

lem of RTCs in both countries have been hindered by lack of relevant data and apparent paucity of funds. There is still no standardized method for data collection in both countries, though more measures have been put in place in Ghana. Data sources are fragmented. There is need for documentation in both countries for legislation of laws. Research into this area should be encouraged by the governments of both countries.

**Keywords:** Ghana; injuries; Nigeria; public health; traffic crashes  
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### (Q92) Gender Issues, Socio-Cultural, and Institutional Factors that Influence Access and Utilization of Sexual Reproductive Health and HIV/AIDS Services

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**Objective:** To identify the gender dimensions that affects the access and utilization of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) and sexual reproductive health (SRH) services.

**Methodology:** The study targeted 339 respondents who were primarily women, people living positively with HIV and AIDS (PLHAs), rural poor fishing communities, and those in urban and boarder towns. Descriptive and exploratory (qualitative and quantitative) approaches were employed. Data were collected using focus group discussions, key informant interviews, in-depth guides, and questionnaire interviews.

**Results:** Almost all of the men (93.5%) and only one-third of women owned and controlled resources, which led to men having influence over their decision-making, access, and utilization of services. Apathy and resignation were identified as major determinants of health seeking behavior and a constraint to the utilization of services. The lack of health facilities and myths affected access and utilization of services. Of the women, 35.3% feared to use condoms because they are associated with prostitution, 58.1% of men and 54.8% of women reported that the community regarded women who openly procured condoms as promiscuous. Women could not go for vaginal cone therapy services without the permission of their husbands. Gender roles, such as domestic chores, deprive women of time to seek medical attention and attend community sensitization meetings.

Stigmatization of sexually transmitted infections (STIs) and HIV/AIDS grossly influence access and utilization of SRH services.

**Conclusions:** Inequalities in the access and utilization of SRH/HIV/AIDS services are a function of poverty as reflected in power relations at household level, differences in literacy between men and women, awareness differentials, access to health facilities, and ownership and control over resources.

**Keywords:** acquired immune deficiency syndrome; human immunodeficiency virus; public health; sexual reproductive health; sexually transmitted infections

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### (Q93) Socio-Economic/Political Instability and Access to Basic Healthcare Services for Women and Children in Ikirun, Osun State

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The study examined the effect of frequent skirmishes resulting from democratic activities (pre- and post-electoral violence) and antisocial behavior as a result of harsh economic conditions, such as thuggery and armed robbery, on the access to maternal health, child health, reproductive health, and human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) care services in Ikirun. It evaluated the quality and access to healthcare services available to women and children in such situations. It was intended to prescribe adequate measures to address the inadequacies in healthcare services created by political and economic upheavals in Ikirun

Two sets of data were used for this study. One was obtained through a questionnaire, and the other through physical examination of health records from the local ministry of health and hospitals. In all, 50 questionnaires were administered; 10 to hospital patients, 20 to the general public, 10 to healthcare practitioners, 10 to local healthcare administrators. Nine healthcare institutions were evaluated and their records were studied (one government, two private, two general, and four traditional healthcare providers). Ikirun is composed of eight wards. Two wards were chosen randomly for this study

The results indicate that there was a 75% decrease in the patronage of government hospitals, and a 50% decrease in their efficiency. There also was a 50% decrease in patronage and efficiency of private hospitals, while general healthcare institutions (chemist, dispensary) witnessed a 40% decrease in patronage and 65% in efficiency. Meanwhile, the traditional and local healthcare providers received a 70% increase in patronage and an 80% decrease in efficiency.

A cost-effective and an efficient package, such as The Minimum Initial Standard Package (MISP), be introduced to Ikirun and the most crisis-prone African communities. Healthcare personnel should be trained accordingly and monitoring for effective usage should be performed by relevant coordinating healthcare organizations/bodies.

**Keywords:** children; healthcare services; special populations; violence; women

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### Oral Presentations—Safe Medical Facilities

#### Report on “Good Practices” for Hospital Disaster Safety and Resilience in Japan

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**Introduction:** Recently, hospitals in Japan have made slow progress in achieving disaster preparedness. Nevertheless,