employment and income, housing and basic services, social security and access to malaria prevention measures. Data were analysed using SPSS version 17.0.

Results

115 cases and 63 controls were interviewed. Income <1 USD per day, <3 years of school, marital status single, single-parent family, without social security and no bed-nets in house were not associated to malaria in pregnancy in bivariate analysis (p>0.05). Pregnant women who had a farmer as a family member (OR 2.39, 95% CI 1.12 to 5.15), bodies of water around the house (OR 4.66, 95% CI 2.24 to 9.66), house roof made of palm tree leaves (OR 2.45, 95% CI 1.16 to 5.15) were more likely to have had malaria in multivariate analysis.

Conclusion

In rural areas of Colombia where poverty is very common quality of house and access to basic public services explain better social differences of pregnant women that are related with malaria frequency.

A STUDY TO DETERMINE THE KNOWLEDGE AND PRACTICE OF FOOT CARE IN PATIENTS WITH CHRONIC DIABETIC ULCERS

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Introduction

Diabetic foot ulcers account for many hospital admissions and is a major cause of amputations. This is preventable by effective identification, education and preventive foot care practice.

Objective

Determine the level of knowledge and practice of foot care among patients with chronic diabetic foot ulcers.

Methodology

Individuals with diagnosed diabetic foot ulcers (n=110) were selected from National Hospital of Sri Lanka for this descriptive study. They were given an interviewer administered, pre-tested questionnaire. Patient perceptions of foot care were enquired. A scoring system ranging from 0 to 10 was employed to analyse the responses given for level of knowledge and practice of diabetic foot care.

Results

Mean age was 58.4 years (SD ±8.6) and 57.3% were males. Non-healing ulcers were present among 32.7% and amputations amounted to 32.2%. The control of diabetes was poor in 60%. Regarding foot care knowledge, the mean score was 8.37, 75.5% had scored above mean and 52.7% were aware of all principles of foot care. Regarding foot care practices, the mean score was 4.55, 47.3% participants had scored below mean and 22.7% did not practice any foot care principle and hence scored 0. A statistically significant difference exists between the foot care knowledge and practice scores (p<0.001, z=-8.151). 51% have not been educated prior to the occurrence of complications.

Conclusion

Results demonstrate a satisfactory knowledge on diabetic foot care but practices of preventive techniques were unsatisfactory. Good patient follow-up to increase compliance would help to improve this situation.

TOWARDS INTEGRATION OF UNCONVENTIONAL MEDICINES IN THE PUBLIC HEALTH SERVICE: THE EXPERIENCE OF ROHINGYA REFUGEES IN BANGLADESH

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Introduction

Bangladesh hosts more than 200,000 Rohingya refugees from Myanmar. With no changes inside Myanmar in sight, Bangladesh must come to terms with the long-term needs of all the Rohingya refugees’ in the country, and allow international organisations to expand services that benefit the Rohingya refugees as well as local communities. We therefore conducted a survey of plants used by the traditional healers in the Rohingya refugees’ of Bangladesh.

Methods

In-depth information regarding plants type, preparation of medicines, ailments for which they are used, dosages, and side effects if any, were obtained from the traditional healers. Plant samples were collected, and identified at the Bangladesh National Herbarium.

Results

A total of 13 plants were collected, which were used to treat common ailments like coughs, colds, fevers, and dermatitis infections as well as a number of other diseases like gastritis, epilepsy, gynaecology, and hepatitis. The plant names obtained in our survey included Nilgerilla sativa L., Arachis hypogaea L., Asteracantha longifolia Nees., Gendarussa vulgaris Nees., Brassica napa L., Vitis negundo L., Clerodendrum indicum (L.) Kuntze, Achiyranthes aspera L., Wedelia chinensis (Ostebeck) Merr., Melia azadirachta L., Paederia foetida L., Swertia chirata (Wall.) C. B. Clarke, and Colocasia esculenta (L.) Schott.

Conclusion

Since the Rohingya refugees’ patients appeared to be generally satisfied with the treatment offered through these plants, they do not have to visit modern medical practitioners. It is important to conduct proper scientific studies towards discovery of compounds of interest in these plants, which can be used as safe and effective medicines.