

December 2014. We report descriptive statistics, including: - Time from US arrival to first clinic visit - Visits in the first six months of arrival - Number of patients who continue care at the clinic one year after immigration - Hemoglobin A1C, Blood pressure, BMI, Cholesterol, HDL, LDL, Triglyceride - Positive PPD prevalence, number initiated on INH therapy - B12 level, Vitamin D level - Colonoscopy, mammograms, cervical cancer screening, influenza vaccination

Findings: The GIMO patient panel includes approximately 500 refugees, averaging 11 patients weekly. Chart review of 74 refugee patients revealed that 43% (n=32) are males and 57% (n=42) are females, with a mean age of 49.6 years (SD 18.0). Mean BMI of 25.4 (SD 4.9). Of the 74 patients, 36 (49%) obtained a hemoglobin A1c on the initial visit to screen for diabetes. The mean hemoglobin A1C was 6.3 (SD 1.3). Most refugee patients were not up to date on preventative measures including mammograms, Pap smears, and colonoscopy. Additional chart review is in progress.

Interpretation: A significant percentage of our patient population was diabetic or pre-diabetic. In addition, we found that our refugee patient population is older and not current on preventative measures. Based on our findings, we hope to implement interventions that address the barriers to effective preventative health care. Future areas of study include depression, PTSD and somatization disorder. These disorders are increasingly recognized in our refugee population, and further research is needed to target development of screening tools and referral mechanisms to improve care for this vulnerable group.

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Abstract #: 02SEDH014

Parenting styles and emerging adult drug use in Cebu, the Philippines

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Background: Illicit drug use is a global public health concern and adolescence is a period of vulnerability. Methamphetamine use, in particular, is of concern in Southeast Asia. Parenting styles can influence adolescent substance use but little is known about the applicability of findings from Western parenting styles literature to other cultures. We assessed associations between offspring-reported parenting styles, at age 18 and offspring-reported drug use three years later in Cebu, Philippines. We hypothesized that the permissive and authoritative parenting styles would be associated with a reduced odds of drug use while the authoritarian and neglectful styles would be associated with an increased odds of drug use.

Methods: We used data from 2002 and 2005 rounds of the Cebu Longitudinal Health and Nutrition Survey (CLHNS) in the Philippines. The sample included 1,723 offspring (2002 mean age \pm SD = 18.2 \pm 0.40) who reported mothers' and fathers' parenting styles in 2002 and their own lifetime drug use in both 2002 and 2005. Logistic regression models assessing odds of drug use by age 21, given reported parenting style, were adjusted for 2002 risk behaviors, adolescent characteristics, and parent/household characteristics.

Findings: At age 21, 39.7% of males and 5.1% of females reported having tried drugs. The most commonly reported drug was shabu (methamphetamine) followed by marijuana. As compared with the permissive style, authoritative mothering was associated with a decreased odds of boys having tried drugs by age 21 (OR = 0.53, 95% CI 0.29, 0.97) and neglectful fathering was associated at a trend level with an increased odds of boys having tried drugs by age 21 (OR = 1.70, 95% CI 0.95, 3.04).

Interpretation: Many emerging adults in this setting reported having used drugs, particularly methamphetamine, a dangerous drug with high abuse potential. Authoritative mothering was associated with reduced risk of drug use while neglectful fathering was associated with increased risk. These results are similar to Western findings indicating that the authoritative style is optimal for offspring mental health and substance use outcomes. As this was an observational study, there is always the risk of unmeasured confounders and residual confounding. We were also only able to report results for the boys in our sample due to the limited number of adolescent girls who reported having used drugs. Findings underscore the importance of both mothers' and fathers' parenting in efforts to prevent drug use in Filipino youth and add to the literature on cross-cultural variability in parenting styles.

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The impact of maternal age at marriage on malnutrition of hospitalized children in Dhaka, Bangladesh

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Background: Childhood malnutrition is a worldwide health problem that continues to cause numerous deaths in children under five years of age without any significant improvement for last several decades, especially in south-east Asia. This study focuses on understanding more about the maternal and childhood characteristics associated with malnutrition of children under five (1-59 months) at the Dhaka Hospital of the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) in Dhaka, Bangladesh. Specifically, we asked if younger maternal age at marriage, younger current age of the mother, and lower birth order relates to more severe malnutrition in hospitalized children.

Methods: A total of 135 subjects were enrolled in this cross sectional study according to eligibility criteria: children 1-59 months admitted to the short stay, long stay, malnutrition, and intensive care units of icddr,b between July 8-August 6, 2013. The study was approved by Stanford University Research Compliance Office and icddr,b Research Review Committee and Ethics Review Committee. After patient's mother signed informed consent, information was collected through translated interviews with the mothers and electronic medical records. Responses were recorded on secure REDcap database. Weight for age Z score, $Z < -2$ (underweight), was the primary measure of malnutrition used for data analysis. With SAS Enterprise Guide 6.1, Pearson's correlation, Fisher's Exact test and exploratory analysis were conducted.

Findings: Data analysis shows no statistically significant relationship between maternal age at marriage of the mother or current age of the mother and the child's malnutrition level. However, this study

supports other findings in which decreased educational years ($p=0.019$, Fisher's Exact test) and decreased BMI of the mother ($p=0.009$, Fisher's Exact test) relates to more severe childhood malnutrition.

Interpretation: Due to small sample size, low power of the analysis, and other limitations, we cannot draw conclusions on the relationship between maternal age at marriage and childhood malnutrition, but we do see that, even with this underestimated number, 62.96% of the mothers married under the age of 18 (the legal marrying age for Bangladeshi females). The child, mother, and household characteristics we studied allow us to have a holistic perspective on the social situations of hospitalized children at icddr,b. Future study with large sample and adequate power may help in further understanding the health of the mother in obtaining gravidity and parity and the child through collecting health outcomes of the hospitalized children.

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Abstract #: 02SEDH016

Assessing the quality of HIV Counselling, Testing and STI Consultation services for vulnerable populations in Nigeria

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Background: Quality of health services received by Most at Risk Populations was assessed in Nigeria. The goal was to identify barriers to accessing quality sexual and reproductive health services among MARPs in order to improve MARPs HIV prevention services.

Methods: 314 MARPs comprising of 109 Female Sex Workers, 101 Persons Who Inject Drugs and 104 Men who have Sex with Men visited selected health facilities, with the intention of either obtaining HIV Counselling and Testing or STI consultation services. After receiving the service, they completed a questionnaire immediately documenting their experience with the health care providers. Ethical approval for this study was granted by the Nigerian Health Research Ethics committee which regulates all research in Nigeria. All participants in this study were requested to complete and sign an informed consent form to indicate their willingness to participate.

Findings: 85% respondents found the health facilities easily accessible and operations time from Mondays to Fridays convenient. Health communication materials like posters and pamphlets were visible to about 50% of respondents and only about a third believed the materials addressed their needs and concerns. Although a good majority (71%) reported that they were counselled in separate rooms however, confidentiality of interactions could not be guaranteed or was compromised, as 50% of the responses believed that their conversation could be heard by others around. 50% disclosed that registers other clients were kept out of sight during the counselling sessions. On STI consultation and treatment about 50%, adjudged the providers to be friendly, welcoming, non-judgmental and felt comfortable with them.

Interpretation: A critical issue that emerged from this study is a situation of poor information exchange between healthcare providers and their clients. Providers were not eliciting required information

that should inform their interactions with clients and did not guarantee confidentiality of self-reported details provided by the service seekers. This study was conducted in only 10 out of 37 states in Nigeria and the Most at Risk Persons enrolled onto the SHIPS for MARPS project was the population from which the respondents were drawn. The health facilities visited were those that had a memorandum of understanding with the SHIPS for MARPS project. This study was conducted with support from the USAID (Strengthening HIV prevention Services for Most at Risk populations project in Nigeria-SHIPS for MARPS)

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Storage and disposal of poisons in rural Ghana: Community perceptions and perspectives

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Background: A variety of chemicals, including pharmaceuticals, cleaning products, fuels, and agricultural chemicals can be classified as poisons and represent potential threats to human health and the environment. The number of poisoning deaths specific to Africa is not available because of limited reporting; however, the WHO states that 346,000 people died worldwide in 2004 from unintentional poisoning with 91% of those deaths occurring in low- and middle-income countries. The aim of this study is to better understand the storage and disposal of poisons in rural Ghana in July 2014.

Methods: This study in rural Ghanaian communities in the Barekese Sub-district evaluated community members' knowledge of poisons, including their storage and disposal. Convenience samplings were conducted in six communities through 140 interviews of adults as part of the Barekuma Collaborative Community Development Project (BCCDP). Informed consent was provided in Twi by native Twi speakers before conducting each interview. The Committee on Human Research, Publications and Ethics at the Kwame Nkrumah University of Science and Technology approved this research.

Findings: Of the 140 participants, a majority were farmers (44.3%) followed by traders (12.9%). Only 1 person (.7%) could not identify that a poison is something that can cause harm or death. Three respondents (2%) could not give an example of a poison. Agrochemicals were cited most frequently, with DDT mentioned 42% of the time and other agrochemicals mentioned 48% of the time. Participants also described why poisonings occur, with cognitive problems, suicides, or overdoses as the most common responses (35.8%). Next, involuntary ingestion was listed (25.0%), which was followed by poisoning via confusion and improper storage (20.0%).

Interpretation: Awareness of pesticides and other agrochemicals as a poison is high. Farmers make up nearly half of the community members interviewed, and 90% of all respondents named a type of agrochemical as poison. This seems to be because the potential harm of agrochemicals is known because it is used to kill, while the other products are not. Participants were aware of poisonings that had occurred in their communities (23.6% aware of medical poisonings, 22.9% aware of agrochemical poisonings, 14.3% aware of household cleaner poisonings, and 9.3% aware of petroleum poisonings), but few participants thought their own storage and disposal practices could increase the risk of poisonings (11.4% for medical poisonings, 6.4% for agrochemical poisonings, 9.3% for household cleaner poisonings, and 3.6% for petroleum poisonings). This contradicts their