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Abstracts

G301 AN EVALUATION OF CLIENT EXPERIENCES OF THE CHILD PROTECTION SERVICES OFFERED TO SEXUALLY ABUSED CHILDREN AND THEIR FAMILIES IN MALAWI

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Aims Child sexual abuse in Africa is common with increasing numbers seeking professional care. In well-resourced countries a one-stop centre (OSC), where different agencies (health, social services, counselling, police and justice) operate together in one building, is an ideal way to care for survivors. The suitability of the OSC model has not been evaluated in low-income settings. In 2013, we evaluated the services offered within a recently established OSC in Malawi to determine the: proportion of children that receive services in accord with national guidelines factors that encourage or discourage the use of the service perceptions of quality of child protection services amongst users and providers

Methods In this prospective, exploratory study between August 2012 and June 2013, the experiences of consenting consecutive service users were evaluated 3 months after attending the OSC. Of 228 CSA survivors seen, 59 were lost to follow up and 62 did not consent leaving 107 participants who completed questionnaires. Semi-structured interviews (SSI) were held with 25 guardians of survivors and with 10 service providers representing all agencies involved. Interviews were transcribed and common themes identified.

Results 82% of survivors received health services in accord with guidelines, 84% counselling, 54% police and 29% social welfare services. 18% received all services as they should. The majority of guardians (75.8%, n = 107) were satisfied with the services received. In SSI (n = 25), factors encouraging use of the service were fear of HIV (19 of 25), seeking justice (3/25), need for counselling (2/25), fear of pregnancy (1/25) and verification of rape (5/25). Discouraging factors were concerns about corruption (9 of 25), negligence by police (3/25), sentence too short (3/25) and when post-exposure prophylaxis was not provided (2/25). Lack of transport impaired social services delivery.

Conclusion The OSC model is an appropriate means to deliver high quality care to CSA survivors in Malawi. Fear of HIV encourages use of the service. Perceptions of corruption and negligence amongst the police discourage clients; lack of transport reduces the effectiveness of the service.

G302 ADVERSE DRUG REACTIONS IN NIGERIAN CHILDREN

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Aim To describe reported adverse drug reactions (ADRs) for children in the Nigerian pharmacovigilance database. Nigeria has a population of 31 million children.

Method The analysis of reports for children aged 0 – 17 years submitted to the Nigerian pharmacovigilance centre from September 2005 to November 2012 was conducted. The data was analysed for number of reports, type of reporters, age and sex of patients. ADRs were classified according to system organ class and preferred terms, severity and outcomes.

Results A total of 297 reports were received during the period. For the first 4 years, <10 reports were submitted annually. From

2008, the number of reports has steadily increased to 182 in 2012. The reporting rate by 2012 was 5.9 reports per million children per year. Fifty two percent of the reports were for boys, and children aged 2 – 11 years had more reports (57%) than the other age groups. Pharmacists (49%) submitted more reports than physicians (22%) and other health professionals (23%). Antibiotics (23%), antimalarials (18%) and antivirals (12%) were the most commonly reported drugs. The most frequently reported ADRs were rash (16%), fever (10%), and pruritus (7%). 21 children died (8 from acute renal failure). Seven of the cases of acute renal failure were associated with substandard medicines used for teething problems. Diethylene glycol was identified as a contaminant in 4 of these cases and a further 3 were associated with calcium phosphate/coffee arabica/matricaria recutita/atropa belladonna, an herbal remedy. Fifteen children also experienced a variety of serious ADRs. Metamizole (dipyrone) was associated with 2 deaths and 2 serious ADRs. It was subsequently banned in 2005 in Nigeria. Four children experienced serious ADRs to the antimalarial, dapsone/chlorproguanil.

Conclusion The ADR reporting rate for children in Nigeria remains low compared to other countries; however, it has improved dramatically during the last three years. Some of the fatalities were associated with substandard medications. Concerted effort to check and limit these medications in the Nigerian market is recommended.

G303 TAKING ETHICAL PHOTOS OF CHILDREN FOR MEDICAL AND RESEARCH PURPOSES IN LOW-RESOURCE SETTINGS: AN EXPLORATORY QUALITATIVE STUDY

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Background Photographs of children are commonly taken in medical and research contexts. They can form a fundamental part of care, for example in documenting the progression of a disease, and are also commonly used to aid in teaching, advocacy and fund raising. With the increased availability of photographs through the internet, it is increasingly important to consider their potential for negative consequences and the nature of any consent obtained.

Aims We aimed to explore the issues around photography in low-resource settings, in particular concentrating on the challenges to gaining informed consent.

Methods Exploratory qualitative study using focus group discussions involving medical doctors and researchers who are currently working or have recently worked in low-resource settings with children.

Results Photographs are a valuable resource but photographers need to be mindful of how they are taken and used. All participants agreed that informed consent is needed when taking photographs but there were a number of problems in doing this, such as different concepts of consent, language and literacy barriers and the ability to understand the information. There was no consensus as to the form that the consent should take. Participants thought that while written consent was preferable, the mode of consent should depend on the situation.

Conclusions Photographs are a valuable but potentially harmful resource, thus informed consent is required but its form may vary by context. We suggest applying a hierarchy of dissemination to gauge how detailed the informed consent should be.



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