

Methods: We administered a survey including a validated stigma instrument and HBV knowledge questions to a convenience sample of 1200 participants in two urban hospitals in Ho Chi Minh City (Children's Hospital 2 and The People's Hospital of Gia Dinh) and at two internal medicine clinics in Chicago over a 10-month period. Participants who failed to complete more than 10 items were excluded. An HBV stigma score and a knowledge score were calculated for each participant and associations were evaluated between these scores and demographic variables. This study was approved by the IRB at the University of Illinois at Chicago and the Human Subjects Committees at the University of Medicine and Pharmacy in Ho Chi Minh City, Vietnam.

Findings: 842 surveys from Vietnam and 170 from Chicago were included in the analysis. The Vietnamese-American population had a higher proportion of individuals with at least a high school education ($p < 0.001$). Vietnamese Americans showed higher rates of understanding that HBV is spread by sexual intercourse ($p < 0.001$) rather than by eating shellfish ($p < 0.001$) or sharing eating utensils ($p = 0.001$). The Vietnamese Americans also had higher total stigma scores. They were more likely to report that persons with HBV feel ashamed ($p < 0.001$) and guilty ($p < 0.001$), and that they can bring harm to others ($p = 0.005$), should be isolated ($p = 0.001$), and cannot be trusted as a friend ($p = 0.001$).

Interpretation: Despite better education and exposure to western cultural influences, traditional views on illness, collective responsibility and family obligations continue to have an important impact on HBV stigma among the Vietnamese in the US. Participants in Vietnam reported lower levels of HBV stigma, likely reflecting changing cultural attitudes in Vietnam. Understanding cultural values, addressing specific knowledge gaps, and humanizing persons with HBV provide starting points to address issues of HBV stigma on both sides of the Pacific.

Funding: None.

Abstract #: 1.029_NEP

Gender differences in mental health outcomes for an OSC population in New Delhi, India

P. Chodavadia, C. Ahuja, K. Kinger, J. Levy; Duke Global Health Institute, Durham, NC, USA

Background: Females in orphaned and separated children (OSC) populations often exhibit worse mental health outcomes than their male counterparts. Although males experience similar levels of life-trauma as females, female populations generally exhibit greater trauma scores, lower self-concept, lower ego resiliency, but also higher attachment and less aggressive behavior than males in similar setting. However, there is limited research on gender differences in mental health in institutionalized OSC populations.

Purpose: In this study, we explored the longitudinal relationship between gender and self-concept, peer and guardian attachment, ego-resiliency, and trauma symptoms at Udayan Care, a residential care program for OSC children in New Delhi, India.

Methods: The study was conducted within a residential care program for OSC children in New Delhi, India. 46 females and 29 males of ages 4–17 were randomly selected across 11 different group homes in proportion to total gender demographics at the institution. We administered Piers-Harris-2, IPPA-R, ER-89, and TSCC to each child in order to measure self-concept, peer and guardian attachment, ego resiliency, and trauma symptoms respectively. Informed consent was obtained from children, caregivers, and community partner institution.

Findings: Males exhibited higher self-concept than females in 2015 ($p = 0.048$). Males also had higher guardian attachment ($p = 0.027$ in 2015, $p = 0.0022$ in 2014) and higher peer attachment scores ($p = 0.013$ in 2015, $p = 0.016$ in 2014) than their female counterparts. There were no significant difference found between males and females for trauma symptoms and ego-resiliency. Although our data showed no significant change in male or female mental health outcomes across 2014 and 2015, male and female mental health outcomes seem to converge for trauma symptoms.

Interpretations: Overall, our findings are consistent with previous research on mental health in OSC populations. Males generally exhibit improved mental health outcomes than females, especially for self-concept and attachment. Based on anecdotal and qualitative evidence, this could be attributed to females ascribing more importance to attachment to biological families. and could contribute to a lower willingness or ability to attach to their peers or guardians in their current home. We hope that these findings will shed light on cross-cultural gender differences in mental health and will serve as a foray for future research on convergence patterns across genders for mental health outcomes.

Abstract #: 1.030_NEP

Relationship between age and ASQ-3 scores for each screening interval in Peruvian infants

K.C. Chong¹, V.L. Zhou¹, D. Tarazona², H. Tuesta², J.E. Velásquez-Hurtado^{2,3}, F. Llanos^{2,3}; ¹University of Rochester, Rochester, NY, USA, ²Perú Ministry of Development and Social Inclusion, Lima, Perú, ³Universidad Peruana Cayetano Heredia, Lima, Perú

Background: The Ages and Stages Questionnaires (ASQ-3) play a vital role as an international screening test for delayed development in children under 5. However, there is frequently great variation in scores between children eligible to take the same ASQ-3 interval based on a 2-month age screening window. This study aimed to determine a relationship between age and ASQ-3 score for each ASQ-3 screening interval.

Methods: This was a baseline cross-sectional study of infants under 2 years old evaluated for the Peruvian national program Cuna Más, responsible for improving infant development in impoverished populations. Age was adjusted for prematurity according to the standardized ASQ-3 Age calculator. This adjusted age determined the appropriate ASQ-3 screening interval administered. Subjects were divided into four 2-week chronological subgroups based on age within each two-month screening window, then aggregated across all 12 screening intervals. Linear regression was