

and the level of cognitive function at a school in Guayaquil, Ecuador. Demographic data was also collected from 175 students between the ages of 5 to 11 years old. Exclusions were those children with a known mental disability. Each student had their hemoglobin levels measured using the STAT-Site Hgb Meter. Cognitive function was measured by the Raven Colored Progressive Matrices (CPM) exam. The CPM exam measures nonverbal intelligence and was selected because it is language independent.

Outcomes & Evaluation: The correlation between the level of anemia and the level of cognitive function was .001 showing no correlation. A T-test from the CPM score also showed no significant difference. Of significance (Beta=0.16, t= 2.5, p= 0.01) was the correlation between cognitive function and monthly household income.

Going Forward: Although the original hypothesis of anemia negatively affecting cognitive function was disproved, it is worthwhile to further investigate the relation between household income and cognitive function. Time spent with parent and child doing homework, the opinion of parents and others in the household on the value of education, and the level of education of the parents are a few of the items that could be considered. Higher incomes resulting in improved nutrition could also contribute to higher hemoglobin levels and higher CPM scores. All of these variables should be studied to show the correlation between household income and cognitive function in children.

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Assessing childhood malnutrition in Haiti: Is the United Nations Millennium Goal #4 being met?

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Background: Context: The United Nations (UN) Millennium Developmental Goal #4 is to reduce childhood mortality. Malnutrition in Haitian children has been a major public health problem. Why the study was done, in one or two sentences: The study was done to quantify the progress of the UN Developmental Goal #4 in Haiti. Aim: The major aim was to examine the nutritional status and characteristics of children that increase risk for malnutrition.

Methods: Study Design: The study was conducted in a medical clinic that serves four communities in the rural Thomazeau region of Haiti. Identifying information was not recorded; participants were not allocated to groups. Participants: Participants consisted of 103 children under the age of five presented in the clinic over seven days. Interventions: Not applicable. d. Analysis: i. Participant numbers were limited by the time period. Primary outcomes were significant variables of these specific populations at higher risk of malnutrition. Both univariate and multivariate analyses were performed. ii. Verbal consent was obtained from guardians. The study was approved by the Texas A&M IRB.

Findings: Provide number of participants assigned and analyzed in each group: Participants were not assigned to groups. Describe outcomes, data, and statistical tests if appropriate. Average age was 2.1 years (SD=1.4), 52% were females, and 63% were first-born

children in families that averaged 2.3 children. Moderate malnutrition (as measured by height-for-age Z-score) was found in 10.9% of children with an additional 5.9% having a severe status. Using a parsimonious multivariable regression model to compare family structure factors to anthropomorphic variables, multiparity was significantly associated with Z-score (p < 0.05), suggesting that higher values may be more protective. Distance from the clinic negatively affected nutritional status. Any important adverse events/side-effects: None.

Interpretation: General interpretation of the results and their significance: Malnutrition is prevalent in this region. Children of new mothers may be at higher risk as new mothers may be less skilled at securing nutrition for children or have fewer resources. Distance from medical care may obstruct treatment for parasites and other common illnesses. We plan to educate community health workers to focus attention and resources toward at-risk populations to decrease malnutrition and hopefully child mortality to achieve the UN Millennium Goal #4. Outline limitations and strengths of the study: The study was only conducted in one rural region of Haiti and may not be representative of the entire country. This study completed its aim.

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Intimate partner violence and condom versus other modern contraception use among married women in rural India

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Background: Data from India document that spousal intimate partner violence (IPV) is associated with both unintended pregnancy and spacing contraceptive use. Analysis of IPV by type of contraception is lacking. Condom use may be less likely than other spacing contraception in the context of IPV, as it is under male control. This study aims to assess associations of physical and sexual IPV with condom and other contraception use among married women in rural India. We hypothesize that women reporting physical and sexual IPV victimization are significantly less likely to report condom use but not other contraception use, relative to women reporting no such victimization.

Methods: Study participants were from the randomized control trial evaluation of CHARM, a male-centered family planning intervention for young married couples in rural Maharashtra, India. Baseline data from women (age 18-30, residing with husbands) were used for analyses; data were restricted to those who were not pregnant at interview (n=867). Surveys assessed socio-demographics, husband's physical and sexual IPV perpetration, and an item on primary form of contraception used by women in the past 3 months (subsequently categorized as none, condom, other modern spacing contraception). Multinomial logistic regression analyses assessed associations between past 6 month physical and sexual IPV and contraceptive use, adjusting for age, education, length of marriage, caste, parity, and husband's alcohol use. All participants provided written informed consent; all study procedures were approved by Institutional Review Boards at UCSD, and ICMR.

Findings: Participants were aged 18-30 (SD: 2.5), and 17% reported no formal education. 12% and 4% of women reported past 6 month physical