agnostic plots. **RESULTS:** The overall population included an estimated sample of 102.7% males and 110.6% females. The test showed gender was significantly different for PCS (p = 0.001) and MCS (p < 0.001). Including age, race, and HRQoL-CLF, the gender was not statistically significantly different for PCS (p = 0.5266) but was for MCS (p = 0.0001). However, model performance varied across males and females compared to overall sample. For PCS, R² = 0.1081 for females (0.306) and 0.1290 for males (0.7595); for MCS, R² = 0.1969 for overall population, 0.1314 among females and 0.1108 among males. In comparison to 20 diseases in HRQoL-CLF, the LASSO analysis gave 6 best predictors for females (R² = 0.2814) and 2 for males (R² = 0.1591) for PCS. For MCS, R² identified best predictors for males and females (R² = 0.0823), in comparison to 15 diseases in HRQoL-CLF. Inclusion of gender-specific diseases did not improve the model performance. **CONCLUSIONS:** The study suggests that extent of risk adjust- ment for HRQoL varies across gender and the contribution of the gender-specific variables was minimal for risk adjustment purposes.

**PH67**

**ASSOCIATIONS BETWEEN WELLNESS COACHING AND CHANGES IN HEALTH-RELATED QUALITY OF LIFE**

Menon J., Paulet M, Thomas J

Florida University, West Lafayette, IN, USA

**OBJECTIVES:** Association between completion of wellness coaching and changes in health-related quality of life was assessed. **METHODS:** Data from health risk asses- sment (HRA) and eligibility files for employees and spouses covered in a private wellness program (a single variable) and one-year change in SF-8 physical (PCS) and mental component (MCS) summary scores. Other ANCOVA models assessed association between summative effects of various types of coaching (variables for each program type) and change in PCS and MCS scores. Ordered logistic models analysed change in the non-continuous SF-8 individual domain scores. Predictor variables in all models were coaching status, age, wage, staff position, BMI, days missed at work, propensity scores, baseline SF-8 score and a variable for matched control-case pairs. **RESULTS:** The sample contained 3033 individuals, 50% adminis- trative personnel, 62% under age 50 years, and 37% males. No association was detected between completion of at least one coaching program and changes in PCS or MCS scores. Coaching was associated with increased social functioning domain scores. The model for summative effect of specific coaching types revealed participants in nutrition coaching had more positive change in MCS scores, but participants in stress management coaching had more negative change in MCS scores. **CONCLUSIONS:** Findings were mixed on association between coaching and changes in health-related quality of life.

**PH68**

**QUALITY OF LIFE AND SOCIAL SUPPORT AMONG COLLEGE STUDENTS IN VENEZUELA**

Mendoza P., Bastardo V

Universidad Central de Venezuela, Caracas, Venezuela

**OBJECTIVES:** To describe quality of life (QoL) of college students in Venezuela and to explore the association between quality of life and perceived social support. **METHODS:** One hundred thirty-six students from the Colleges of Pharmacy and Archivias of the National University of Venezuela were surveyed using a question- naire that included Spanish versions of EQ-SQ descriptive system, EQ visual ana- logue scale (EQ-VAS), SF 36, and Interpersonal Support Evaluation List. The associ- ations among QoL and social support measures were estimated computing Pearson’s correlation coefficients. **RESULTS:** The sample consisted of 76 pharmacy students and 60 architecture students. The mean age was 20.01 years. Ninety-three students (68.9%) were females. Concerning the EQ-SQ, fewer students reported some problems with mobility (8.8%), and self-care (5.9%). Thirty-six students (26.5%) reported some problems with usual activity. Students reported more prob- lems with pain (41.9%) and anxiety (37.5% reported some problems and 4.4% re- ported extreme problems). Mean rate of own health on EQ-VAS was 76.75 (SD = 16.42). Concerning the SF 36 dimensions, students scored higher in health concepts closely related with mental health (Physical Function = 93.18 (SD = 19.84); Bodily Pain = 74.01 (SD 21.7) and scored lower in role-emotional (53.73, SD = 40.0) and vitality (56.07, SD = 20.8). Social support measures showed that the sample as a whole perceived themselves to be relatively well-supported with means (SD) of 80.21 (13.37) for appraisal, 78.80 (11.03) for emotional, 78.17(3.90) for tangible. All social support measurements were significantly positively correlated with the EQ-VAS and with all the SF-36 scales. **CONCLUSIONS:** Although, the cross-sectional design of the study does not allow us to draw conclusions regarding the direction of the relationships or causality, this exploratory study demonstrates that all dimensions of QoL are significantly associated with social support. Psychosocial support may offer one way to improve the quality of life of young populations.

**PH69**

**WILLINGNESS TO PAY FOR VASOMOTOR SYMPTOMS TREATMENT IN KOREA**

Son MJ, Park HJ, Ko SK

Pfizer Pharmaceuticals Korea Limited, Seoul, South Korea

**OBJECTIVES:** The aim of this study was to evaluate the inherent value of Vasomo- tor symptoms (VMS) treatment. **METHODS:** The nationwide, cross-sectional, face to face survey was conducted on 1500 menopausal women above the age of 40. Through 3 times of bidding games, the respondent completed the interview for the willingness to pay (WTP) for VMS treatment regarding a specific amount of money to return to the patient’s pre-VMS health status. The starting bids were 10,000 KRW, 30,000 KRW, 50,000 KRW, and 100,000 KRW. Following the bidding games, the respondent was asked an open ended question directly asking them to provide their maximum WTP. **RESULTS:** Among 1500 respondents who completed the questionnaire, the permanent women were 987 (65.8%), the early post- menopausal women were 295 (19.7%), late postmenopausal women were 116 (7.7%), and surgical menopausal women were 102 (6.8%). Currently, the respon- dents’ monthly cost for their VMS management was 55,621 KRW. It included com- plementary and alternative medical cost, as well as direct medical cost. Maximum WTP of the respondents for the open ended question was 43,463 KRW per month. It included only treatment cost. The current monthly cost for VMS management was associ- ated with WTP. The current consumption below 30,000 KRW group replied their WTP as 35,357 KRW. On the other hands, the current consumption above 100,000 KRW group replied their WTP as 96,351 KRW (p = 0.05). The menopausal stage and the family income level were also associated with WTP. But it was not statistically significant. **CONCLUSIONS:** It was shown that the WTP for VMS treatment was above the treatment costs associated with hormone replacement therapy (HRT), the most widely used drugs to alleviate VMS. (The monthly cost of HRT was about 7832 KRW.) 1 USD = 1127 KRW.

**PH70 IS PRIMARY CARE ACCESSIBLE FOR THE POOR IN MONGOLIA?**

Chimedamba O

Ministry of Health, Ulaanbaatar, Mongolia

**OBJECTIVES:** The Health Sector Master Plan for 2005-2015 stresses the need to improve legal health services to the people of Mongolia, with emphasis on the elderly, adolescents and the poor. Exploring of potential factors encountered by disadvantaged groups when seeking primary care is increasingly needed. **METHODS:** Five hundred individuals were involved in the quantitative survey and 74 family doctors, nurses, social workers and heads of administrative units of the selected health centers were asked to contribute in the qualitative surveys. **RESULTS:** A total of 55.6% of the respondents expressed that they are able to obtain health care services when required, 26.6% said sometimes they are not able to obtain it and 12.6% said no. The main reasons for not being able to obtain necessary health care services were poor living conditions, lack of money to get treated (20.4%), some tests and screening cannot be performed at family clinics (16.3%), poor service quality, insufficient medical practitioners’ knowledge and skills (8.6), family clinic is located far away (5.0%). **CONCLUSIONS:** The majority of the respondents urged that skilled physi- cians and nurses, medical supplies and equipment, comfortable environment and friendly communication are very influential in family clinic health care and ser- vice. They were also pressed out ways to bring family clinic’s service closer to the population by improving of quality of service at family clinics and involving of health volunteers in service provision.

**PH71 BARRIERS INFLUENCING CONTRACEPTIVE USE AMONG STUDENTS IN SECOND CYCLE INSTITUTIONS IN THE BEKWA MUNICIPALITY, ASHANTI REGION, GHANA**

Adega Afeura F*, Arkah Aframa SY*

Kwame Nkrumah University of Science and Technology, Kumasi, Ghana; Health Assistant Training School, Kokofu, Ghana

**OBJECTIVES:** To examine barriers influencing contraceptive use among students in the second cycle institutions. **METHODS:** A survey involving the use of structured questionnaire was conducted with 391 randomly female adolescent students aged 18 years or more in 2011 in two selected cycle institutions in Bekwa Municipality, Ashanti Region, Ghana. Interviewed was held after by respondents signed in- formed consent. The study was cleared by institutional reviewed board of the Kwame Nkrumah University of Science and Technology, Kumasi. Multivariate analysis was done to assess the strengths of association between background, product characteristics and socio-cultural factors on contraceptive use at 95% con- fidence interval and 5% significance. **RESULTS:** The results showed that the background, product and socio-cultural characteristics significantly increased the like- lihood (odds) of contraceptive use among the students. The interaction between the background characteristics and product factors could explain only 6.0% (R² = 0.06) of the likelihood of the use of contraceptives among the students, though not statistically significant (p = 0.67). A similar trend was observed in model 3 with the interaction of the three key variables: background, product and socio-cultural char- acteristics, R² = 0.17 p = 0.39. Out of the 391, 39% were in a relationship, of this, close to 40% (39.6%) had ever been denied contraceptive services with reasons of being too young and in school 86.9%, fear of side effect, 8.2% and wearing a school uniform 1.6%. Service was sought from pharmacy stores 65.5%, private hospitals, 11.5%, health centres, and from public health facility being less than 10%. **CONCLUSIONS:** About 4 in 10 had ever been denied contraceptive services on the grounds of being students or wearing school uniform and too being young. Gener- ally, background, product and socio-cultural characteristics were the main barriers identified with contraceptives use among female students in second cycle schools.