

(UI 81.2–83.6%; 2,169,714 Ghanaians); building intermediate orthopedic capacity at 10 target hospitals would improve access from 74.6 to 81.6% (UI 78.9–82.7%; 1,875,062 Ghanaians); and building advanced orthopedic capacity at 2 target hospitals would increase access from 59.4 to 68.2% (UI 59.6–73.6%; 2,357,221 Ghanaians).

Interpretation: Availability of low-cost resources could be better supplied by improvements in training and organization of orthopedic care. However, there is critical need to advocate and provide dedicated funding for orthopedic care. These initiatives might be particularly effective if aimed at hospitals without sufficient capacity that serve a large proportion of the population.

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Novel lay-provider first-responder trauma course improves prehospital care in rural Peru

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Background: The World Health Organization predicts that by 2030 road traffic injuries will be the fifth leading cause of death and the third leading cause of disease burden worldwide. While middle-income countries represent half of the world's vehicles, they have 80% of the world's road traffic deaths. The majority of these deaths occur pre-hospital, however many LMICs lack formal Emergency Medical Services. As an ongoing project, prior research established that over 70% of trauma patients arrive to centers of care in Cusco, Peru via non-EMS methods. The goal of the current project is to improve prehospital patient care by piloting a novel lay-provider first-responder trauma course in rural communities surrounding Cusco, Peru.

Methods: A novel first-responder trauma course was developed based on recommendations from the World Health Organization and tailored to specific disease patterns represented in trauma patients arriving to hospitals in Cusco, Peru. Course content utilized an illustrative flipbook and focused skills sessions targeted at lay-providers that can be easily translated into other languages. Surveys were administered before and after course administration to collect baseline data and assess course efficacy.

Findings: Of the 40 community members that participated in the two pilot courses, 60% had never taken a first-aid course. Pre- and post-course surveys demonstrated significant knowledge acquisition in the following first-responder techniques: basic airway opening maneuvers, placing patients in the rescue position, applying splints to fractured extremities, appropriate wound care, hemorrhage control, spinal immobilization, and patient transport. Following the course, participant comfort providing first-aid rose from 37% to 100%. Interactive and hands-on skills practice was effective at both teaching and acquiring new first-responder skills.

Interpretation: By utilizing existing patient transportation trends in rural Peru, the current project has successfully developed and implemented a low cost trauma first-responder course to improve

prehospital patient care. Future project goals include expanding training capacity, transitioning to in-country leadership, and correlating course implementation with an ultimate reduction in patient morbidity and mortality in the Cusco region of Peru.

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Is eve teasing a public health problem? Public sexual harassment in rural India and its association with common mental disorders and suicide ideation among young women ages 15-24

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Background: Eve teasing is a culturally specific phenomenon in south Asia that entails sexual harassment in public spaces by men against women. We characterized eve teasing in rural India, developed a measurement tool, and estimated its prevalence and association with common mental disorders (CMD) and suicide ideation (SI) among young women.

Methods: Mixed methods were used including focus group discussions and qualitative and quantitative data gathering with a novel questionnaire. Current CMD was measured using the SRQ-20 with a 7/8 cut point and SI was measured with a single 'yes/no' question in the SRQ-20. Females ages 14–26 were recruited through purposive sampling in nine villages for an initial pre-test (N=89). We administered the finalized questionnaire (ETQ-MH) to 198 women ages 15-24 using a randomized cluster sample of 19 villages and house to house probability sampling.

Findings: Eve teasing was described as staring, stalking, passing comments, and inappropriate physical touch. Perceived consequences included restricted mobility, victim blaming, and family problems. The ETQ-MH instrument garnered moderate to high internal reliability for key measures (Cronbach's alpha: .65 to .84). Nearly 30% of participants reported eve teasing victimization, 21% screened positive for a CMD, and 27% reported suicide ideation in the past 30 days (N=198). CMD was significantly associated with eve teasing victimization, but only among participants who also reported adverse childhood events (ACEs) (OR 4.5 (CI: 1.18–11.43) p=0.003). Eve teasing was significantly associated with SI among participants who reported ACEs, including controlling for CMDs (OR: 3.1 (CI: 1.119–8.472) p=0.032).

Interpretation: This is the first study to assess the association between eve teasing victimization and mental health outcomes in a community setting. Eve teasing may negatively impact the mental health of young women, especially victims of child abuse. Our findings support evidence from other studies that gender disadvantages may explain the disproportionate risk of suicide for young women in south Asia. This is particularly important as suicide is now the leading cause of death among young women globally. Furthermore, culturally relevant manifestations of gender disadvantage must not be overlooked in the research.