

GOVERNANCE

“Elite child athletes are our future” - cardiac adaptation to monofin training in prepubertal Egyptian athletes

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Background: The elite child athletes are one who has superior athletic talent. Monofin (a single surface swim fin) swimming already proved to be the most efficient method of swimming for human being. This is a novel descriptive study examining myocardial function indices in prepubertal monofin children. The aim of the present study was to determine the influence of long-term monofin training (LTMT), 36 weeks, 6 times per week, 90 min per unit on Myocardial function adaptation in elite child monofin athletes.

Methods: 14 elite monofin children aged 11.95 years (± 1.09 yr) took part for (LTMT). All subjects underwent two-dimension, M-mode, and Doppler echocardiography before and after training to evaluate cardiac dimensions and function; septal and posterior wall thickness. Statistical methods of SPSS, means \pm SD and paired t test, % of improvement were used.

Findings: There was significant difference ($p < 0.01$) and % improvement for all echocardiography parameter after (LTMT). Inter ventricular septal thickness in diastole and in systole increased by 27.9 % and 42.75 %. Left ventricular end systolic dimension and diastole increased by 16.81 % and 42.7 % respectively. Posterior wall thickness in systole very highly increased by 283.3 % and in diastole increased by 51.78 %. Left ventricular mass in diastole and in systole increased by 44.8 % and 40.1 % respectively. Stroke volume (SV) and resting heart rate (HR) significant changed (sv) 25 %, (HR) 14.7 %.

Interpretation: the unique swim fin tool and create propulsion and overcome resistance. Further researches are needed to determine the effects of monofin training on right ventricular in child athletes.

Abstract #: 1.001_GOV

How immigrant women living in Ontario experience culturally competent care during pregnancy

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Background: The experience of poorer birth outcomes for many immigrant women living in Canada can only be enhanced when “effective prenatal care integrates the best available information into a shared model of decision making” (Kirkham et al 2005 pg 1307) between the pregnant woman and the health care worker, and this can only begin at the point during the delivery of services, when cultural competent care is being provided.

Methods: A qualitative ethnographic study with eight in depth one on one interviews with immigrant women, sampled from a church and a prenatal program from Unison Community Health Centre in Toronto, Ontario. The women had more than one child, but

no more than four children, and were between the ages of 30-50 years old, and lived in Canada between 2 to 37 years.

Findings: The participants within this study acknowledged the presence of prenatal care and services being provided by the health care system, though the majority did not attend prenatal classes. The immigrant women from this study discussed a need for larger social support networks during and after pregnancy, and health care professionals that took the initiative to understand their cultural needs and wants on an individualistic level. The participants highly preferred midwifery as a form of prenatal care, and they did not rely much on what was culturally appropriate and competent care, but rather relied on their personal cultural networks.

Interpretation: The research concluded that different measures of care were needed other than the prenatal care/services that are provided through Ontario. Four final recommendations were made according to the findings to provide a platform for future progression towards the enhancement of prenatal care and services so that it reflects the needs of the immigrant women population.

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Political accountability and public service provision in Africa: evidence from Ghana

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Background: The quantity and quality of public services, notably basic health services, vary substantially within and across countries in Africa. Why are some governments much better at providing public services to citizens than others? We investigate the political sources of weak public services in Africa using Ghana as a case study. We argue that partisan attachment of voters plays a key role.

Methods: We use a unique dataset from a UNICEF project in 2014 on public service provision by local governments in Ghana. Under this project, all the 216 local governments in the country are scored, using objective performance indicators in health, education, water, governance, and security services. We combine data from this project and electoral data for each district to investigate the impact of political accountability—measured by the distribution of voter attachment to political parties—on supply of and demand for basic services. Supply is measured by rural water coverage and a composite score of public services supply called the District League Table (DLT) score. Demand is measured by percent of women delivering with a skilled birth attendant—the most critical intervention to reduce maternal mortality. We use simple linear regression analysis.

Findings: We find that supply and demand of public services is much lower in districts where voters are strongly attached to political parties. Controlling for other factors, strongly partisan districts score about 10 percentage points lower in rural water coverage and the DLT score than weakly partisan districts; deliveries by skilled