

Findings from this study provide baseline data for monitoring tobacco control policies in Ethiopia, particularly in relation to the promotion of smoke-free homes, and could be used to inform program development.

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Abstract #: 2.025_MDG

Linkage to care, early infant diagnosis and perinatal transmission among infants born to HIV-infected mothers: Evidence from the baby shower trial

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Background: Nigeria accounted for 25% of all new childhood HIV infections that occurred among the twenty-one priority countries in 2013. Additionally, Nigeria has one of the lowest rates of early infant diagnosis (EID) for HIV at only 4%, and only 12% of children living with HIV received antiretroviral therapy (ART). Alternative and complimentary interventions are needed to realize the Nigerian government's goals of: at least 80% of all HIV-exposed infants having access to ART prophylaxis and EID services by 2015. Healthy Beginning Initiative (HBI), a culturally-adapted, family-centered congregation-based approach to HIV testing and linkage to care was developed as an intervention to reduce MTCT of HIV. The purpose of this study is to report the impact of HBI on ARV prophylaxis, EID, HIV status and linkage to care (ART) among infants born to HIV-infected mothers in Southeastern Nigeria. Additionally, we will report our thoughts on how using components of implementation science (IS) throughout the process impacted the intervention.

Results: Seventy-three babies were born to the 72 HIV-infected mothers. Sixty-nine percent of the infants received ARV prophylaxis and 72% completed EID. Six of the infants who did not complete EID had a rapid HIV test. Seven percent of the infants were HIV-infected. Seventy-five percent of the HIV-infected infants were on ART. We believe involving the church community in the implementation process and as implementers, was critical to the success of HBI.

Interpretation: By utilizing the components of IS as characterized by The Alliance, HBI was able to increase participation along the

continuum of care for PMTCT of HIV with increased ART prophylaxis and EID for exposed infants and ART therapy of HIV-infected infants.

Funding: The research was co-funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the National Institute of Mental Health (NIMH), the President's Emergency Plan for AIDS Relief (PEPFAR) under award number R01HD075050 to E. E. Ezeanolue.

Abstract #: 2.026_MDG

What are the factors effecting utilisation of antenatal and postnatal care services according to mothers and health care workers in the Pwani region, Tanzania?

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Background: In 2014, 289,000 women died in developing countries from causes related to pregnancy and childbirth. Over 60% of these deaths occurred in sub-Saharan Africa, most commonly due to treatable causes such as haemorrhage, hypertensive disorders and obstructed labour. Antenatal care (ANC) and postnatal care (PNC) have been identified as important measures to combat maternal mortality. In Tanzania, only 43% of women attend the four recommended ANC-visits and less than half attend a PNC-visit within two days of birth. As there is a shift from the Millennium Development Goals (MDG), the Tanzanian government have encouraged research in this area.

Methods: The research was done in Pwani across three districts to explore mothers' and health care workers (HCW's) views. A qualitative and deductive design was adopted. Focus group discussions (n=16) and semi-structured interviews were undertaken with mothers (n=14, all females) and HCW's (n=10). Non-probability purposive and convenience sampling was used. The District Medical Officers alongside the research team recruited participants until saturation was achieved. The interviews were translated and transcribed before manual thematic analysis and coding was done. Ethical approval was given by Tanzania and UK.

Findings: No participants attended visits at the recommended time as a result of being uneducated by HCW's on the correct timing or in an attempt to limit the number of visits to avoid travel-expenses. The visits are free of charge however costs for transport, equipment, drugs and bribery rendered the services unaffordable to some women, mothers reported. The most recurrent factor leading to non-utilisation of care was resource-scarcity, making it difficult for HCW's to perform even simple tasks effectively. The facilities would also suffer staff-shortage and lack further training opportunities resulting in demotivation and negative attitudes in HCW's.

Interpretation: The results may be attributed to the government being unable to cope with the demands that come with a free maternal healthcare policy. In order to address these problems and achieve the MDGs of universal reproductive care and lower maternal mortality, the Tanzanian government need to consider

further investments in the number of HCW's and in the quality of care provided to mothers.

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Abstract #: 2.027_MDG

Evaluation of long-acting contraceptive (implant) acceptance, utilization, and discontinuation in Huambo and Luanda, Angola

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Program/Project Purpose: High rates of fertility contribute directly and indirectly to poor maternal and child health by increasing exposure to pregnancy related risks in women, and reducing availability of scarce resources for children. The Republic of Angola currently has the world's highest under-five mortality rate at 157/1000 live births¹ and a maternal mortality ratio of 460/100,000 live births², coupled with a crude birth rate of 44 births/1000 people³. To address these challenges, Jhpiego has been working since 2011 to implement the ForçaSaúde Program, where a key component has been to increase access to and utilization of modern contraceptives, including sub-dermal implants. The program initially saw 13,000 women receiving contraceptive implants over a 14-month period⁴, but anecdotal evidence suggests that there have been an increasing number of women returning to remove their implants. In response, we conducted a formative evaluation to understand drivers for discontinuation and barriers to use, and to identify possible interventions.

Structure/Method/Design: A formative evaluation was conducted in the provinces of Huambo and Luanda in 8 public health facilities using in-depth interviews, focus groups, and a review of existing records. Interviews were held with providers, former users of implants, and current users of implants, focusing on individual level experiences with implants and perceptions on family planning. Data will be analyzed, and potential interventions will be developed to present to stakeholders for review and implementation.

Outcome & Evaluation: Preliminary results indicate that side effects (bleeding, pain, dizziness, weight gain), influence of male partners, and false information such as permanent infertility are main drivers for discontinuation. Potential strategies identified for further investigation include improved information dissemination through TV/radio, education campaigns in churches, couples counselling, and male-targeted education.

Going Forward: Results will be disseminated to stakeholders from the Angolan Ministry of Health and USAID. Identified strategies will be reviewed with stakeholders, refined, and implemented in specific facilities for evaluation. Long-term, Angola continues to face challenges around cultural customs, gender roles in family planning, and population level awareness on contraceptive use that will require broader efforts and a national strategy.

Funding: ForçaSaúde is funded by USAID.

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Abstract #: 2.028_MDG

How can male rates of HIV testing in southern Malawi be increased? A mixed methods study of men's preferences

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Background: Malawi, Africa has one of the highest HIV prevalence rates in the world with 10.3% of adults infected. HIV testing varies by gender with 73% of women and 52% of men having ever been tested. The primary aim is: how can male rates of HIV testing be increased?

Methods: This explanatory sequential mixed methods study was conducted in Mulanje District in southern Malawi. Participants lived or worked in rural villages served by an HIV health education and testing intervention of the nongovernmental organization, Global AIDS Interfaith Alliance (GAIA). We collected cross-sectional data in 2014–2015 on HIV testing and related knowledge, attitudes, and behavior from men (>18 years) at the beginning of the 3-year intervention (n=174) and after one year (n=251). Using a qualitative questionnaire based on the Theory of Planned Behavior, we interviewed 84 rural village men, HIV health care providers, and community leaders in focus groups and one-on-one interviews. This study received IRB approval from UNC Chapel Hill and Malawi's National Health Sciences Research Committee.

Findings: Quantitative data indicate younger men are significantly more likely to be tested than older men (p<0.002) and as many as 82% of all participants say they are afraid to know their HIV status. Men who have comprehensive HIV knowledge are no more likely to be tested than men who do not. Qualitative findings indicate men fear testing because of stigma. Men prefer male HIV testing counselors and testing to take place in the household. They suggest financial or material incentives to motivate testing. Finally, men say village chiefs wield influence and can be effectively used in increasing testing.

Interpretation: Men and providers describe how clinic operations lead to easy identification of patients seeking HIV testing and this in turn may result in men experiencing stigma. The current delivery of some testing services in southern Malawi may not alleviate fears and may even exacerbate them. Men may be more willing to pursue