Background Poor occupational health and safety damages many lives and livelihoods which impedes economic growth and cause extreme poverty. The significance of occupational health and safety is particularly strong in countries like Bangladesh where it is not adequately addressed or explored.
Methods This qualitative study draws data from 15 Life History interviews with workplace exposed disabled, 10 in-depth interviews with high risk environment workers; and key informant interviews with five senior management officials of risky workplaces.
Results The research found that the poorest people tend to take risky work. Availability of cheap unskilled and semi-skilled labour also contributes to encourage employer to employ without complying with safety and health standards. By accepting risky employment, workers are exposure to gradual or sudden impairment of functions, which in many cases limit their future opportunities making them disabled or left them to die because of the increased risk of illness, injury and/or disability. The cost of dealing with the illness in the absence of insurance forces households to spend its resources on medical care depleting its assets and incurring debts. This further led to exclusion, loss of income, dragged further into poverty and eventually to extreme poverty which also transmit intergenerationally. Bribery and illegal practices helped employers to escape such compliances. On the other hand the lack of willingness of the employers to provide an environment in compliance with standards also seem to be a misunderstanding of the benefits of having a safe working environment. Sub-contracting was found to be a potentially harmful practice of the business/industry owners which makes workers more vulnerable.
Conclusions Relations between occupational injury and impairment and how this leads the households into extreme poverty are both interesting and understudied issue in Bangladesh. Further research studies and strong reporting mechanism is also instrumental to cover the paucity in evidence required for the changes in policies and practice. The paper concludes that occupational health and safety in Bangladesh should be a higher priority in discussions of economic growth and extreme poverty.

385 AN OVERLOOKED PRIORITY: THE OCCUPATIONAL HEALTH AND SAFETY OF MIGRANT WORKERS

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Background Over the last decade, the number of international migrants has increased by more than 60% globally (150 to 232 million). Generally low-skilled or un-skilled, they are concentrated in "3D" (dirty, dangerous, difficult) jobs in the unregulated sector where they face increased risk of illness, injury and abuse. As international migration rates rise, so does the need for the generation of high-quality data. To date, research has centred predominately on the regulated sector, posing a barrier to the development of effective services for this large, yet overlooked population.
Methods This mixed-methods study (Oct. 2013–Jul. 2015) sought to increase the evidence-base on the occupational health and safety of migrants in Kuala Lumpur, Malaysia. More than 2,500 case files documenting labour rights violations were analysed to identify trends and patterns from 2005 to 2015. In-depth interviews (n = 58) and focus groups (n = 6) were conducted with migrants in the manufacturing, service, construction and domestic work sectors to develop a more nuanced understanding of their experiences with occupational injury and contextual factors impacting care. Interviews covered a range of topics were conducted in a structured, but open-ended manner.
Results Findings illustrate that the majority of workers migrated from Bangladesh (43.7%), Indonesia (12.8%) and Nepal (7.5%). 91.3% experienced working conditions different from what had been promised and only 18.7% had a regular day off. 88.8% did not possess their passports and 4.7% could gain access to them if necessary. Females were more likely to experience verbal (11.5% vs. 65%) and physical (29.8% vs. 17.6%) abuse.
Conclusions Findings illustrate the urgent need to build the evidence base on the occupational health and safety risks faced by migrant workers. This information is critical to improving the health of migrant workers globally.

386 INJURIES AMONG YOUNG MALE MIGRANTS IN THE UNITED ARAB EMIRATES: QUANTIFYING MORTALITY DIFFERENTIALS

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Background The United Arab Emirates (UAE) is a high-income developing country where an estimated 80% of the population is expatriates. The vast majority are males between 15 and 45 years of age from South East Asia who migrate for employment. As temporary labourers in the UAE, many find employment in construction and oil where they are exposed to occupational hazards. Little has been documented about injury-associated mortality among this special population, especially in comparison to UAE citizens.
Methods World Health Organisation and Global Burden of Disease Study protocols were followed to conduct a national burden of disease analysis. Mortality data from the Ministry of Health was used to calculate cause-specific injury death rates for males aged 15–45 years. Years of Life Lost (YLLs) were also calculated and analysed by age-group and nationality.
Results Using 2010 data, the overall injury-related mortality rate for migrant males aged 15–45 years was 28.0 per 100,000 and the leading causes of injury deaths were road traffic injuries (22.6% of all deaths), suicides (7.5%), other adverse effects (5.8%) and falls (4.3%). Leading causes of injury YLLs for this group were road traffic injuries (28,307 YLLs), suicides (10,276) and other adverse events (6,186). For similarly-aged male UAE citizens, the overall injury-related mortality rate was 65.0 per 100,000, with the leading causes being road traffic injuries (43.2% of all deaths), other adverse effects (6%) and drowning (1.3%).
Conclusions Road traffic injuries (RTIs) are a major cause of premature mortality among young male residents regardless of nationality. Much of the difference in injury deaths between migrants and citizens is caused by RTIs. However, migrants experience a much greater burden of non-RTI injuries, including falls and intentional injuries like suicides. This study highlights the need for suicide-prevention and occupational-safety programs for young male migrants in the UAE.

Domestic Violence

Parallel Wed 1.5

387 EVALUATING INTIMATE PARTNER VIOLENCE IN PREGNANCY AND STILLBIRTHS IN A COMMUNITY SETTING IN PAKISTAN

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Background Intimate partner violence (IPV) is a public health challenge and knowledge about relationship between intimate partner violence (IPV) during pregnancy and stillbirths is limited. We assessed the relationship of IPV during pregnancy and stillbirths, at a community level, in Pakistan.
Methods Using 1:2 case-control ratio, 256 cases (women delivering singleton stillbirths) and 539 controls (women delivering singleton, term live births) were selected from the Global Network for Women's and Children's Health Research Registry in Pakistan and individually matched on parity, in a matched, case-control community-based study. Trained female data collectors assessed IPV using WHO questionnaire "Multi-country Study on Women's Health and Life Experiences Questionnaire", between February and May 2014. Multivariable conditional logistic regression model determined the association between IPV in pregnancy and stillbirths, while adjusting for covariates.
Results The association of physical and psychological IPV in pregnancy with stillbirths was modified by maternal age. Women aged 25–34 years, delivering stillbirths, were 4 times more likely to experience physical IPV during index pregnancy, compared with their counterparts delivering live births (Matched adjusted odds ratio –MAOR = 4.1 [95% CI: 1.5–11.2]); after matching on parity and adjusting for women's education, working status, prior stillbirths, major antepartum haemorrhage, hypertensive disease, fetal malpresentation, obstructed/prolonged labour, severe pre-eclampsia/eclampsia, birth attendant and mode of delivery. Psychological IPV was negatively associated with stillbirths, in women younger than 25 years (MAOR = 0.2 [95% CI: 0.03–0.9]). Sexual IPV in pregnancy was not associated with stillbirths.
Conclusions Mid-reproductive age women delivering stillbirths, are more likely to experience physical IPV in pregnancy. Our findings are concerning and call for screening of women for violence during their antenatal visits.

388 INTIMATE PARTNER VIOLENCE AND ASSOCIATIONS WITH RISK BEHAVIOURS AMONG YOUTH IN THE SLUMS OF KAMPALA

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Background Intimate partner violence (IPV), defined as physical, emotional, or sexual violence against a partner, is an important public health issue globally. However, there is scarce data on intimate partner violence among vunerable youth living in the slums in Kampala, Uganda. The purpose of this analysis is to examine the factors associated with IPV among youth living in a high-risk setting.
Methods Analyses are based on a cross-sectional study conducted in spring of 2014. Participants comprised a convenience sample (N = 1,134) of urban service-seeking youth living on the streets or in the slums, 12–18 years of age who were participating in a Uganda Youth Development Link drop-in centre. Bivariate and multivariate analyses were conducted to examine factors associated with IPV.
Results Among youth who currently had a boyfriend or girlfriend, 32.5% experienced or initiated IPV. Among those who experienced or initiated IPV, 26.4% forced their partner to have sex with them, 76.3% admitted to physically hurting their partner, and 80.0% stated their partner physically hurt them. Experiencing or initiating IPV was associated with parental drunkenness (AOR 2.00; 95% CI: 1.41–2.83) and observing parental physical violence towards each other (AOR 2.28; 95% CI: 1.54–3.37). IPV was also associated with having any sexually transmitted disease (AOR: 1.58; 95% CI: 1.09–2.31) and having suicidal ideations (AOR 2.82; 95% CI: 1.89–4.20).
Conclusions Levels of IPV victimisation and perpetration very high in this population and warrant urgent attention. Risk factors for IPV need to be integrated in services to address the specific social and environmental challenges that these youth are facing.

389 IMPROVING HEALTH PROFESSIONALS' SAFETY RESPONSES TO INTIMATE PARTNER VIOLENCE: DEVELOPMENT OF A THEORY OF CHANGE MODEL

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Background. Intimate Partner Violence (IPV) is a universal problem and is considered a significant public health issue. Health professionals are in an ideal position to recognise and respond to IPV and improve saftey of those experiencing IPV. But there is significant evidence that they do not always respond appropriately. Previous empirical work has suggested that increasing health professionals' awareness, recognition and empowerment in relation to IPV may positively influence their safety responses. As yet however the mechanisms for how this might work have not been explored.
Methods Using methods and tools from the field of Theory of Change, we undertook a structured, six step analysis. Theory of Change involves a back-mapping (filling the gaps) from intended outcomes (improved IPV safety responses) to key domains considered to be important, i.e. awareness, recognition and empowerment. The aim of the process was to identify the requirements to bring about change in safety responses.
Results We identified the requirements for each of the three domains: 1) Awareness (Enhancing understanding, increasing confidence, dispelling myths and stereotypes); 2) Recognition (Establishing trusting relationships, creating opportunities for disclosure); 3) Empowerment (Increasing likelihood of disclosure, appropriate support and referral). Each requirement area has a