CARIBBEAN HEALTH RESEARCH COUNCIL

58th ANNUAL SCIENTIFIC MEETING

MAY 2ND - MAY 4TH, 2013

BARBADOS

CALL FOR PAPERS

DEADLINE FOR RECEIPT OF PAPERS

NOVEMBER 1, 2012
The 58th Annual Caribbean Health Research Council Conference will be held in Barbados from May 2nd - 4th, 2013.

There will be a special focus on Child Health. However papers will be accepted on research in all health areas.

SELECTION OF PAPERS

Papers are selected based on scientific merit and relevance to the priority health areas of the Caribbean.

POSTER rather than ORAL presentations are preferable for papers that contain large amounts of data, deal with particular techniques or report highly specialized work.

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 Research 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

Manuscripts should be typewritten, double-spaced [except for abstract (see below) and references]. They should be 4 pages maximum, exclusive of references inclusive of tables and figures. There should be a maximum of 4 figures and/or tables.

Manuscripts and abstracts should be submitted by email to conference@chrc-caribbean.org or chrc@chrc-caribbean.org

Receipt of submissions will be acknowledged. If you do not receive acknowledgement within 3 days of submission, please contact the CHRC Secretariat at conference@chrc-caribbean.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: Use bold type. Do not use abbreviations.


3. INSTITUTION: Begin on a new line immediately below Authors. Use italics. List institute(s) where work originated, city and country.

4. EMAIL ADDRESS: Include your email address in the next line.

5. TEXT: Begin text on a new line 2 lines spaces below and arrange under the following headings:

   i. Objective: State the main objective/research question/hypothesis of the study.

   ii. Design & 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.

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**SAMPLE ABSTRACT**

**Risk behaviours and adolescent depression in Jamaica**

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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%, F12.5% P<0.001) or substance abuse (M 22.6%, F17.4%, 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%CI1.67, 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.

**Conclusions**: 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.

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**CONTACT US**

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

**CHRC Secretariat**

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