

community-based approaches to prevention, and (3) working with youth at risk.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Asian American Legai Defense and Education Fund

Girls Educational & Mentoring Services (GEMS)

Kings County District Attorney's Office

Health and Education Alternatives for Teems

University Hospital of Brooklyn

Downstate College of Medicine Student American Medical Women's Association

Downstate Occupational Therapy Student Council

Downstate School of Public Health Student Council

Summary/Conclusion: There was strong consensus in the anonymous post-event evaluation that the specific learning objectives were met:

To recognize individuals and groups vulnerable to commercial sex exploitation

To discuss best practices for intervening with sexually trafficked persons

To discuss promising strategies for prevention and mitigation of sex trafficking.

In addition, attendees expressed specific intentions for action:

Talk to my friends and colleagues about the issue: 85%

Collaborate with other organizations in addressing the issues around sex trafficking: 77%

Propose that my school, congregation, organization, or workplace discuss the issues: 60%

The network that emerged from the conference chose these action steps:

Promote a series of "train the trainer" workshops for local health professionals on the care of sex-trafficked persons

Form a coalition of community organizations to press for state funding to support programs for youth at high risk of involvement in commercial sexual exploitation

Advocate for a change in state law so that minors are not criminally charged for prostitution but instead are recognized as victims and are provided services

Link sex trafficking with other forms of labor trafficking.

Through the social media portal created for the conference, we will continue to track reports of individual and group activities in support of this emerging network.

Long-term outcomes for women after obstetric fistula repair: A qualitative study

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Background: Women with obstetric fistula suffer many physical, social, and economic consequences. Surgery can successfully treat the physical damage of an obstetric fistula; however, challenges that affect women's quality of life may persist when they reintegrate into their communities. This qualitative study assessed the long-term outcomes and quality of life among women who received surgical repair for obstetric fistula in Malawi.

Structure/Method/Design: In-depth interviews were conducted with 20 women from—seven districts across Central Malawi. All women were 1 to 2 years status postsurgical repair for obstetric fistula

at the Fistula Care Centre in Lilongwe, Malawi. We explored three domains: quality of life before and after fistula repair, reproductive intentions and marriage, and understanding of fistula. Interviews were independently coded and analyzed using content analysis.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): At the time of the interview, 9 of 20 women (45%) reported some degree of urinary incontinence. All but one woman reported the quality of their lives had improved since surgery. Sub-themes included feeling a sense of freedom and peace after repair, improved confidence and relationships with relatives and friends, and increased community involvement and income-generating ability. Over half reported they were welcomed back into their communities and had no challenges with reintegration. Almost all women had experienced stigma before surgery, but only one continued to face stigma after surgery. Prior to surgery, women's greatest concerns were that their fistula could not be repaired, that they would die during surgery, and marital discord. After surgery, their greatest concerns were financial challenges, the need for additional surgery, husbands with other wives, and desire for a husband and future children. Most women understood that fistula was caused by delays seeking a health center during labor and were now counseling other women to go to the hospital early. However, myths about witchcraft and fear of delivery causing fistula were present in their communities.

Summary/Conclusion: Nearly all women who underwent fistula repair felt that their quality of life had improved at the individual, interpersonal, and community levels, even among women who continued to have urinary incontinence. Contrary to other studies, the majority of women did not have challenges reintegrating into their communities. However, many continued to have problems with their husbands and were concerned about their future fertility, issues which need to be further explored in other studies.

Impact of community-based surveillance and monitoring on maternal and neonatal health-seeking and utilization behaviors of women living in urban slums

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Background: About 900,000 community health workers (ASHAs) have been recruited in India to assess the health needs of households and facilitate an effective response by the health system to address identified health needs of the community. However, they have not been provided with culturally appropriate systems or the requisite capacity to achieve this objective.

Structure/Method/Design: Study Design and Methodology: Change in the clients' health-seeking behavior was assessed by:

1) Comparing health utilization behavior in the last pregnancy (occurring in the last 1 year after the surveillance and monitoring system was introduced) with the previous pregnancy (prior to introduction of the surveillance and monitoring system).

2) Comparing service utilization behavior across levels of exposure to surveillance and monitoring. The levels of exposure to surveillance and monitoring were categorized as high, low, and none.

Sample size: The sample size for this study was 200 recently delivered mothers.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Antenatal Care: There was a significant increase in early registration for antenatal care (≤ 12 weeks) and a significant association was observed between exposure to surveillance and early registration ($P = 0.000$).

A significant increase was observed in the utilization of minimum, standard antenatal care services among women who received