

access to clean water and sanitation. High prevalence of malnutrition, anemia and growth stunting resulted in several nutritional interventions. Finally, a sustained prevalence of disease despite improved infrastructure highlighted the need for behavioural interventions and a health curriculum.

Outcome & Evaluation: Between 2007–2015, the prevalence of malnutrition and growth stunting declined (height: 30.9% <3rd percentile to 17.0% ≤ 5th percentile, weight: 10.3% <3rd percentile to 7.6% ≤ 5th percentile). Similarly, scabies dropped from 35.2% to 7.2%. The prevalence of intestinal helminths slightly increased to 7.2% from 6.6%. In 2015, fifty-nine of the 517 students required further treatment and were referred to local physicians in a nearby village, sustainably engaging the population with the medical system.

Going Forward: Physical exams proved to be an invaluable tool. They will continue to guide and evaluate interventions, and screen for students requiring urgent treatment until permanent local medical staff is employed. The unique bond between volunteers and students has been essential to the continued success of the project. Eager to return, all 2015 volunteers have become leaders for 2016, and will focus on the completion of water and sanitation systems and the sustainable implementation of the health curriculum.

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Barriers to long-acting reversible contraception use in Kisoro, Uganda

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Background: Despite its effectiveness and low cost, long-acting reversible contraception (LARC) is underutilized in many countries in sub-Saharan Africa. We aimed to identify obstacles to LARC use in rural Uganda.

Methods: We conducted a cross-sectional survey of reproductive age women presenting to seven different clinical sites for family planning services in Kisoro, Uganda. Semi-structured exit interviews with women were performed. Questions about contraceptive history, desired contraceptive method, concerns about contraceptive side effects, and satisfaction with overall care were asked. Survey questions were administered verbally, and answers were transcribed. In addition to descriptive statistics, Fisher's exact test was used to compare two categorical variables and independent sample t-tests were used to compare continuous variables with binary predictors.

Findings: Ninety-two women between the ages of 18 and 45 completed the survey. Of those participants who received contraception, 91% received depo-provera, and only 2% of women received LARC. Sixteen percent of women responded that they did not receive their contraceptive method of choice, primarily because the method was out of stock. However, 21% of these women reported that they were told by providers to use depo-provera instead of

LARC. Women who were told to use depo-provera by providers were significantly younger (mean age of 25 vs. 32; $p=0.01$) and had significantly fewer children (2 vs. 4; $p=0.02$). Additionally, although the majority of depo-provera users reported choosing this method because of few side effects, 16% of these women believed they should try depo-provera first before using other contraceptive methods.

Interpretation: Lack of consistent supply of methods was the most common reason for nonuse of LARC in Kisoro, Uganda. However, there also appeared to be significant provider bias towards depo-provera as a first-line contraceptive method, particularly when clients were younger and had fewer children, even when LARC was available. Additionally, many participants believed that depo-provera was a superior form of contraception. Research is needed to better understand bias towards depo-provera use and how to encourage LARC uptake.

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Effects of a hospital-based pilot education program on breastfeeding knowledge in Santiago, Dominican Republic

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Background: In the Dominican Republic (DR), where neonatal mortality is 21 per 1000 live births, women breastfeed for a mean duration of 7.1 months and only 7.7% of women breastfeed exclusively. The literature suggests educational interventions can improve rates of breastfeeding initiation, duration, and exclusivity. Breastfeeding interventional studies report decreases in infant morbidity and hospital readmission rates. A hospital-based pilot lactation educational intervention was implemented in a low-resource public healthcare facility in Santiago, DR, with the objective to assess changes in breastfeeding knowledge among women receiving the educational intervention.

Methods: In this pre–post intervention study conducted in June–July 2015 at Hospital Especializado de Salud Juan XXIII, 17 knowledge-based questions regarding breastfeeding practices and skills were administered before and after a twenty-minute educational session delivered to women who presented to the hospital. For statistical analysis, a paired t-test was used to compare mean differences in composite scores and the McNemar test for four individual key questions.

Findings: A total of 53 women participated, most of whom were either pregnant (38/52; 73%) or postpartum (12/52; 23%), with a median age of 23 (IQR: 20–30) years. After the educational intervention, on average, each woman answered 4.2 more questions correctly (95% CI, 3.4–4.9; $p<0.0001$), as compared to before the intervention.