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The association between female urogenital schistosomiasis and infertility in coastal Kenya: differential impact of childhood versus adult drug treatment

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INTRODUCTION Previous research has documented an increased risk of subfertility in areas of sub-Saharan Africa due to high rates of pelvic infection, as well as an ecological association between urogenital schistosomiasis prevalence and decreased fertility. We examined reproductive patterns, cultural practices surrounding reproduction, and the potential effects of childhood urogenital *Schistosoma haematobium* infection (and the timing of its treatment) on adult subfertility among women in an endemic area of Kwale County on the coast of Kenya.
MATERIALS AND METHODS This project analysed findings from 162 interviews with women of childbearing age in a rural, coastal community, linking them to their individual treatment records from a previous 27 year longitudinal study of schistosomiasis control. Both quantitative and qualitative findings were included.
RESULTS Reproductive histories suggested a much higher local rate of subfertility (43.8%) than worldwide averages (8–12%). Qualitative analysis regarding reproductive practices demonstrated a high saturation of public health messages regarding proper pregnancy care co-existing with continuing ethnomedical beliefs. Although no significant relationship was demonstrated between *Schistosoma* infection history (*per se*) with adult subfertility, due to the high local prevalence of urogenital schistosomiasis (>90% lifetime risk), significant associations were found between age at first anti-schistosomal drug treatment and later fertility in adulthood, with those women who were treated one or more times after age 11 and before age 21 significantly less likely to have experienced subfertility ($P = 0.001$).
CONCLUSIONS The high subfertility rate documented in this study suggests the importance of public health programs to prevent and treat pelvic infections in their early stages in order to limit reproductive tract damage. The qualitative study findings suggest the successful saturation of some public health messages regarding pregnancy care, such as the importance of sleeping under bed nets for malaria prevention. However, other messages, such as the importance of seeking prenatal care, were less frequently mentioned. Finally, the findings strongly suggest the importance of early anti-schistosomal treatment to prevent the fertility-damaging effects of urogenital schistosomiasis, and lend further support for programs providing universal treatment of children in *Schistosoma*-endemic regions.
DISCLOSURE Nothing to disclose.

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Diverxualitat: a model of comprehensive intervention to improve access to affective sexual and reproductive health in a multicultural context

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INTRODUCTION DIVERXUALITAT is a model of comprehensive intervention that aims to improve access to Affective Sexual and Reproductive Health (ASRH) of the immigrant population in Catalonia (Spain), through the provision of knowledge and practical tools to health professionals.
METHOD It is the result of a research process based on a qualitative descriptive pilot study: Assessment of the health care approach to access to Sexual and Reproductive Health Rights SRHR for women in reproductive age of migrant origins in Spain. An empirical approach to social determinants that affect access to health.
RESULTS The *Assessment* results point out the professionals' lack of knowledge about clinical tools as well as the lack of a basic ethnographic framework to address cultural diversity. Consequently, cultural prejudices and barriers to communication and interpretation of messages in the relationship between the professional and the user do exist.

Proposed model of intervention (workshops) in order to meet the identified needs. Two tools have been developed:

Web (www.diverxualitat.com): a resource platform that provides a fast and convenient access to clinical guidelines, protocols and official plans related to ASRH (Chagas disease, Sexually Transmitted Infections, Malaria, etc.)

Two educational videos: its content reflects the barriers and difficulties existing in the relationship between the professionals and the immigrant users when accessing the SASR through two specific situations: the first one deals with the intercultural competences issue through the story of a pregnant women with Chagas disease who visits the doctor; the second one deals with the issue of sexually transmitted diseases through a teenage couple visiting a family planning center due to a broken condom.

CONCLUSIONS Considering cultural diversity and inequality means avoiding bias in health care and improves the understanding of the fact that many of the situations faced by immigrant women and men, which affect their health, are the result of the intervention of social determinants.

The provision of knowledge and practical tools related to ASRH to health professionals will generate a more comprehensive treatment to the user and an attitude change towards cultural diversity, thus improving access to health and fostering their direct participation in the transformation for a more equitable society.
DISCLOSURE Nothing to disclose.