

median age 18 (IQR 8-30). Modern contraceptive use rate was 19.1% (95% CI: 16.2 – 23.9, $p = 0.387$), consistent with Demographic and Health Survey 2011 rate of 20.7%. Results are currently being analyzed and prepared for government approval before public dissemination.

Interpretation: SOSAS Uganda has demonstrated that non-medically trained, but university-educated, experienced researchers supervised by academic surgeons can successfully achieve the primary indicator of SOSAS: prevalence of existing, untreated conditions that require surgical consultation and may require surgical intervention, as a practical surrogate measure for surgical need at the national level. This study indicates that SOSAS can be adapted and successfully implemented within larger and more diverse LMICs. Furthermore, it provides insights on how SOSAS can be executed 1) within other PMA2020 program countries and/or 2) partially integrated within future DHS deployments.

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Abstract #: 01NCD007

Prevalence and factors associated with antenatal depression among women following antenatal care at Shashemane health facilities, South Ethiopia

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Background: World health organization reported that about one third of global disability been attributed to mental health problems. Antenatal depression is one of its forms affecting a woman during pregnancy. Its prevalence is high in Ethiopia with strong predictors. Despite high prevalence, it remains a low priority in research and health care practice in Ethiopia. To examine the prevalence of antenatal depression and factors associated among women following antenatal care in Shashemane town health facilities, South Ethiopia.

Methods: A cross sectional study design was employed to sample pregnant women from four health centers and two Hospitals. Probability proportional to size sampling and Systematic random sampling techniques was used to recruit study subjects until the desired sample size were collected. 660 pregnant women were studied. All who are, able and willing for interview was included while, critically ill, could not speak and/or listen were excluded. Edinburgh Postnatal Depression Scale was used to measure depression. Analysis: Data were summarized using proportions, means with SD as appropriate. Bivariate and multivariate logistic regression was done to identify associated factors, for all statistical tests; level of significance was set at p -value of 0.05. Up on appraisal by Oromia Regional Health Bureau review committee, official letter was communicated to town health office and verbal consent was secured from each study subjects.

Findings: 649 Out of the total 660 participants were studied making the response rate 98.3%. The mean age of 25 years (± 5.2 years). The prevalence of antenatal depression was 25.6 % (95%CI: 22.0, 28.8). Those unmarried were 3 times more likely to have depression than their counter parts [AOR 95% CI: 3.15(1.34, 7.38)] and also those who hadn't negative obstetric history were less likely to have depressive symptom [AOR 95%CI: 0.77(0.35, 0.97)]. The odds of household getting monthly income of above 1000 Eth. Birr are less likely to experience depression than those earning below 500 Eth. Birr [AOR 95%CI: 0.20(0.10, 0.38)]. Factors such as, conflict with husband (AOR 95%CI: 0.35(0.62, 0.97)), lack of support [AOR 95%CI: 0.35(0.62, 0.97)], and history of intimate partner violence/IPV [AOR 95%CI: 0.19(0.10, 0.37)] were also associated.

Interpretation: Antenatal depression is common among pregnant women, and there are modifiable factors correlated with it. Therefore,

public health intervention designed should consider improving socioeconomic status, social support and prevention of IPV. Using cross sectional design it is difficult to infer that the associations reported are causal. Selection bias, women in the rural health facilities were not included.

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Research to reduce the burden of infection-related cancers conducted by the Uganda Cancer Institute/ Hutchinson Center Cancer Alliance

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Program/Project Purpose: The Fred Hutchinson Cancer Research Center (Fred Hutch) has collaborated with the Uganda Cancer Institute (UCI) in Kampala for the past decade to develop effective prevention and treatment strategies for infection-associated cancers.

Structure/Method/Design: The UCI/Hutchinson Center Cancer Alliance ('the Alliance') addresses the infection-associated cancers burden by conducting clinical research, improving clinical care and building capacity through training opportunities. Our research is increasing the understanding of the biology of cancer and infectious oncogens, which we hope will lead to the prevention and treatment of infection-related cancers in low-income settings. The establishment of resource-appropriate clinical guidelines for care and conduct of rigorous implementation science should contribute to a reduction in morbidity and mortality due to cancer. Our training activities expand the ability of our UCI partners to care for and study cancer in their resource-limited setting through an investment in human capacity and development of better infrastructure.

Outcomes & Evaluation: The Alliance has developed the capacity for infection-related cancer research in Kampala through the training of research teams and the construction of research laboratories and clinics. More than 50 staff in Uganda are contributing to the conduct of a wide variety of research projects, including prospective cohort studies, epidemiologic analyses, cross-sectional translational studies, and randomized clinical trials. A state-of-the-art \$10 million research, training and care facility will be completed by the end of 2014. Our research focus includes the AIDS-defining malignancies (Kaposi sarcoma, non-Hodgkin lymphoma and cervical cancer), as well as other infection-related cancers such as endemic Burkitt lymphoma and hepatocellular carcinoma. Additionally, we study viruses associated with cancer, including EBV, HHV-8, HBV, HPV, and HIV. This work has examined many facets of the relationship between infections and cancers, including transmission, viral replication, pathogenesis, immunology, co-infection, HAART, nutrition, proteomics, and immunogenetics. A total of 40 studies have been conducted, are ongoing or are in development, and numerous articles have been published in peer-reviewed journals. More than 150,000 biospecimens have been archived in the Alliance biorepository.

Going Forward: In the coming year, the Alliance's research activities will continue to focus on infection-related cancers and HIV-associated malignancies. The opening of our new building will gradually expand laboratory operations to include clinical chemistry/hematology.

Funding: The Alliance receives funding from the NIH for research and training activities, and from private foundations and individuals for clinical care. The Fred Hutch and the U.S. Agency for International Development funded the new building.

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