due to peer pressure, 35.2% consumed tobacco as they felt better, and 5% consumed tobacco to ease abdominal complaints and dental problem. The reasons for non use of tobacco among girls were fear of cancer (59%) and poor oral health (37.9%).

**Conclusions** The current consumption of any tobacco products among rural adolescents was found very high with multiple pro-tobacco influences. It requires policy level intervention to tackle the problem.

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**P1-135 DELAYS IN ACCESSING HIV/AIDS HEALTH SERVICES PERSIST IN SALVADOR, BRAZIL**

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**Introduction** Even though Brazil was the first country to provide universal and free access to ARVs, substantial regional differences exist in the timing that services and care are accessed. Studies among people living with HIV have documented delays in accessing services, with the largest proportion of delayed access reported in the Northeastern Region. Further investigation is needed to understand the factors contributing to this delay despite the availability of HIV/AIDS services.

**Methods** This is a retrospective cohort of patients (n=1440) from the only state reference center located in Salvador, the capital city in the Northeastern state of Bahia. The data were abstracted from the electronic medical records of all new patients between 2007 and 2009, and is supplemented with information from two national databases. The dependent variable, delayed access, is defined as patients accessing services with a CD4 count <350 cells/mm³. The independent variables are based on a comprehensive review of the literature. Frequencies and cross tables informed the final logistic regression model.

**Results** Nearly 35% of patients were delayed in accessing HIV/AIDS services. The final logistic regression model (p value=0.05) showed that individuals who both drank and smoked were 3.4 times more likely to delay in accessing services (p value=0.036). Additionally, individuals with a family income of <1 minimum wage were 1.9 times more likely to delay in accessing services (p value=0.07).

**Conclusions** Considering this documented delay, it is clear additional efforts are necessary to ensure HIV/AIDS services in Brazil are truly free and universal.

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**P1-136 SECOND AND THIRD TRIMESTERS PREGNANCY WEIGHT GAIN: ASSOCIATION WITH MATERNAL AND FETAL OUTCOMES**

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**Background** The Institute of Medicine (IOM) has recently made new recommendations for total and trimester gestational weight gain. However, deviations from recommended weight gain according to gestational trimester have been little investigated with regard to obstetric outcomes.

**Objectives** To investigate association between weekly weight gain during second and third trimesters, and maternal and fetal outcomes, taking into account pregestational body mass index and other variables.

**Methods** Gestational weight gain was evaluated in 3065 pregnant women of the Brazilian Study on Gestational Diabetes (Estudo Brasileiro do Diabetes Gestacional—EBDG) and classified according to the last IOM recommendation. Outcomes were cesarean delivery, preterm birth and small for gestational age. Associations between adequate weight gain and outcomes were estimated using Poisson regression. Possible confounders were prepregnancy body mass index, age, height, race, parity, education, smoking, alcohol consumption, diabetes and hypertensive disorders.

**Results** In fully adjusted models, second trimester insufficient weight gain was associated with small for gestational age (RR 1.55 95% CI 1.19 to 2.01); second trimester excessive weight gain with large for gestational age (RR 1.58 95% CI 1.20 to 2.08); third trimester insufficient weight gain with preterm birth (RR 1.55 95% CI 1.08 to 2.22). Third trimester excessive weight gain was associated with preterm birth (RR 1.54 95% CI 1.07 to 2.21) and cesarean delivery (RR 1.17 95% CI 1.04 to 1.33).

**Conclusion** Deviates from recommended weight gain during each trimester are associated with adverse pregnancy outcomes. These findings support the IOM recommendations for nutritional care during pregnancy.

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**P1-137 RACIAL DIFFERENCES IN INFANT MORTALITY: ANALYSIS OF AVOIDABLE CHILD DEATHS IN BELO HORIZONTE, BRAZIL (2000—2007)**

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Infant mortality (IM) is an important health index. Avoidable deaths are those preventable through effective health services.