

women with high health literacy were 19% less likely to have ever experienced IPV (OR = 0.81, 95% CI: = 0.6, 1.0). Health literacy and seeking help were not related.

Conclusions This is the first study to find that high health literacy as measured with a robust indicator in a large national sample was protective against IPV. Opportunities should be identified to improve health literacy in an attempt to prevent this global health problem.

Disabled Persons and Safety

Post Tue 2.12

727 MOBILITY RELATED INJURY AMONG LEARNERS WITH VISUAL IMPAIRMENT AT THE UNIVERSITY OF JOS NIGERIA

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Background Vision is not a requirement for independent mobility. Students with visual impairment faces more challenges in their studies compared with sighted peers as a result of gap in speed, volume and distance of obtaining information which cannot be adequately quantified resulting in mobility related injury such as head-level, trips and fall.

Method Thirty undergraduates with visual impairments were surveyed and interviewed on frequency, nature and causes of head-level and fall injuries they encountered at the university. Mobility related injury questionnaire was administered using purposive sampling technique. The questionnaire has four themes: demographical information, travel habits, head-level accidents and trip/fall accidents. Data were computed with SPSS version 20.

Results 73.3 percent of the participants were male while 26.7 percent were female. 80 percent of the respondents stated that they use mobility aids, out of which 66.7 percent are cane and sighted guide users. 22 (73.3%) of respondents reported to have prior knowledge of orientation and mobility, while 10 (33.3%) has not receive lecture in orientation and mobility since their enrolment at the institution. Majority of the participants has encountered head-level injury with 22 (73.3%) and 8 (26.7%) affirmed that the injury is with medical consequences and bed rest respectively. 28 (93.3%) of trip and fall had resulted in person with visual impairment changing their walking strategy and 53.3 percent claimed that their confidence as an independent traveller is not affected by the fall. There is a significant association between independent traveller confidence and having the opportunity to have received lectures in O& M since enrolled at the university ($r = -0.189, \infty = 0.5$).

Conclusion The interview enabled us to see the risk involve in independent mobility experienced by students with various degree of vision loss. Head level injury and fall which learners experience more often needs to be addressed by the school authority.

728 HEALTH AWARENESS & LIFE SKILLS EDUCATION IMPACT ON CHILDREN WITH DISABILITY FROM LOW-INCOME HOUSEHOLDS

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Background According to UN Enable, around 10% of the world's populations, 650 million people, live with disabilities. Census 2001 has revealed that over 21 million people in India as suffering from one or the other kind of disability. This is equivalent to 2.1% of the population. Among the total disabled in the country, 12.6 million are males and 9.3 million are females. Even though current disability figures are not the most reliable, it is noteworthy that national prevalence rates suggest that about 35 percent of people with disabilities are in the 10–29 years age group.

Methods The stratified sampling study was conducted in the southern district Belgaum in India within seven years from Sep 2008 to Sep 2014 and covered the population of all disabled children from low income rural set ups.

Results Nearly 60 percent of the children who underwent health awareness and life skills education showed significant improvement in over all growth and wellbeing. About 60 percent of this group completed their primary education, and 10 percent went on to continue high school. Their overall health improved leading to improved personal development. This resulted in their active participation in school and society.

Conclusions Early health awareness can help in the building of self esteem, betterment of health and reduce infections and cases school dropouts.

Epidemiology

Post Tue 2.13

729 FEASIBILITY ASSESSMENT OF INTEGRATED ROAD TRAFFIC CASUALTIES REGISTRY IN WEST BANK, PALESTINE

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Background Road traffic casualties and risks are poorly quantified in the West Bank, Palestine. The aim of this study was to provide a first-ever overview of road traffic casualties (RTC) surveillance systems, and to assess the feasibility of establishing an integrated RTC registry in West Bank to provide reliable data to decision makers.

Methods General assessment methodology for surveillance systems and registries (World Health Organisation and CDC, USA) were used. The assessment took place in 2014 in collaboration with the Palestinian Ministry of Health (MoH) and Ministry of Interior. Qualitative methods were used, including semi-structured questionnaires, in-depth interviews and review of grey literature.

Results At least five stand-alone surveillance systems operated by different agencies in the West Bank collect data related to road traffic accidents. These systems do not have a common set of indicators, no formal case definitions or standard operating procedures (SOPs). There is a lack of quality assurance systems at all levels. There are large discrepancies in reported casualties: for 2012 the Palestinian Civil Police (PCP) reported 120 fatalities, whereas MoH reported both 34 and 112 from separate sources of data. Privacy concerns hinder some organisations from sharing data. MoH and PCP data are sufficiently complete to support a robust integrated registry.

Conclusions An integrated registry for RTC is feasible. The establishment should comprise a framework for all essential parts of a registry, including stakeholder relations and a comprehensive quality assurance system. Steps toward technical improvement include establishing a multisectoral working group; developing a common set of indicators and case definitions; revising data collection forms and developing SOPs for the whole continuum of data flow.

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FACTORS CAUSING DEATHS DUE TO INJURY AMONG CHILDREN IN BANGLADESH

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Background Child injury has become a public health concern in both developing and developed world. In recent times, injury has been identified as a leading cause for both morbidity and mortality among children. This study has concentrated on a holistic statistical inquest into injuries and deaths among children in Bangladesh.

Methods A population-based cross-sectional survey was conducted between January and December 2003 in Bangladesh. Nationally representative data were collected from 171,366 rural and urban households, with a total sample size of 819,429. A simple association test and the binary logistic regression was designed to identify the factors causing child death due to injury.

Results Drowning found the leading cause of death of children in Bangladesh. Approximately 26% children died from drowning each year. Almost 50% of children died in a year from just because they did not get proper care after getting injured. Mother's education has a significant influence on child injury and death. The percentage of child death due to injury was the highest from a mother's lack of awareness and education (54%). The odds of dying due to injury among children of secondary and graduate level educated mothers are respectively 1.4 and 1.6 times more than the odds in the chances of death of an illiterate mother's child. This may be due to the fact that educated mothers have less time to supervise their children because of their daily activities. It was also found that almost 63% of the children who died from injury were from rural areas.

Conclusion Child injury is an emerging cause of mortality and morbidity in both urban and rural areas of Bangladesh. Children from rural area were the more vulnerable group for different types of injuries compared to urban population. The home is the most common place for injury occurrence.

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POTENTIAL UNDERESTIMATION OF ROAD TRAFFIC INJURY MORTALITY IN MEXICO: SUBNATIONAL ANALYSIS

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Background Quality of data is essential to best understand the real magnitude and consequences of road traffic injuries (RTI). The objective of this study was to estimate the potential underestimation of RTI mortality at the subnational level in Mexico for a period of 15 years and to identify social and economic variables at the state level potentially associated with the quality of statistical classification of deaths.

Methods We conducted secondary analysis of validated mortality databases for the period 1999–2013. Five categories of relevant “garbage codes” pertinent for RTI were identified and the percentage they represent of the total was estimated. Using multiple imputation models, registries statistically likely to be due to RTI were estimated and the potential underestimation of mortality was quantified. We explore correlation between health resource availability, social and economic variables with the percentage of underestimation of mortality caused by RTI at the state level using the Kendall's rank correlation test.

Results 1.99% of all deaths were assigned to “R” codes; 2.40% were injuries of undetermined intent; in 22.96% of unintentional injuries the external cause is not codified; and 0.11% of transport injuries did not specify the means of transport. In over 40% of RTI, the specific road user deceased was unknown. The potential underestimation of deaths from RTI during the period was 18.85% at the national level, with significant variations amongst the 32 Mexican states, varying from 5.32% in Queretaro to 51.49% in Baja California. From the data analysed, there was no statistical evidence of any association of the percentage of RT deaths underestimation with variables analysed.

Conclusions Performance in terms of mortality classification is different at the state level, but more analysis is needed to better understand underlying reasons of garbage coding. This information is useful for targeting interventions to improve recording of deaths in Mexico.

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FALLS – ONLY A HEALTH RISK FOR THE ELDERLY? RESULTS OF THE “GERMAN HEALTH UPDATE”

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Background Unintentional injuries (UIs) caused by falls are an important public health issue in ageing populations. This paper describes the incidence and consequences of falls in the adult population in Germany; the focus is on age and gender differences.

Methods The representative phone survey “German Health Update 2010” (n = 22,050) provides information on up to three medically treated UIs within twelve months. Analyses focus on the characteristics of falls compared to other types of UIs. Frequencies and 95% confidence intervals (CI: 95) were calculated and logistic regression was applied to control for confounders.

Results Like UIs in general, falls are more frequent in younger than in older age, particularly in men. The prevalence decreases