successful medication use, made this behavior easier. However, participants tended to seek advice from medical practitioners when there were health concerns for their children. Fear for adverse effects, poor outcome and antimicrobial resistance were declared as the disadvantages of using nonprescribed antibiotics. Family members and friends, especially those with a health education background, were more likely to approve of this behavior. CONCLUSIONS: Qualitatively benefits, supports, concerns and social pressure related to the use of nonprescribed antibiotics were reported. These findings will inform further quantitative study aimed at understanding the extent of such use and predicting the strength of intentions to use nonprescribed antibiotics.

**PIN24**

**PATTERNS OF ANTIMICROBIAL DRUG USE IN INDIAN INTENSIVE CARE UNIT SETTINGS**

Tareen A1, Gandhi A2, Maharana S3

1National Institute of Pharmaceutical Education and Research, Mohali, Punjab, India 2National Institute of Pharmaceutical Education and Research, SAS Nagar, India 3Fortis Hospital, Mohali, Punjab, India

**OBJECTIVES:** The study was undertaken with the objective to understand the patterns of antimicrobial drug usage in the ICU settings of an Indian private tertiary care hospital. METHODS: The study was designed in a prospective manner in two phases, observational and interventional, over a period of ten months in a private tertiary care hospital. The data of patients was collected from the different ICUs in the hospital and all the information related to the AMD use was noted along with the sensitivity patterns. RESULTS: A total of 665 patient data was captured. The average number of medications prescribed was 12.6 and 13 in interventional and observational phase whereas the average number of AMD prescribed was 2.4 and 2.7 respectively. Over 92% of the AMDs were prescribed by parenteral route and about 30% were prescribed from NLEM and approximately 20% by generic name. Most frequently utilized classes of drugs were third generation cephalosporins, aminoglycosides and fluoroquinolones. Documentation of surgical prophylaxis was observed in 81% of the cases in the study. The surgical prophylaxis in both the phases sixty-four percent of the patients in the observational phase and 55% in interventional phase received surgical prophylaxis at appropriate timing. In less than one half of the patients, AMDs were prescribed on the basis of leukocytosis, fever, and positive chest x-ray or compelling medical condition. CONCLUSIONS: The present study has provided useful findings on the antimicrobial drug utilization patterns in the ICU and recommended that safer use of AMDs need to be promoted along with justified therapeutic regimen.

**PIN25**

**THE EFFECT OF PUBLIC INFORMATION ABOUT HUMAN PAPILOMAVIRUS (HPV) VACCINE ON KNOWLEDGE, ATTITUDE AND VACCINATION DECISION AMONG WOMEN IN THAILAND**

Putchong C1, Sirisamut T2, Kittanaphong W1, Udomsook K3, Putthong C1, Sirisamut T2, Tantivess S3, Thirunathan Y4

1Health Intervention and Technology Assessment Program (HITAP), Nonthaburi, Thailand 2Department of Public Health, Faculty of Medicine, Mahidol University, Bangkok, Thailand 3Department of Preventive and Social Medicine, Faculty of Medicine, Mahidol University, Bangkok, Thailand 4Pattaya Hospital, Koh Larn, Chonburi, Thailand

**OBJECTIVES:** To examine the differences in knowledge, attitude, and vaccination decision among Thai women who had exposed and not exposed to the public information concerning HPV vaccine. METHODS: Structured interviews were carried out in Bangkok, from September 2008 among female students in four high schools and two universities, and female office workers, in public and private companies, including mothers, who had at least one daughter. The total number of respondent was 1568. The interviews included socioeconomic status, sexual activity, whether or not they had exposure to the public information about the HPV vaccine, level of knowledge, attitude towards the vaccine and vaccination decision. Descriptive statistics and regression were used in the data analysis. RESULTS: The interviewees who had exposure to HPV vaccine-related information had significantly better knowledge about the causes of cervical cancer than those who had not exposed to the information. However, there was no significant difference in the level of knowledge about the vaccine between the two groups. The study also found that those who had exposure to HPV vaccine-related information and misunderstood that the vaccine could prevent other sexual transmitted infections; the vaccine could treat early cancer; or the vaccine was equally effective in those with and without sexual activity, were more likely to accept the vaccine than the others. CONCLUSIONS: The public information about the HPV vaccine would lead to undesirable effects to public health such as irrationl vaccination. It is important that respective authorities take serious actions to regulate public advertisement of health product as well as empower consumers to protect themselves from inaccurate information.

**PIN26**

**ENVIRONMENTAL SITUATION OF DROP IN CENTERS FOR HIGH RISK POPULATION ON HIV/AIDS PREVENTION IN DHAKA, BANGLADESH**

Bahaddin KM1, HUddin M2

1Jahangirnagar University, Bangladesh, Dhaka, Bangladesh 2National AIDS/STD Programme, Ministry of Health and Family Welfare, Dhaka, Bangladesh

**OBJECTIVES:** In Bangladesh, drop in centers is one of the interventions for HIV/AIDS prevention where health services are provided for high risk group. This paper investigates the existing environmental situation of drop in centers for HIV/AIDS vulnerable people (sex workers and injecting drug users) in Dhaka, Bangladesh. METHODS: This is a cross-sectional study where 15 drop-in centers out of 22 was selected purposely in Dhaka. Environmental checklist and structured questionnaires used for collecting information. The category for the conditions followed by guidelines of health service center developed by the National Institute of Preventive and Social Medicine, Bangladesh. RESULTS: The condition of house setup of drop in centers 51% poor, 31% good and 18% partial where sites were assessed according to elevation from ground, independent access to street of adequate width, drainage system and open space and the floor, wall and roof conditions for house setup assessed based on the cracks and dampness. All drop in centers was space availability according to crowding, minimum space for HIV infection center and setting or lying comfortability. Ventilation and lighting were unsatisfactory where 60% poor, 30% good, and 10% average considering the number of windows, height of windows not more than 3 ft above ground and sufficient ventilators and fans. Water supply and sanitation was poor found 50% unsatisfactory, 36% satisfactory and 14% partial based on the availability of water, supplied of safe drinking water, personal hygiene. The surrounding environment was unsatisfactory found 78% poor, 12% good, and 10% average considering pleasing surroundings, industrial setup and waste dumping around. Finally study revealed the poor condition 60%, good 26%, and 14% average after total analysis of both drop in centers of sex worker and injecting drug users. CONCLUSIONS: This study would have important public health implication and contribution for the environmental standard drop in centers.