

supports other findings in which decreased educational years ($p=0.019$, Fisher's Exact test) and decreased BMI of the mother ($p=0.009$, Fisher's Exact test) relates to more severe childhood malnutrition.

Interpretation: Due to small sample size, low power of the analysis, and other limitations, we cannot draw conclusions on the relationship between maternal age at marriage and childhood malnutrition, but we do see that, even with this underestimated number, 62.96% of the mothers married under the age of 18 (the legal marrying age for Bangladeshi females). The child, mother, and household characteristics we studied allow us to have a holistic perspective on the social situations of hospitalized children at icddr,b. Future study with large sample and adequate power may help in further understanding the health of the mother in obtaining gravidity and parity and the child through collecting health outcomes of the hospitalized children.

Funding: Provided by the Stanford Medical Scholars Fellowship Program. Core Donors of icddr,b financially support the hospital and patient care and include: Australian Agency for International Development (AusAID), Government of the People's Republic of Bangladesh (GoB), Canadian International Development Agency (CIDA), The Department for International Development, UK (DFID), and Swedish International Development Cooperation Agency (Sida).

Abstract #: 02SEDH016

Assessing the quality of HIV Counselling, Testing and STI Consultation services for vulnerable populations in Nigeria

S. Ojonugwa Ikani¹, O. Ezire², I. Okekeani³; ¹Society for Family Health, Abuja, NG, ²Society for Family Health, Abuja, NG, ³Society for Family Health, Nigeria, Abuja, NG

Background: Quality of health services received by Most at Risk Populations was assessed in Nigeria. The goal was to identify barriers to accessing quality sexual and reproductive health services among MARPs in order to improve MARPs HIV prevention services.

Methods: 314 MARPs comprising of 109 Female Sex Workers, 101 Persons Who Inject Drugs and 104 Men who have Sex with Men visited selected health facilities, with the intention of either obtaining HIV Counselling and Testing or STI consultation services. After receiving the service, they completed a questionnaire immediately documenting their experience with the health care providers. Ethical approval for this study was granted by the Nigerian Health Research Ethics committee which regulates all research in Nigeria. All participants in this study were requested to complete and sign an informed consent form to indicate their willingness to participate.

Findings: 85% respondents found the health facilities easily accessible and operations time from Mondays to Fridays convenient. Health communication materials like posters and pamphlets were visible to about 50% of respondents and only about a third believed the materials addressed their needs and concerns. Although a good majority (71%) reported that they were counselled in separate rooms however, confidentiality of interactions could not be guaranteed or was compromised, as 50% of the responses believed that their conversation could be heard by others around. 50% disclosed that registers other clients were kept out of sight during the counselling sessions. On STI consultation and treatment about 50%, adjudged the providers to be friendly, welcoming, non-judgmental and felt comfortable with them.

Interpretation: A critical issue that emerged from this study is a situation of poor information exchange between healthcare providers and their clients. Providers were not eliciting required information

that should inform their interactions with clients and did not guarantee confidentiality of self-reported details provided by the service seekers. This study was conducted in only 10 out of 37 states in Nigeria and the Most at Risk Persons enrolled onto the SHIPS for MARPS project was the population from which the respondents were drawn. The health facilities visited were those that had a memorandum of understanding with the SHIPS for MARPS project. This study was conducted with support from the USAID (Strengthening HIV prevention Services for Most at Risk populations project in Nigeria-SHIPS for MARPS)

Funding: No funding listed.

Abstract #: 02SEDH017

Storage and disposal of poisons in rural Ghana: Community perceptions and perspectives

A. Kemp¹, Y. Ntiamoah², A. Chris-Koka³, G.G. Montgomery³, T. Yeboah²; ¹University of Utah, Salt Lake City, UT/US, ²Kwame Nkrumah University of Science and Technology, Kumasi, GH, ³Kwame Nkrumah University of Science and Technology, Accra, GH

Background: A variety of chemicals, including pharmaceuticals, cleaning products, fuels, and agricultural chemicals can be classified as poisons and represent potential threats to human health and the environment. The number of poisoning deaths specific to Africa is not available because of limited reporting; however, the WHO states that 346,000 people died worldwide in 2004 from unintentional poisoning with 91% of those deaths occurring in low- and middle-income countries. The aim of this study is to better understand the storage and disposal of poisons in rural Ghana in July 2014.

Methods: This study in rural Ghanaian communities in the Barekese Sub-district evaluated community members' knowledge of poisons, including their storage and disposal. Convenience samplings were conducted in six communities through 140 interviews of adults as part of the Berekuma Collaborative Community Development Project (BCCDP). Informed consent was provided in Twi by native Twi speakers before conducting each interview. The Committee on Human Research, Publications and Ethics at the Kwame Nkrumah University of Science and Technology approved this research.

Findings: Of the 140 participants, a majority were farmers (44.3%) followed by traders (12.9%). Only 1 person (.7%) could not identify that a poison is something that can cause harm or death. Three respondents (2%) could not give an example of a poison. Agrochemicals were cited most frequently, with DDT mentioned 42% of the time and other agrochemicals mentioned 48% of the time. Participants also described why poisonings occur, with cognitive problems, suicides, or overdoses as the most common responses (35.8%). Next, involuntary ingestion was listed (25.0%), which was followed by poisoning via confusion and improper storage (20.0%).

Interpretation: Awareness of pesticides and other agrochemicals as a poison is high. Farmers make up nearly half of the community members interviewed, and 90% of all respondents named a type of agrochemical as poison. This seems to be because the potential harm of agrochemicals is known because it is used to kill, while the other products are not. Participants were aware of poisonings that had occurred in their communities (23.6% aware of medical poisonings, 22.9% aware of agrochemical poisonings, 14.3% aware of household cleaner poisonings, and 9.3% aware of petroleum poisonings), but few participants thought their own storage and disposal practices could increase the risk of poisonings (11.4% for medical poisonings, 6.4% for agrochemical poisonings, 9.3% for household cleaner poisonings, and 3.6% for petroleum poisonings). This contradicts their