taken part in the documentation of a long-lasting intervention work and its effects.



Presentation of STINT scholarship fellows 2002/2003

(the Swedish Foundation for International Cooperation in Research and Higher Education - STINT)

Since 1997, the STINT foundation has made a number of one-year MPH scholarships for study in Umeå available to students from certain countries in East Asia, South Africa and Latin America. These seven students are the current group of scholarship holders.



Endang, Shen Chih, Ying, Sadia, Agus, Firdy and Modise

Endang Maria Sumiwi. Medical Doctor. Public Health Department, Medical Faculty, Gadjah Mada University, Jogjakarta, Indonesia.
Thesis title: Towards equity in financing and delivery of health care: an evaluation of paying for health care in Jogjakarta, Indonesia. A protocol study.

Shen-Chih Chang. Assistant Research in Dept of Surgery, National Taiwan University Hospital, Taiwan. (Bureau of International Cultural and Educational Relations, Ministry of Taiwan).
Thesis title: Evaluation of the cervical cancer screening in Taiwan.

Ying Hua. Associate Professor, Health Policy and Management, School of Public Health, Fudan University, Shanghai, China.
Thesis title: Self-care in adolescent in Shanghai.

Sadia Bibi Khan. BSc. Lab Assistant, Fragrance, Crown Mines, South Africa.
Thesis title: Does breastfeeding really affect maternal mortality among HIV-infected women?

Agus Mutamakin. Medical Doctor. Public Health Department, Medical Faculty, Gadjah Mada University, Jogjakarta, Indonesia.
Thesis title: Evaluation of routine health information system after decentralized health sector implementation in Jogjakarta district, Indonesia – A protocol study.

Firdy Permana. Medical Doctor. Public Health Department, Medical Faculty, Gadjah Mada University, Jogjakarta, Indonesia.
Thesis title: Association between environmental tobacco smoke and respiratory status among student of junior high school in Jogjakarta, Indonesia – A protocol study.

Modise Mogotsi. Addictions Counsellor, Kenilworth Place Addiction Treatment Centre, South Africa.
Thesis title: Quality of life in mental health context: an occupational therapy perspective.

My Cameroonian student life at UMEÅ University



I am coming to UMEÅ University with full apprehension about the studies.

On my arrival in UMEÅ, two staff members from the department who took me to my accommo-

dation and helped me to settle in welcomed me.

After one week's orientation and later, when courses start, I realise that everything is being done to ensure the success of the participants. The welcoming atmosphere, staff students' relationship, courses content, group of work, lecture, and the availability of the teachers, etc.

The sessions are fully interactive, with active students' participation rather than soliloquy boring and restricting. So we go to the course with confidence because we know that, we are understood by the others (teachers...).

There is no hierarchy, belief, disregard, preconceptions, defiance of us (we as students from abroad, others race, and differences). Our differences are seen as enrichment.

At the department, we are sure to find support, and answer to our questions whatever they are, and find guidance.

We can have some advice in the everyday life: weather, leisure, studies, sport, accommodation, administration and medical registration.

We spent a wonderful day near the sea, with all the staff; where everyone had to introduce him/herself (students, teachers, and administration workers). We ate, played, and discussed together. Thus after a day like this, we felt like members of a family, except that we have examinations, work presentation, lecture, and exercises to recall us the academia side of our staying.

Compared to other kind of studies, Umeå University gives an environment, conducive for

studies particularly for me as an Africa Cameroonian student.

At the beginning, the Swedes seem to be aloof, but when you break this initial barrier, you are welcoming and you easily adapt because, it is you as an individual, your well-being and success which are take into account. We are not kept out of the society.

At the department of Epidemiology and Public Health, we came from different countries, but the atmosphere is nice, friendly, and respectful. We help each other. I spend a lot of time studying Medical Sociology after the lecture with the other students; from China, Bangladesh, and Indonesia. But in the end, all of us passed the exam. It was a good time for us: studying, eating, and talking. I learnt more about the others' culture, and countries. Now I have some friends in Ethiopia, Sweden, China, etc. I never thought before Sweden that I could have so many relations around the world.

I have a nice room, well equipped, clean, well heated, in the corridor.

I share a living room, and kitchen with the other Swedish students and we have a fika every week. They also help me to learn the Swedish language, habits, and the society. They want to know more about Cameroon, and they wish to come to visit my country one day.

Then although it is cold outside sometimes, but it is still warm inside particularly, at the department of Public Health.

So, here I dare to defy the cold and snow and come everyday to the lecture with an agile pace because I feel well, and learn better.

I am confident that, I will do my best and I am happy to be here.

It was a good decision to come here.

It is definitely a positive phase in my life and a pleasure to study at Umeå university

Leonie Dapi Nzefa

Coming to Umeå



I still remember, when I was studying in Russia I had a friend from Tanzania and he used to come and work here in Sweden during his summer vacation. He was explaining to me about Sweden. So, just

before I finished my studies I went to the Swedish Embassy in Moscow and took the list of Universities in Sweden. There I found the Umeå university. Until that time I knew only two cities in Sweden (Stockholm and Gothenburg)

When I was doing my familiarization training programme in Sri Lanka I got more interested in the Public Health field, so I applied for MPH programme to Umeå. By that time I had a good confidence that I would be able to get a chance to study here. Therefore, I was reading all the information regarding the Umeå University via Internet.

Unfortunately later on I got an E-mail from Karin that I was not selected to the MPH programme. I was shocked and so disappointed. But in that E-mail the last paragraph was saying that “but you are still on the waiting list for 2nd selection. This I didn’t believe any more. However, I asked her to put me on the waiting list.

After my Familiarization training programme I planned to visit my girlfriend in Moscow for her Medical Graduation ceremony. At the same time a friend had joined the Srilankan Army as a civil servant Doctor and he wanted me to join there too. So he asked me to fill an application and hand over to him before I go to Moscow so that when I come back from September I would start working. But my girlfriend doesn’t want me to work for Srilankan Army - she totally refused that idea. Therefore, I told my friend to wait until I come back from Moscow.

In Sri Lanka the month of May and June are the rainy season. We were having heavy rain with thunder. One day when I came from the hospital my computer, telephone and other electronic items got burnt due to heavy thunder. I was so worried, especially as I am not able to access the Internet. But just after one week of this incidence I was able to go to Colombo. There I went to an Internet café and checked my E-mails. ‘Incredible’ I was unable to believe myself as I

got the news from Karin that I was selected. I was so happy and I screamed there. I had a phone card with me and I called everybody until the card got finished.

Europe is a familiar place to me as I studied there and as I have been to many parts of the Europe.

Comparing Sweden with the other European countries I like Sweden for many reasons. I love the environment and here we have pure environment, which is not polluted, as the other countries. Even before I come here I knew that Sweden is an environmentally friendly country. Therefore, we are able to breath pure and clean air.

I feel Sweden is very neat, clean and tidy. I always respect the law and here we have law and order. I do not see any policemen working through the city and asking for documents from people especially from foreigners like in Moscow. After living for 7 years in Russia this is quite strange for me. I don’t see people shouting in the street or blaming foreigners. In Sweden any time at night I am able to walk and it is 100% safe for foreigners.

I can see Swedish people are very calm and quiet people, as well as very decent.

So far I didn’t face any language problems here as most Swedes can speak English. Therefore, in the street or at the supermarket it is very easy as they can translate for me.

I feel that Swedes are very kind people. I have never seen in any other country than this so many adopted people. This matter I really appreciate.

One other big issue for me as a foreigner is racism. I cannot say that Swedish are racists. But at the same time I am not saying that there are no racists. Compared with other Europeans I feel that Swedes are much better. Sometimes it is quite difficult to understand Swedes as they don’t talk much and they are not as open as others. I feel that Swedes do not express their feelings and they just keep inside.

I want to use this opportunity to thank the Swedish government and the Umeå International School of Public Health for giving me the chance to study here. After my studies, wherever I go, I will always remember Sweden and I warmly respect you, “Sweden”. Thank you very much.

Neil Jayasinghe