

Interpretation: It is not surprising that respondents who did not access CHPS were younger, more frequently male and did not have children, as this demographic group is generally healthy and less likely to seek healthcare. Respondents who did access CHPS typically returned for another visit. There remains some confusion within the community about the role of CHPS in the community with respondents often requesting advanced health services beyond the scope of CHPS. These preliminary results suggest the CHPS compounds will be utilized by community members but that the public would benefit from education on how CHPS fits into and complements the larger health system.

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A follow up study of patients affected with silicosis in Sri Lanka

H. Pathirathne¹, D. Dassanayake¹, G. Athukorala¹, A. Siribaddana¹, K. Wickramasekera¹, K. Senevirathna¹, A. Upul¹, L. Gamage², V. Palipana³; ¹Teaching Hospital Kandy, Sri Lanka, Kandy, LK, ²Teaching Hospital Kandy, Sri Lanka, Kandy, LK, ³Ministry of Health, Sri Lanka, Kandy, LK

Program/Project Purpose: Silicosis is one of the oldest known occupational pulmonary diseases. It is caused by inhalation of tiny particles of silicon dioxide in the form of unbound crystalline silica. Inhalation of crystalline silica is associated with many debilitating pulmonary diseases. Three main clinical syndromes have been described namely chronic, accelerated, and acute silicosis. Silicosis is also associated with increased risks of lung cancer, mycobacterial infection, autoimmune disorders, airflow obstruction, and chronic bronchitis. The silica industry is rapidly expanding in Sri Lanka, as the country is a major exporter of silica as powdered quartz which contains more than 95% of silica. Studies done with regard to follow up patterns of silicosis in Sri Lanka are scarce. Therefore, the study aimed at identifying the demographic data and the follow up pattern of the patients with silicosis. The overall goal of the study was to implement necessary protective measures in preventing silicosis.

Structure/Method/Design: The study cohort consisted of seven patients diagnosed with silicosis, who presented to the respiratory unit teaching hospital Kandy in year 2005. All were self reported patients. Demographic data and clinical history including a detailed occupational history were taken using a questionnaire. Erect poster anterior chest radiographs were obtained silicosis was diagnosed using the International Labor Organization criteria. All patients underwent high resolution computerized tomography of chest and pulmonary function tests. All were investigated for tuberculosis. Patients were followed up regularly with regard to development of complications.

Outcomes & Evaluation: All patients were females. The mean age of patients was 41.5 years (SD 5.38). One patient had an exposure to silica of 11 years prior to developing symptoms while other patients had an exposure less than 3 years. Mean duration of exposure was 3.6 years (SD 3.3). The patients' degree of exposure to silica was graded according to work category. Accordingly 5 patients had heavy exposures while 2 had medium exposure. The patients who were heavily exposed had accelerated silicosis with rapid progression of the disease and died within 5 years of presentation. One with medium exposure acquired tuberculosis twice in the follow up period of 9 years and resulted in acquiring progressive massive fibrosis. The other patient's clinical course was complicated with tuberculosis and bronchiectasis.

Going Forward: The patients who had lesser degree of exposure had survived longer. Pulmonary fibrosis and bronchiectasis were more marked in them. Patients with heavy exposures had poor prognosis. This emphasizes the fact that protective measures at working places are h

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Cultural barriers to seeking care in Ethiopia: A review of the literature

A.T. Reta¹, A. Reta²; ¹Jhpiego corporation Ethiopia country office, Addis Ababa, ET, ²Jhpiego corporation, Addis Ababa, ET

Program/Project Purpose: Ethiopia has very high maternal mortality ratio of 676/100,000 live births and low institutional delivery by skilled birth attendants only 10% women delivered in the health facility. Despite the government's efforts to improve maternal health in the country, health service utilization is unacceptably low. The Maternal and Child Health Integrated project (MCHIP) funded by USAID, supported the government of Ethiopia to increase use and coverage of high impact maternal and newborn interventions. MCHIP conducted a literature review to identify cultural practices, beliefs and perceptions that influences a woman's decision to seek facility-based care.

Structure/Method/Design: This literature review included both published and unpublished literature, collected from internet sources and digital copies of library documents. A total of 322 published and unpublished documents were collected for review. A two-stage process was used to select relevant articles for review. First, abstracts were reviewed and superficially scanned for relevance. Second, a detailed analysis of the quality of each article was performed.

Outcomes & Evaluation: According to the literature, many studies indicate that cultural beliefs about maternal health and illness can prevent women from utilizing modern health care. In some cases, they believe that illness is a punishment from God or that the outcome of pregnancy is predetermined by God. Many women have negative perception to health facilities on their cleanliness, equipment quality or availability, provider competence, or behavior. The literature also reveals that, in some communities, women have specific childbirth preferences that lead them to opt for home delivery. Most women prefer the privacy that a home delivery provides, being in the presence of relatives, and delivering in a supported sitting position. In some religious communities, prayer and herbal solutions are used as a primary response to birth complications. Program interventions MCHIP integrated the findings from the literature review to its service quality improvement approach and introduced the concept of Respectful Maternity Care to health facilities. Following these, health facilities started to maintain privacy, allowed birth companion into labor, support birth position of choice, included important cultural aspects like coffee/porridge ceremonies, religious blessings of facilities and arrange post-natal room with bathroom. As a result, these health facilities showed marked increment in institutional delivery from a baseline of 8.6% to 31%, first ANC visit from 63% to 82%. Similarly fourth antenatal care (ANC) visits increased from 5.9% to 21%.

Going Forward: The choice of where to give birth involves a complex balance between freedom of choice, control of the process and the outcome, and important traditional norms associated with the birthing process. Incorporating known preferences into facility-based deliveries during the birthing continuum of care are important factors.

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Prevalence of water, sanitation and hygiene knowledge, norms and practices in bateyes in La Romana, Dominican Republic

J. Rosenfeld¹, R. Berggren², K. Dowdell³, P. Bropleh³, J. Ascher³; ¹Center for Medical Humanities & Ethics, University of Texas Health Science Center at San Antonio, San Antonio, TX/US, ²Center for Medical Humanities & Ethics; University of Texas Health Science Center at San Antonio School of Medicine, San Antonio, TX/US, ³University of Texas Health Science Center San Antonio, School of Medicine, San Antonio, TX/US

Background: Bateyes are settlements where migrant Haitian laborers live in poverty while working in agriculture, including privately owned sugar plantations in the Dominican Republic. Approximately 500,000 people, or 5% of the total Dominican population, live in a batey. While national surveys estimate that 86% of Dominicans access improved water sources and 83% access improved sanitation, little is known about water, sanitation and hygiene (WASH) indicators in bateyes. A cross-sectional study was conducted to establish WASH knowledge, norms and practices, so as to contribute to the dearth of literature on the health of batey residents and design a community-based health education program.

Methods: In June 2014, the Center for Medical Humanities & Ethics at the University of Texas Health Science Center San Antonio conducted a cross-sectional study of bateyes in La Romana. Using stratified random sampling, 10 bateyes were selected proportionally to the following variables' distribution within a sampling frame of 53 bateyes; the presence of a bio-sand filter program and health promoter, distance from a town, and batey ownership. 184 self-identified male or female heads of household over the age of 18 years were consented and interviewed using a validated household survey. The primary outcomes were: preventive health knowledge; water treatment, defecation, and hand washing norms and practices; Social Capital; and family-reported diarrhea in children under 5. This study was approved by the UT Health Science Center Institutional Review Board.

Findings: Sample demographics and preliminary results are currently available. Respondents were predominantly female (66%), had only completed primary school (49%), and had an average age of 43 years. The majority of households (65%) obtain drinking water from an outside tap and treat their drinking water with chlorine (47%) or a filter (22%). 34% of the sample use an unimproved sanitation facility, while 14% openly defecate. When asked to provide 5 times it is important to wash hands, only 17% could provide 4 or more correct answers. Chi-square and t-tests will be used to analyze results on preventative health knowledge; drinking water, defecation and hand washing norms and behaviors; social capital, and the incidence of diarrhea in children under 5 years. Regressions will describe predictors of WASH knowledge and behavior, as well diarrheal disease in children under 5.

Interpretation: The results of this study will determine the need for, focus of and key messages for a participatory education program aimed at preventing diarrheal, respiratory and vector borne illnesses. Our rigorous study design and randomized sampling showed widespread prevalence of disease risk factors, in the 53 bateyes sampled. We used validated data collection tools and protocols, so that study observations serve as a reasonable baseline for comparison after future interventions.

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Assessing the continuum of care in South Asia and Sub-Saharan Africa

K. Singh¹, W.T. Story¹, A. Moran²; ¹University of North Carolina at Chapel Hill, Chapel Hill, NC/US, ²United States Agency for International Development (USAID), Washington, DC/US

Background: Increased global focus has been placed on the continuum of care in efforts to improve maternal health. The goal of the continuum approach is to provide women with essential reproductive health services before, during and after pregnancy and delivery. South Asia and Sub-Saharan Africa—where 86% of maternal deaths occur—desperately need improvements in the provision of continuum of care services. The objectives of this study are to (1) quantitatively document coverage of key continuum of care services in these two regions, and (2) examine socioeconomic and demographic differentials in women who received continuum of care services versus those who did not.

Methods: This study used recent Demographic and Health Survey data (from 2010 onwards) from nine countries: Bangladesh, Nepal, Pakistan, Ethiopia, Malawi, Rwanda, Senegal, Tanzania and Uganda. The analytic sample consisted of 15,984 women between the ages of 15 and 49 who had a birth in the past year and had no missing data. Descriptive analyses were used to assess five key continuum of care services: at least one antenatal care (ANC) visit, four or more ANC visits, skilled delivery, postnatal care (PNC) for the mother, and postpartum family planning counseling. Multilevel multinomial logistic regression models were analyzed in Stata 13.0 to examine the factors associated with receiving all or some of the continuum of care services.

Findings: The descriptive results showed that 17.0% of women received all services along the continuum and 13.3% received none of the services. More specifically, the majority of women received at least one ANC visit (84.5%); however, few received the recommended four or more visits (37.9%). The largest drop-out along the continuum occurred between these two early steps (55.1% decrease). Furthermore, few women who did not receive any ANC visits went on to have a skilled delivery or received PNC (less than 5%). The regression results showed that women who received all the continuum of care services tended to be the richest (OR= 13.90; CI: 6.32, 30.59; $p < 0.001$) and most educated (OR=5.73; CI: 2.58, 12.73; $p < 0.001$).

Interpretation: The provision of key continuum of care services can be improved by better understanding where drop-outs occur. For many countries, important focus areas include providing access to four or more ANC visits, PNC, and family planning as well as increasing efforts to reach the poorest women. Despite its limitations, this study provided a current assessment of the continuum of care in regions of the world where the burden of maternal mortality is highest.

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Study of the effects of pesticide exposure among the workers of tea estates

S.B. Singh¹, P.K. Pokharel¹, P. Raut², K. Mehta¹; ¹B. P. Koirala Institute of Health Sciences, Dharan, Nepal, Dharan, NP, ²Strengthening of