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Background and objectives: Regular physical activity (pa) during pregnancy is beneficial for mothers and fetuses. The world health organization recommends that healthy pregnant and post-partum women should perform at least 150 minutes/week of moderate-intensity pa. Unfortunately, less than 15% of pregnant women reach these recommendations. The aim of this study is to co-design an adapted physical activity intervention (apai) for pregnant women to include in childbirth preparation classes (cpcs) and evaluate its feasibility and efficacy in terms of pa levels and other outcomes.

Methods: This was a quasi-experimental study designed in collaboration with pregnat women and midwives using focus groups. kinesiologists and midwives conducted the intervention at the st. Orsola-malpighi hospital, bologna, (Italy). During cpcs, the experimental group (eg) performed 1 h of pa administered by midwives and co-supervised by kinesiologists for 6 weeks, while the control group (cg) received a one hour lesson about pa recommendation in pregnancy. Pa levels were assessed using the pregnancy physical activity questionnaire (ppaq) at the baseline and at the end of the intervention. Statistical analysis was performed using spss.18.

Results: We enrolled 77 women (mean age 34.8±4.3) from november 2021 to may 2022. Preliminary results from 60 participants showed that the ppaq for total activity significantly improved in the eg after 6 weeks (Δtotal-activity=13.74±29.65, p value=0.04), slightly raising in the cg but not significantly (Δtotal-activity=3.47±40.76, p value=0.59). Notably, moderate activity significantly improved in eg (Δmoderate-activity=7.96±16.97 p value=0.04), while worsened in cg (Δmoderate- activity=-4.13±24.53, p value=0.29). However, there was no statistically significant difference between groups.

Conclusion: Preliminary findings suggest that introducing apai in cpcs improves pa levels in pregnat women. A multidisciplinary cooperation between health professionals is crucial in health promotion interventions.

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Screening of visual disorders in primary schools: a cross-sectional study from devrek, türkiye

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Background: Considering neuronal plasticity in early childhood, screening and interventions for visual impairment are cost-effective, because of their impact on DALY. It was aimed to detect and evaluate the most prevalent vision disorders that may lead to the development of amblyopia (lazy eye).

Method: Media opacity, anisocoria, strabism, anisometropia, astigmatism, myopia and hyperopia diseases were screened by mobile binocular infrared photo retinoscopy (Plusoptix A12R, Germany) in 467 children in 8 primary schools in Zonguldak Devrek district. 55 (63.2%) of the 87 children who were found to have visual disorders on screening, were evaluated in the referred district hospitals ophthalmology clinic in terms of demographic data, medical history, refraction values with cycloplegia, best corrected visual acuity (BCVA, logMAR), strabismus and amblyopia.

Results: In primary school vision screening, 18.3% of children (n=87) were referred to the hospital. Among the children (n=55) examined by the ophthalmologist, the mean age was 7.1 years, and 50.9% were girls. The median spherical equivalent values of the students were -0.25 (min:-2.38–max:7.13) and -0.25 (min:-2.63–max:8.25) in the right and left eye, respectively. The mean BCVA were 0.05 (min:0–max:1) and 0.1 (min:0–max:1.51) in the right and left eye, respectively. After the examination, 81.8% of the patients (n=45) were prescribed eyeglasses, and occlusion treatment was recommended for 3 new-diagnosed amblyopia. Occlusion treatment was also recommended for 15 students who didn't meet the definition of amblyopia but whose visual acuity was not complete. Strabismus was not detected in any of the 55 students.

Conclusion: When the age-specific treatment costs were evaluated according to the literature, it was determined that only 3 new amblyopia early diagnoses in primary school 1st grades cover the cost of the screening device. Therefore, visual disorder screening in primary schools should be implemented as a standard, as it offers an effective intervention at a low cost.

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The added value of using of pulse oximeter into the integrated management of childhood illness guidelines to better identify and manage severe cases among children under-5 years old in west africa, june 2021 to june 2022

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Background: The Integrated Management of Childhood Illness (IMCI) guidelines for children under 5 is a symptom-based algorithm guiding health care workers in resource-limited countries at the primary health center (PHC) level. Hypoxaemia (SpO2< 90%) is a life-threatening condition underdiagnosed in West Africa. To improve the diagnosis and care-management of hypoxaemia, the AIRE project, UNITAID-funded, has implemented the routine Pulse Oximeter use into IMCI consultations at PHCs level in Burkina Faso, Guinea, Mali and Niger. This study aimed to measure the added value of PO integrated into IMCI.

Methods: In 16 AIRE research PHCs (4/country), all children aged 0-59 months attending IMCI consultations, except those aged 2-59 months classified as green non-respiratory cases were eligible for PO use, and enrolled in a cross-sectional study with parent's consent. Those classified as severe cases were followed for 14 days. Socio-demographic and clinical data including data about PO use, pathways, patterns of care and health outcomes at D14 were collected.

Results: From June 2021 to June 2022, 39,496 children attended IMCI consultations; 31,721 were eligible for PO use of whom 80.3% had an SpO2 measurement. The prevalence of severe case using IMCI+PO was at 10% (n=3,179; 95% confidence interval [95%CI]: 9.7-10.4). Hypoxemia prevalence was 0.7% (95%CI: 0.58-0.76) among eligible children for PO use and 6.6% (95%CI: 5.8– 7.5) among all severe cases. Of all severe cases identified with IMCI+PO, 1,981 were enrolled and followed-up, their D-14 mortality rate was 4.8% (95%CI: 3.5 -5.3). The PO allowed to identify +1.9% (95% CI: 1.5 -2.5) severe cases.

Conclusion: Based on this large sample study, the uptake of PO integrated into IMCI consultations was high and the identification of severe cases have been increased for +1.9% using PO. However, hospital referral and timely oxygen therapy to manage them remain challenges for governments in the West African settings.

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Assessing unmet Sexual and Reproductive Health needs of adolescents living with disabilities in Zambia: A cross-sectional study.

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Background: Sexual and reproductive health rights (SRHR) thus are fundamental human rights, which should be enshrined in national, regional, and international laws as they are critical for gender equality and sustainable development. Yet young people living with disability continue to face gaps in meeting their SRHR needs. In Zambia, current national data estimates that 7.2% of Zambia's population are living with a disability, who, among other socio-economic challenges, face limitations in access to equitable and quality health care.

Methods: The research adopted a concurrent parallel design which used both qualitative and quantitative data collection.

The study was conducted in 3 provinces of Zambia (Lusaka, Southern and Western provinces) among adolescents and young people aged 15-24 years. A total of 149 adolescents and young people were recruited in the study and administered with surveys. 4 Focus Group discussions were also conducted with these adolescents to gain deeper understanding on their challenges accessing SRHR services in

17TH WORLD CONGRESS ON PUBLIC HEALTH

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ABSTRACT BOOK

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The three organising partners of the 17th World Congress on Public Health established a Congress Management Committee (CMC) consisting of representatives of WFPHA, SItI, ASPHER and the PCO. The CMC has the full managerial and financial management responsibility for the Congress.

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The International Congress Council (ICC) consisted of the Congress Management Committee and international public health experts representing various regions of the WFPHA, international health organisations, European health non-governmental organisations and Italian universities and institutes. The ICC in particular develops, in consultation with the CMC, the scientific programme including subthemes and plenary programme of the WCPH and identify speakers/panellists/moderators of the plenary sessions.

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The International Scientific Committee (ISC) consists of experienced public health experts from around the world nominated by WFPHA, SItI and Aspher. It mainly advises the ICC on scientific matters of the conference and contributes to the scientific evaluation of the conference. We would like to thank the ISC for their support.

Aim & Scope

Population Medicine is an open-access double-blind peer-reviewed scientific journal that encompasses all aspects of population, preventive, and public health research including health care systems and health care delivery. Its broader goal is to address major and diverse health issues, to provide evidence-based information to professionals at all levels of the health care system, and to inform policymakers who are responsible for the formation of health policies that can lead to evidence-based actions.

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