

screening are currently lacking. This study examined the association between risky sexual behavior and cervical cancer in screening among a representative sample of women in Kenya.

Methods: This descriptive cross-sectional study utilized secondary data from the 2014 Kenya Demographic and Health Survey to examine 6,126 sexually active women who reported ever hearing of cervical cancer. The main outcomes of interest were self-reported cervical cancer examination, including Papanicolaou (PAP) test or visual inspection with acetic acid (VIA) or with Lugol's iodine (VILI).

Findings: Overall, 20.3% of the study sample reported having cervical cancer examination. Approximately 13.1% of the participants were involved in risky sexual behavior. Significantly lower proportion of women engaged in risky sexual behavior reported having cervical cancer examination (14.4% vs. 21.2%; $p=0.001$). In the multivariable model, we found a significant interaction between risky sexual behavior and marital status on cervical cancer examination. Among women who were married/living together, risky sexual behavior was negatively associated with cervical cancer examination, independent of confounders such as age, education, household wealth index, parity, type of residence, total life time number of sex partners, age of sexual debut and access to health facilities (Odds Ratio, 95% Confidence Interval) (0.43, 0.24 – 0.76; $p=0.004$). Similarly, married/living together women who were involved in risky sexual behavior were less likely to have visual inspection with VIA or VILI (0.41; 0.19–0.90; $p=0.027$). However, we were unable to detect any significant association between risky sexual behavior and having PAP test.

Interpretation: With increasing rates of cervical cancer in low-resource settings, it is critical to identify populations at increased risk of infection and provide effective screening and follow-up services.

Source of Funding: None.

Abstract #: 1.017_INF

The Perception and Management of Acute and Chronic Pain in Rural Ghana

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Background: This article describes the perception of and management for acute and chronic pain experienced by residents of the Barekese sub district of Kumasi, Ghana. We were interested in understanding what types of pain were experienced by Ghanaians, how it affected their daily lives, and what they did to manage it.

Methods: We performed field research in health fairs held in various locations. We also sought to interview participants in their homes in door-to-door interviews. The interviews were performed using a modified form of the "Brief Pain Inventory" (Cleeland 1991) which is used widely to assess pain. The interviews were subsequently coded for interpretation of the data.

Findings: A myriad of types and intensities of pain are pervasive throughout the Barekese sub district regardless of any specific demography. Of the 618 participants interviewed, 63.84% reported

experiencing acute or chronic pain in the past 24 hours. The most reported locations of pain were the lower back (27.95%), head (11.79%), and abdomen (10.51%). Additionally, 49.75% reported experiencing pain that moderately or severely interfered with their enjoyment of life. Furthermore, 83.16% of those experiencing pain used some form of intervention for relief of pain.

Interpretation: As there have been very few articles to address an understanding of pain experienced by Ghanaians, more research is needed to further identify the overarching national problems of pain amongst Ghanaians. Published research has also contributed little to assessing realistic access to pain management in the form of medical or pharmaceutical intervention.

Source of Funding: University of Utah.

Abstract #: 1.018_INF

High Ambient Temperatures as A Cause of Neonatal Fever? Investigating the Association Between Environmental Temperature and Newborn Body Temperature

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Background: Fever in newborns is highly concerning for serious infections, prompting clinicians to perform a workup and initiate antibiotic treatment. High environmental temperatures during summertime may be associated with non-infectious temperature elevation in newborns, yet little is known about the prevalence of fever during that season.

Our goal was to determine the prevalence of elevated body temperatures of asymptomatic infants <3 mo during routine exams in high ambient temperatures during summer in India.

Methods: The study took place in Mota Fofalia Pediatric Center, in Gujarat, India and included randomly selected infants <3mo who received routine (non sick) newborn care in the postnatal ward or during routine post-hospitalization health checkups the home of the child. During encounters the following measurements were taken: weight, heart rate, ambient temperature of the room, rectal temperature, and presence of danger signs. Infant's vaccination and mother's infection status were abstracted from the medical record. Reporting is descriptive.

Findings: 81 environmental and body temperature measurement pairs were obtained in 41 children: female: 20 (49%); mean age: 7 days (range: 0–42 days). The average environmental temperature was 35.9°C (Range: 34.4–40.4°C); the mean rectal temperature in infants was 37.6°C (Range: 36.9–39.8). 14/41 (34%) of children were measured febrile >38°C with 19/81 (24%) of rectal temperatures elevated at 38.0°C or above (Range: 38.0–39.8°C). Ambient temperatures in febrile vs. afebrile measurements were not significantly different (36.1°C vs 35.8°C; $p>0.2$). Febrile vs afebrile children did not differ with regards to age, birth weight, and vital signs ($p>0.1$). None of the 41 children exhibited signs of systemic infection; 2/41 infants received systemic antibiotic therapy: one febrile for maternal fever, one afebrile for conjunctivitis). All children were well and alive after 1 week.