

moderating effects between household SES and three forms of social capital—network ties to health providers, network ties to teachers, and ties to bridging organizations—such that the effect of household SES on child underweight was buffered by social capital.

Interpretation: Social capital is not only an important factor for the improvement of child health, it can also play an important role in mitigating socioeconomic disparities in child underweight. In particular, social connections to health providers and teachers might benefit households by increasing knowledge about better feeding practices and disease prevention or by connecting families to medical care and supplementary feeding programs. In addition, membership in bridging organizations may facilitate access to useful information for raising a child as well as improve the economic situation of the household, thereby providing access to food and other household necessities.

Funding: This study was supported by the Population Research Training grant (T32 HD007168) and the Population Research Infrastructure Program (R24 HD050924) awarded to the Carolina Population Center, and the Canadian Institutes of Health Research.
Abstract #: 01SEDH032

Feasibility of using world health organization standard verbal autopsy to assess causes of neonatal and post-neonatal death in Enugu Nigeria

C.S. Ugwu¹, E.E. Ezeanolue², J. Ehiri¹, K. Ernst¹; ¹University of Arizona, Tucson, AZ/US, ²University of Nevada School of Medicine, Las Vegas, NV/US

Background: The study aims were to assess the feasibility verbal autopsy (VA) interviews to identify causes of neonatal and post-neonatal mortality in a community-based setting in Enugu Nigeria. The following were assessed 1) adaptability of the World Health Organization (WHO) standard VA tool to regional language, Igbo 2) logistical implementation of the interviews and 3) cultural acceptability of the tool. This study was nested under the Healthy Beginning Initiative (HBI) a randomized control trial that examined the uptake of HIV testing during pregnancy when conducted during a baby shower. Participants who experienced neonatal and post-neonatal death after enrollment into the study were identified. VA interviews were conducted with parents or close relatives who provided care to the deceased using the WHO VA questionnaires. Interviews were conducted in Igbo language, Pidgin, English per participant preference. Interviews were conducted in June and August 2014. A total of 30 neonatal and post-neonatal deaths were assessed. Data collection issues: 1) field workers skipping questions during interviews resulted in missing data necessary to identify probable causes 2) caregivers inability to remember events due to time lapse before interview. Logistical constraints included: 1) time to complete the interview 2) lack of a private place to conduct the interview 3) inadequate transportation networks 4) study participant relocated. Barriers to cultural acceptability included 1) conflict with religious beliefs 2) presence of additional person and 3) problems with the adaptability of the WHO survey were primarily related to some concepts not adequately translated into Igbo. Positives of using VA: 1) causes of some infant deaths assessed 2) participants with history infant loss identified. Solutions for addressing some of the difficulties in implementation include: 1) Field workers should use VA questionnaire to guide the interview and form completion before interview ends 2) review of interview data within a few days after completion by supervisor completion. Logistics: 1) establishment of a central location where interviewees can meet 3) transportation stipend to defray travel cost for participant 4) understanding of terrain and road conditions of communities for interviews

that need to be conducted closer to a participants' residence Follow-up interviews can be conducted by telephone. Cultural awareness: 1) prior conversation with primary caregiver or interviewee, detailing the purpose of the verbal autopsy prior to interview, this conversation may help improve trust and guide who would be present with primary caregiver/ relative responder during the interview 2) separate interviews if several caregivers are willing to provide information and then analyzed together to determine if discrepancies in answers exist 3) consulting traditional medicine practitioners on local terms for some illnesses. W.H.O standard verbal autopsy questionnaire may be feasible in Enugu Nigeria, if problems and solutions identified in the pilot study are taken into consideration.

Abstract #: 01SEDH033

Do health programs contribute to security of a society? A historical metanalysis

S.G. Waller, K.M. Chu; *Uniformed Services University of Health Sciences, Bethesda, MD/US*

Background: Establishment of a causal link between health and security in a society is problematic. Creating a secure environment clearly facilitates access to health services, but the reverse linkage is not confirmed. In insecure situations, such as civil resistance campaigns, health interventions applied to improve security are often a component of a multi-factorial effort, and the specific progress attributable solely to health programs is murky. Health interventions may stabilize a society indirectly, through economic progress, or in a non-linear relationship that can be optimized.

Methods: As a proxy for 'security', the authors have performed an open-source meta-analysis of the NAVCO 2.0 database of civil resistance campaigns, assembled by Chenoweth and Stephan. (Why Civil Resistance Works: The Strategic Logic of Nonviolent Conflict — E Chenoweth and M J Stephan, Columbia U Press, 2011.) The database of 323 civil resistance campaigns over a recent 87-year period worldwide showed that 'non-violent' campaigns were more successful and more broadly-based in society than 'violent' campaigns. Even when nonviolent campaigns failed, society was more stable and peaceful (better "security") than in the aftermath of a violent campaign. We used a series of online search techniques to examine each campaign for a health component (provision of care, improved access to care).

Findings: Using Chenoweth and Stephan's judgments of campaign success, we found that having a health component was rarely documented, and the lessons learned were also unlikely to be available. In those campaigns where a health component could be determined, there was an association with the ultimate success of the campaign.

Interpretation: Even though we determined association, not causation, we believe that any link - or no link - between health and resultant stability and security is notable. Huge resources in personnel, equipment, and funding are directed toward health programs under the banner of better mutual security. We believe that our technique merits additional research efforts, and can yield new insights for better health programs in unstable environments.

Funding: none.

Abstract #: 01SEDH034

Pediatric facial fractures in South Africa

F.K. Wong¹, S. Adams², T. Coates¹, D. Hudson³; ¹David Geffen School of Medicine at UCLA, Los Angeles, CA/US, ²Red Cross War Memorial Children's Hospital, Cape Town, ZA, ³University of Cape Town, Cape Town, ZA