

management of head injury patients will reduce the incidence of head injuries and improve mortality in South East Nigeria.

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Abstract #: 2.045_NEP

Needs assessment in a rural haitian community: Assessing the socioeconomic and cultural determinants of health

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Background: International healthcare initiatives must evolve from individual programs that target single diseases to systems of care that address the needs of the whole person. Since 2001, the World Health Student Organization (WHSO) at Wayne State University School of Medicine has sent medical students and physicians to Central and South America on medical relief trips. WHSO annually sends three teams to Morne, L'Hopital, Haiti to provide sustainable healthcare and facilitate continuity of care. A needs assessment was developed to evaluate the community's healthcare needs.

Methods: Needs assessments may be structured as focus groups, traditional surveys, or both. Questions generally diverge into three categories: demographics, healthcare access, and healthcare delivery. Considering the short-term nature of our relief trips, a 15 minute assessment was developed that focused on the above three themes. Participants were chosen randomly from a triage waiting area, consented, and then completed the survey via Creole interpreters. 34 surveys were completed by men and women age 18 and older. This study was approved by the Haitian Ethics Committee and the Wayne State University Institutional Review Board.

Findings: Results include age, marital status, years of education, household size, number of children, availability of running water and electricity, occupation, income, perceived health problems, methods of accessing their healthcare systems, and barriers to obtaining needed care. The most common perceived problems were gastrointestinal disease, headache, fever, abdominal pain, and anemia. Respondents thought a nearby clinic, clean water, more medications, more money, and electricity would be most beneficial for their health. Barriers to healthcare access included lack of monetary funds and long travel times.

Interpretation: International relief work struggles to provide efficacious care to lower-and-middle income countries, which may be due to a lack of understanding of cultural and socioeconomic factors that affect healthcare delivery. The needs assessment is the first step to identifying these key factors, in an effort to ultimately deliver community requested healthcare in a culturally competent manner. WHSO aims to avoid "creating a problem then prescribing a solution", and instead partner with the community and Haitian organizations to provide healthcare the community values.

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Barriers to contraceptive use among adolescents in Nicaragua

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Background: Nicaragua has the highest rate of adolescent pregnancies in the Western Hemisphere and contraceptive use among adolescents is low. Low contraceptive use tends to relate to attitudes towards contraception rather than lack of access.

Methods: We conducted a convenience sample of adolescents (15–19 year olds) who were living in or attending school in two neighboring semirural communities in Nicaragua. The main areas of focus of the written survey were sexual activity, contraceptive use, and attitudes toward contraception.

Findings: The response rate to the survey was 52.2% (N = 291). 43.3% of survey respondents reported previous sexual intercourse. Of respondents reporting sexual intercourse, only 23.2% reported always using contraceptives. Females were more likely to report never or rarely using contraceptives (46.5% vs. 21.4% of males, $p < .01$). Only 6.7% of non-users reported lacking money to buy contraception, and only 7.8% reported infrequent contraception availability at clinics. In contrast to the low rates of contraceptive use, 84% of males and 74% of females responded they are "not interested in having a child at this moment" and 90% of respondents reported that using contraception is "very important." Reasons for non-use varied considerably by gender. Male non-users frequently reported that female partners did not want to use contraception (40.0%). Female non-users reported fear that their parents would know they were sexually active (47.1%) or that pregnancy was "God's decision" (41.2%). Another frequently reported reason was fear that contraceptives would cause permanent infertility (32.4% of females vs. 23.6% of males). 89.3% of non-users cited at least one social or educational barrier to contraceptive use, whereas only 30.7% reported a physical access barrier ($p < .001$).

Interpretation: Low rates of contraceptive use in semi-rural Nicaragua are primarily related to social and educational barriers and not a lack of physical access.

Male and female respondents report substantially different reasons for non-use, suggesting large gaps in partner communication. High levels of interest in avoiding pregnancy suggest that a targeted intervention could overcome the identified social and educational barriers and increase contraceptive use among adolescents.

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Examining depression and quality of life in patients with Thalassaemia in Sri Lanka

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Background: With the decline in mortality rates in thalassaemia due to improved treatment strategies, research has begun to focus on psychological morbidities and quality of life among patients. Similar to other childhood chronic diseases, psychosocial health and daily functioning are affected by the comorbidities of the disease and its treatment. While there is published research in this area from other countries, there is little information specific to the patient