

Interpretation: In order to improve ANC adequacy in the study area, the policymaking, planning, and implementation processes should focus on the inadequacy of ANC among the disadvantaged groups in particular and the slum residents in general.

Funding: University of South Africa provided some financial support for data collection.

Abstract #: 2.041_MDG

Reproductive health contribution to the burden of surgical conditions in Uganda

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Background: Reducing maternal mortality is a prominent area of global health policy and investment. In relation to surgery, cesarean sections often represent a plurality of surgical output in low-income countries, such as Uganda. We describe access to maternal health care, family planning and the burden of surgical conditions represented by reproductive health needs.

Methods: A 2-stage cluster-randomized sample was designed to represent the Ugandan population at a national level. The validated Surgeons Overseas Assessment of Surgical Needs household survey was used. At each household, the head of household was asked about deaths within the previous 12 months; through a random selection of 2 household members, if either member was a female above age 12, she was asked about her reproductive health needs. Variance estimation of proportions and rates were determined by Taylor Series Linearization.

Results: We analyze data for females above age 15 years. There were 1,043 women of reproductive age (15–49 years) who recalled 1,726 deliveries; 50.2% (95%CI, 44.2 – 56.1) of deliveries occurred at a health facility. Among women age 15–35 years, facility deliveries comprised 57.1% (95%CI, 50.8 – 63.4). The cesarean delivery rate was 6.8% (95%CI, 4.0 – 9.7), and 1.0% (95%CI, 0.5 – 1.5) of deliveries occurred by instrumental assistance. Three point eight percent (3.8%) (95%CI, 2.2–6.5) of women of reproductive age reported at least one instance of difficulty delivering without receiving a caesarean; financial constraints were cited by 31% of these women (10/32). Modern contraceptive prevalence rate among married and single women was estimated at 19.8% (95%CI, 16.4–23.8). Of 153 household deaths within the previous month, we report only one maternal death.

Discussion: This study reaffirms low rates of cesarean and instrument deliveries in Uganda. Despite universal access to maternal care, individuals are still citing financial barriers, raising questions about

service availability and effectiveness of programs to provide universal coverage. Family planning uptake is still low in Uganda. The extremely low maternal death is due to a sample size not originally powered to acquire maternal mortality rate or ratio.

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Factors affecting acceptance of day care center-based mass drug administration for preschool-age children in the Philippines

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Background: Chronic soil-transmitted helminths (STH) infection in children can cause nutritional, growth and cognitive deficits¹, remaining a significant public health problem in the Philippines. A 2006 baseline survey conducted by the Department of Health showed 43.7% of preschool-aged children (PSAC) had at least 1 STH infection². A school-based, teacher-assisted mass drug administration (MDA) program decreased the prevalence of heavy infection among school-age children³, suggesting a day-care center (DCC)-based, DCC worker-assisted MDA may decrease STH burden among PSAC⁴. Before implementation, acceptability of this program must be determined. In regions with better knowledge among parents about MDA and STH infections, we hypothesize there is higher acceptability of DCC-based MDA for PSAC.

Methods: Knowledge, Attitudes, and Practices (KAP) surveys were distributed to parents of PSAC in 2 regions of Western Visayas, Iloilo (N=59) and Guimaras (N=98), evaluating the beliefs and knowledge of MDA for STH. Written consent was obtained and study received exempt status by institutional review board. KAP scores were evaluated with descriptive statistics and compared by region using the Mann-Whitney U Test. Acceptability was defined as willingness to consent to MDA currently and in future, and was compared by KAP score using Chi-squared test in the 2 regions.

Findings: KAP data showed that parents in Guimaras had significantly higher knowledge scores than those in Iloilo (p=.001). Acceptance was significantly higher for Guimaras with 83% of parents accepting of immediate MDA compared to 65% in Iloilo (p=0.013), although not significant for consenting future rounds of MDA (p=.061). A higher knowledge score was associated with higher acceptance of current (p=.014) and future (p=.005) DCC-based MDA.

Interpretation: There was a high rate of acceptance of MDA by parents in the Western Visayas, suggesting health education and advocacy efforts of programs like War on Worms are working. Especially in Guimaras, higher scores reflected higher acceptability. Although MDA acceptance for PSAC is high, local health leaders continue to be concerned over the high infection rates, emphasizing the need for improved sanitation programs in the region.

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