

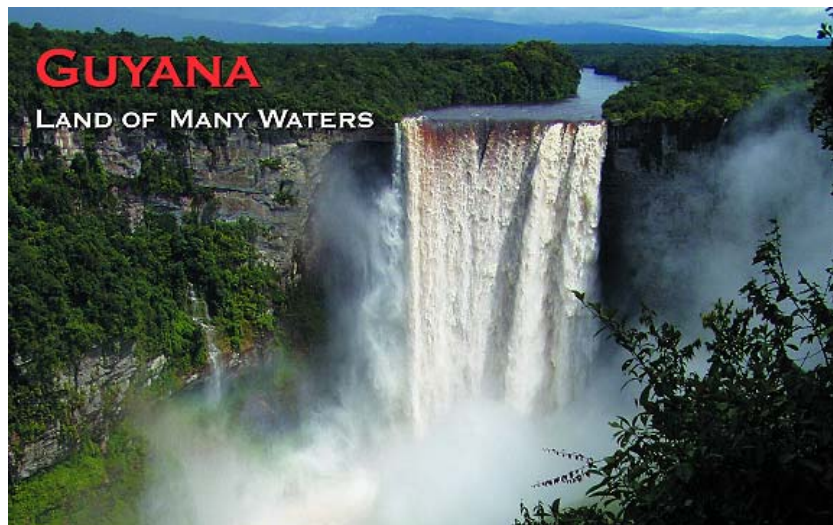
CARIBBEAN HEALTH RESEARCH COUNCIL



56th ANNUAL SCIENTIFIC MEETING

APRIL 14th – 16th 2011

Guyana



CALL FOR PAPERS

**DEADLINE FOR RECEIPT OF PAPERS
NOVEMBER 1 2010**

CHRC ANNUAL SCIENTIFIC MEETING

The 56th Annual Caribbean Health Research Council Conference will be held in **Guyana** on April 14th – 16th, 2011.

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 a well established researcher.

Poster Prizes are awarded for the best posters.

Students Prize will be awarded to the best paper presented by a student.

INSTRUCTIONS TO AUTHORS

MANUSCRIPTS

Manuscripts should be typewritten, double-spaced [except for abstract (see below) and references]. They should be LESS than 20 pages inclusive of text, tables and figures.

Indeed, they should be in a format that is ready for submission to a Scientific Journal for publication. The 'Instructions to Authors' of the West Indian Medical Journal can be used as a guide:

<http://www.mona.uwi.edu/fms/wimj/instructions/index.htm>

Manuscripts and abstracts should be submitted by email to conference@chrc-caribbean.org or uploaded to the website [www.chrc-caribbean.org]. Presenters are requested to submit using only one medium (to avoid duplication). Receipt of submissions will be acknowledged. **If you do not receive acknowledgement within 3 days of submission, please contact the CHRC Secretariat at chrc@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.
2. **AUTHORS:** Begin on a new line two spaces below title. Use italics. List initials of first names followed by surnames. Do not use full stops after initials. Omit degrees, titles and institutional appointments.
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 sampling, sample size, procedures, measurements etc.

TRANSMITTAL LETTER

- 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.

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.

CONTACT US

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

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SAMPLE ABSTRACT

High-risk health behaviours among adult Jamaicans

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Objective: To assess the prevalence of high risk health behaviours among adult Jamaicans aged 15-49 years.

Design and Methods: A nationally representative sample of 2016 persons aged 15-74 years was surveyed using cluster sampling in the Jamaica Healthy Lifestyle Survey. Interviewer administered questionnaires and anthropometric measurements were done. Data for a sub-sample of adults aged 15-49 years were analyzed.

Results: The sub-sample included 1401 persons (473 men and 928 women). A quarter of the women reported that they had never had a Pap smear (25.5%) or breast examination (26.4%) and 76.8% of men had never had a rectal examination. Current cigarette smoking was reported in more men (28.6%) than women (7.7%) (OR 3.73, CI 2.71 - 5.15), while more men (49.0%) than women (15.0) ever smoked marijuana (OR 3.28, CI 2.56 - 4.20). Significantly more men (30.3%) than women (7.7%) reported over having a sexually transmitted infection (STI) (OR 3.95, CI 2.87 - 5.46); having more than one sex partner in the past year (49.1% vs 11.4%, OR 4.31, CI 3.22 - 5.76) and usually using a condom during sexual intercourse (55.3% vs 40.5%, or 1.3, CI 1.11 - 1.68).

Conclusions: High risk behaviours are common among Jamaican adults and have changed little between 1993 and 2000. Comprehensive health promotion programmes are needed to address these risk behaviours.