UNDERSTANDING BARRIERS AND FACILITATORS TO PARTICIPATION IN A DIABETES PREVENTION PROGRAM AFTER GESTATIONAL DIABETES USING A GENDER-TRANSFORMATIVE *LENS*

Sushko K, RN, PhD[1], **Sherifali D**, RN, PhD[2], Ali S, BSc[1], **Rahman I**, BSc[1], **Sahye-Pudaruth S**, RD, PhD[2], **Sriskandarajah A**, BSc, MSc[1], **Zehra A**, BSc[1], **Lipscombe L**, MD, Msc[1,3]

[1] Women's College Research and Innovation Institute, Women's College Hospital, Toronto, Canada
[2] School of Nursing, McMaster University, Hamilton, Canada
[3] Department of Medicine and Dalla Lana School of Public Health, University of Toronto, Toronto, Canada

Background: Lifestyle-based diabetes prevention programs (DPPs) reduce the risk of type 2 diabetes (T2D) among women with prior gestational diabetes (GDM). According to Pederson's gender-transformative health promotion framework, health is shaped by gendered determinants, including biological, social-cultural, and environmental factors. Postpartum, women may face structural and contextual barriers to risk reduction beyond their control, such as the demands and expectations of motherhood.

Aim: To understand women's expectations, needs, challenges, and hopes for a DPP after GDM, and how biological, social-cultural, and environmental factors influence participation.

Methods: This qualitative descriptive study used purposive sampling to recruit postpartum women with recent GDM enrolled in a multi-centre DPP in Ontario, Canada. One-on-one, semi-structured interviews were conducted, and analysis occurred concurrently with data collection using directed content analysis, informed by Pederson's gender-transformative health promotion framework.

Results: To date, six participants have completed interviews. Preliminary findings map to three gendered health determinants: biological; social-cultural; and environmental. Biologically, participants expressed concern that non-modifiable risk factors (e.g., ethnicity) would influence their risk of T2D. Socially and culturally, caregiving-related expectations limited the time available for women to focus on their health. Environmentally, participants highlighted challenges related to return to work, including their ability to breastfeed, which is associated with reduced T2D risk. Further interviews are being conducted to expand on and validate these themes.

Conclusions: Despite motivation for behaviour change, our findings highlight how gendered constraints can impede women's engagement in DPPs after GDM. Woman-centred, culturally responsive approaches that reflect women's daily realities should inform the delivery of DPPs to promote equitable health outcomes.