

generate data using semi-structured interviewer administered questionnaire and key informant interview guide respectively. Descriptive and analytical statistics were done. Bivariate analysis and multivariate logistic regressions were done at 0.05% level of significance to identify independent predictors of IPV in pregnancy.

Findings: Respondents mean age was 27.71±5.14 years. Majority were married (93.2%), in monogamous relationships (91.5%) and Christians (97.4%). Prevalence of IPV a year before most recent pregnancy was 43.3% while the prevalence during pregnancy was 37.2%. The prevalence of physical, sexual, emotional and economic violence before pregnancy were (50.5%, 50.5%, 67.4%, and 41.4% respectively) compared to (42.5%, 47.9%, 65.9% and 39.8% respectively) during current pregnancy. Independent predictors of IPV before pregnancy were partner's controlling behaviour (AOR 2.37; 1.62-3.48), partner's past history of witnessing maternal abuse (AOR 2.96; 1.56-5.64) and partner's involvement in physical fights (AOR 2.67; 1.69-4.20). Partner's controlling behaviour (AOR 3.05; 2.06-4.52), single/cohabiting (AOR 1.30; 1.03 -4.10), bride price not paid (AOR 1.61; 1.03-2.50), other wives/lover (AOR 2.40; 1.16-5.00), not wanting the pregnancy (AOR 1.79; 1.21-2.65) and history of husband involvement in physical fight with other men (AOR 2.32 ;1.47-3.68) were independent predictors of intimate partner violence during pregnancy.

Interpretation: Partner's controlling behaviour, being single/cohabiting, bride price not paid, partner's infidelity, unplanned pregnancy and history of partners' involvement in physical fights were risk factors associated with IPV during pregnancy. Laws prohibiting violence against women should be enforced.

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Exploring data sources for road traffic injury in Cameroon: capture and completeness of police records, newspaper reports, and a hospital trauma registry

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Background: Road traffic injury (RTI) surveillance systems are a fundamental component of organized injury prevention and trauma care efforts. Which data source provides the best capture of RTI events in low- and middle-income country (LMIC) contexts is unclear. We assessed the number of events captured and the information available in Yaoundé, Cameroon from three previously-described LMIC injury data sources: hospital trauma registry, police records, and newspaper journals.

Methods: Data were collected from a single-center trauma registry, police records, and the six most widely circulated newspapers in Yaoundé over a 6-month period in 2009. The number of RTI

events, mortality, injury context, and other variables commonly included in injury surveillance systems were recorded. Sources were compared using descriptive analysis.

Findings: Hospital, police, and newspaper sources captured 1686, 273, and 480 road traffic injuries, respectively. The hospital trauma registry provided the most complete data for the majority of variables explored; however the newspaper data source captured two mass-casualty train crash events that went unrecorded in the police and hospital systems. Police data provided the most complete information on first responder to the scene, missing in only 7%. Excluding train crash victims, 57 (73%) of newspaper RTIs and 107 (39%) of police records RTI were also captured in the trauma registry.

Interpretation: Investing in the hospital-based trauma registry may yield the best surveillance for road traffic injuries in Yaoundé, Cameroon; however police and newspaper reports may serve as alternative data sources when specific information regarding mass casualty events or prehospital context are needed.

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Assessment of barriers to use of preventative screening tests for women in Trujillo, Peru

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Background: Cervical cancer and breast cancer are the most common causes of female cancer in Peru. Screening tests such as: the papanicolaou smear test, clinical breast exams, and mammograms, can help to prevent cervical and breast cancer by detecting the cancer early and starting the individual on an effective treatment. The purpose of this study was to assess knowledge and use of these screening tests and identify possible barriers to accessing preventative care for women in the peri-urban area of Trujillo, Peru.

Methods: Researchers surveyed women door-to-door in the peri-urban area of Trujillo, Peru. Women were asked questions about their access to healthcare, sexual relations, use of contraceptives, and preventative women's healthcare. Survey data was analyzed using Excel.

Findings: Ninety-eight Peruvian women were surveyed and their answers regarding women's preventative healthcare were analyzed. It was found that 96% of women surveyed had knowledge of a papanicolaou smear test and the majority have received the screening test, however, only 69% of women know of a clinical breast exam and 56% of women know of a mammogram. The majority of women have not had a clinical breast exam and/or mammogram. All women who were surveyed reported barriers to accessing healthcare.

Interpretation: There are a number of barriers that prevent women in the peri-urban area Trujillo, Peru from receiving sufficient healthcare. By better understanding these barriers, the healthcare system can address these obstacles in order to improve early detection of both cervical and breast cancer.