



Caribbean
Public Health
Agency

CARPHA

60th ANNUAL CARPHA HEALTH RESEARCH CONFERENCE

APRIL 23RD – 25TH, 2015

GRENADA

CALL FOR PAPERS

DEADLINE FOR RECEIPT OF PAPERS

NOVEMBER 1ST, 2014

The 60th Annual CARPHA Health Research Conference will be held in **Grenada** from April 23rd to April 25th, 2015.

The theme for 2015 is **Violence and Injuries: An Urgent Public Health and Development Issue.**

However, we will also accept quality research papers in all priority health areas (e.g. NCD, HIV, Environmental Health, Health Systems, etc.).

Violence and Injuries comprise topics such as intentional and unintentional injuries including interpersonal and domestic violence, sexual abuse, suicide; mental health; risk factors including drug and alcohol use/misuse; their health and socioeconomic consequences; preventive efforts and strategies; etc.

SELECTION OF PAPERS

Papers are selected based on scientific merit and relevance to the [priority health areas of the Caribbean](#).

Authors should indicate whether they prefer Oral or Poster presentations. As a guide, **POSTER** presentations are preferable for papers that contain large amounts of data, deal with particular techniques, report highly specialized work, 'research in progress' and 'programmes being implemented'.

Authors whose papers are accepted, but who do not present **will not** have their papers considered for the next two years (unless they have a good reason.)

PRIZES

THE DAVID PICOU YOUNG RESEARCHER

PRIZE is awarded for the best paper presented by a Caribbean investigator who is not yet an established researcher.

STUDENT PRIZE will be awarded to the best paper presented by a student/student group.

POSTER PRIZE is awarded for the best poster.

(Persons who wish to be considered for the David Picou and Student prizes should indicate such in the transmittal letter.)

INSTRUCTIONS TO AUTHORS

MANUSCRIPTS

The length of the manuscript should be:

Oral Presentations: 6 Pages Maximum, inclusive of Introduction, Methods, Results, Discussion, References and any Tables and/or Figures.

Poster Presentations: 6 Pages Maximum, inclusive of Introduction, Methods, Results (to date), Discussion, References and any Tables and/or Figures.

Papers that exceed these limits **will not be considered.**

Manuscripts and Abstracts should be submitted by: 01st November 2014.

E-mail to conference@carpha.org

Receipt of submissions will be acknowledged. If you do not receive acknowledgement within three (3) days of submission, please contact the Conference Secretariat at conference@carpha.org

ABSTRACTS ALONE WILL NOT BE CONSIDERED.

THE ABSTRACT

Your abstract must be **NO MORE THAN 250 WORDS** and **MUST BE** formatted as follows:

1. **TITLE:** In bold type. No abbreviations.
2. **AUTHORS:** Begin on a new line two spaces below title. Use italics. List initials of first names followed by surnames. Do not use full stops after initials. Omit degrees, titles.
3. **INSTITUTION:** Begin on a new line below Authors. Use italics. List institute(s) where work originated, city and country.
4. **EMAIL ADDRESS:** Include in the next line.
5. **TEXT:** Arrange under the following headings:
 - i. **Objective:** State the main objective/research question/hypothesis of the study.
 - ii. **Design and Methods:** Briefly describe the design of the study and how it was conducted indicating study population, sampling, procedures, measurements.

iii. **Results:** present only the main results (in tabular form if convenient) with an indication of variability (e.g. SD) and precision of comparisons (e.g. 95% confidence intervals), where appropriate. Promises such as “the results will be discussed” or “other data will be presented” are unacceptable.

iv. **Conclusions:** Limit to only those directly supported by the results. Be as clear and specific as possible about the “take home” messages.

TRANSMITTAL LETTER

This implies that all authors have approved the publication of the abstract, edited if necessary, in a Supplement of West Indian Medical Journal. The email and mailing address of the corresponding author MUST be included.

SAMPLE ABSTRACT

Risk behaviours and adolescent depression in Jamaica

S Macfarlane, N Younger, D Francis, G Gordon Strachan, R Wilks

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Objective: To assess the prevalence of depression and the associated risk factors in Jamaican youth 15-19 years.

Design and Methods: A nationally represented sample of 1317 youth aged 15-19 years was surveyed using multistage cluster sampling. Risk behaviours such as sexual activity, alcohol and marijuana use were obtained by interviewer administered questionnaire; depression was assessed using the Ministry of Health screening tool. Multivariate logistic regression was used to obtain the odds of depression for any given risk factor.

Results: Data on 1312 respondents was used for analysis (M 596, F 716), 15.5% of the youth recruited were classified as depressed (M 9.7%, F 21.3%, $p < 0.001$). Approximately 12.5% had planned, considered or attempted suicide in the past year. More than half of youth had unsafe sexual practices (M 68.2%, F 48.7%, $P < 0.001$). One fifth was involved in violent acts (M 27.2%, F 12.5% $P < 0.001$) or substance abuse (M 22.6%, F 17.4%, $p = 0.008$). Unsafe sexual practices and substance abuse doubled the likelihood of being depressed (OR 1.76 (95%CI 1.21, 2.54) and 2.31(95%CI 1.67, 3.21) respectively). Youth who were involved in violence were three times more likely to be depressed (OR 2.77 (95%CI 1.90, 4.04)). Gender specific multivariable models showed that pregnancy and violence increased the likelihood for depression in males whilst violence, drunkenness, smoking and more than one sexual partner were significant for females.

Conclusion: Youth who engage in high risk behaviours are at increased odds for depression. Programmes to involve youth in positive behaviours should be given priority in order to reduce the prevalence of depression.

If you need additional information or any clarification, please contact us at:

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