Background: Worldwide, over 3.6 million neonatal infants die, often due to maternal health complications. Preconception care is defined as biomedical, behavioral and social health interventions before conception occurs. Recent research has established linkages of preconception interventions with improved maternal and child outcomes. A Reproductive Life Plan is shown to be an effective communication tool with patients regarding overall reproductive goals. Maternal and neonatal mortality rates in the Dominican Republic (DR) remain high. There are no studies presently published examining the association between preconception risk factors and attitudes regarding reproductive planning in the DR.

Methods: In this cross-sectional, descriptive study, a reproductive health survey was administered to women age 18—49, excluding women with hystereotomy or bilateral tubal ligation, in 4 outpatient public clinics in Santiago, DR. Survey questions included age, education level, self reporting of preconception risk factors, and calculation of BMI. Women were asked if they had thought about a reproductive plan: planning for or preventing pregnancy. Greater thought of reproductive planning was defined as women who answered somewhat, moderately and a lot on a 5-point likert scale. Logistic regression was used to assess significant associations between variables.

Findings: A total of 381 women of reproductive age participated, with a median age of 24 (IQR, 20—29) years. In a univariable analysis, hypertensive women (OR, 0.36; 95% CI, 0.17—0.78; p=0.009) and women who had a short-interval pregnancy (OR, 0.51; 95% CI, 0.27—0.94; p=0.03) had lower odds of thinking about reproductive planning. Women aged >25 years (OR, 1.84; 95% CI, 1.29—2.64; p=0.001) and women with at least a high-school education (OR, 2.01; 95% CI, 1.21—3.36; p=0.007) had greater odds of thinking about reproductive planning.

Interpretation: Women with preconception risks such as hypertension and short interval pregnancies are at lower odd of thinking about reproductive planning and may be at higher risks for maternal and fetal complications during pregnancies. Further assessment of preconception risks may provide a framework for targeted counseling interventions in women of reproductive age and possibly improve maternal and child health outcomes.

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individuals, communities, and health systems. This study examined diabetes burden in 11 low- to middle-income nations in Southeast Asia, exploring differences in distribution of disability-adjusted life years (DALYs) across countries, economies, environment, behavioral, and health risk factors, standardized for age for both sexes.

**Methods:** Ecological and descriptive study methods were applied to 11 countries with data from the Global Burden of Disease Study (Institute for Health Metrics Evaluation), World Bank, and World Health Organization. DALYs and risk factors were examined for associations and trends. Outcome of interest was diabetes DALYs for both sexes, age-standardized. Spearman correlation was used to determine associations of outcome with other covariates including gross domestic product, gross national income, urbanization, government health expenditure, physical inactivity, dietary risks, and high BMI.

**Findings:** Indonesia had the highest diabetes burden (1,355 DALYs per 100,000), while Maldives was lowest (350 DALYs per 100,000). Diabetes attributed to physical inactivity was highest in Indonesia (401 DALYs per 100,000), lowest in Maldives (98 DALYs per 100,000); dietary risk attribution was highest in Malaysia (319 DALYs per 100,000), lowest in Cambodia (47 DALYs per 100,000); and high BMI attribution was highest in the Philippines (476 DALYs per 100,000), lowest in Vietnam (87 DALYs per 100,000). Physical inactivity was strongly associated with diabetes burden (r = 0.956, p < 0.01), and moderately with dietary risks (r = 0.664, p < 0.05) and high BMI (r = 0.645, p < 0.05). Income, urbanization and health expenditure were not associated with diabetes, but urbanization correlated strongly with diabetes-associated high BMI (r = 0.861, p < 0.01) and moderately with GDP (r = 0.663, p < 0.05).

**Interpretation:** Diabetes burden improves with reduced physical inactivity, dietary risks, and BMI, suggesting renewed emphasis on related policy and interventions. Targeting reduction in physical inactivity as a priority program may have the most cost to benefit impact among these countries. Diabetes need not be a consequence of rapidly changing lifestyles in Southeast Asia.

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**Barrier analysis to improve utilization of a novel cervical cancer screening program in rural Senegal**

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**Background:** Senegal ranks 15th in the world in cervical cancer incidence, the number one cancer killer among women there. In Kedougou, the south-easternmost region of Senegal, a partnership between the regional health system, Peace Corps Senegal, and the University of Illinois at Chicago has built human capacity and implemented a novel cervical cancer prevention service for women in rural communities. The partnership has implemented a community-engaged continuous quality improvement process with the goal of increasing service utilization and improving the responsiveness of health services.

**Methods:** A barrier analysis was conducted among service eligible clients (women ages 30 to 49) in six representative rural communities (two from each district) in the Kedougou Region. Forty-five interviews of “doers” (those who have sought cervical cancer