

a two-day period. Participants include the medical student planning committee, medical students from all four years, and physicians from different specialties. The 15 clinical simulations focus on teaching 11 skill sets including trauma stabilization, intubation, spinal immobilization, medicinal plants, and survival skills. A clinically trained third year medical student is paired with a group of first years to guide them through the simulations. Fourth year medical students and physicians play the role of the patients in each scenario and provide feedback to the first year teams after each scenario.

Conclusions: The Wilderness Retreat challenges team members to adapt clinical skills to the environment to help those in need. The retreat exposes first and second year medical students to situations in which they are able to practice stabilizing patients through their newly acquired clinical skills. The physicians are reminded of the importance of supplementing technology-rich medical education with fundamental clinical skills imperative for global healthcare. The Wilderness Retreat provides a structure for multi-level group collaboration and further development of skills for making quick decisions and remaining calm under pressure.

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Family planning messaging sources at primary health centers in Addis Ababa, Ethiopia

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Background: In order to reach the MDGs and SDGs, access to reproductive health services, including highly effective forms of contraception, is necessary. This pilot study aimed to assess how women who visited primary health clinics learn about their family planning (FP) options.

Methods: We surveyed 60 reproductive-age women between June and August 2015 who were either initiating or changing FP methods at ten primary health center FP clinics associated with St. Paul's Hospital Millennium Medical Center (SPHMMC). After signing or fingerprinting a written consent form, women were asked about their FP history, their current knowledge about method choices, where they have seen or heard FP information, and where they go for FP information. This study received IRB approval from both the University of Michigan and SPHMMC.

Findings: We gathered education, marriage, employment, parity, and desired children data from the 60 surveyed women. 53.3% of the surveyed women had utilized injectable contraception, followed by oral contraceptive pills (31.7%) and implants (28.3%). Injectable contraception was the most well known method among surveyed women (88.3%), followed by implants and oral contraceptive pill (76.7% and 70% respectively). Mass media sources (television and radio)—71.7% and 60% respectively—were the most recognized

sources of FP information, followed by friends (53.3%) and community events (45%). 89% of surveyed women indicated their preference for health clinics when in need of FP information.

Interpretation: Our data suggest that among women in Addis Ababa, most receive their FP information from mass media sources, specifically television and radio. This points to a potentially important factor in achieving target seven of Sustainable Development Goal 6—universal access to sexual and reproductive health-care services. We hope this preliminary data provides public health policymakers and planners in Ethiopia with the framework to further study the role of messaging in FP utilization countrywide.

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Evaluating religious influences on barriers to the uptake of maternal services among Muslim and Christian women in rural north-central Nigeria

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Background: Uptake of antenatal and PMTCT services are low in Nigeria. Less than 60% of pregnant women attend 4 antenatal care (ANC) visits and <40% of births are attended by skilled attendants. Only 30% of HIV-positive women receive drugs for prevention of mother-to-child transmission (PMTCT). However, the Christian-dominated South has fared better on these indicators than the Muslim-dominated North. Consequently, maternal infant outcomes are worse in the North than the Southern. This study evaluated for religious beliefs and practices influencing access to ANC and PMTCT services among Muslim and Christian women in rural North-Central Nigeria (42% Muslim, 56% Christian).

Methods: Targeted participants were HIV-positive, pregnant or of reproductive age. Participants were recruited on a rolling basis from rural communities in the Federal Capital Territory and Nasarawa State. Themes explored were utilization of facility-based services, provider gender preferences, and Mentor Mother acceptability. Thematic and content approaches were applied to manual data analysis. Ethical approval was obtained from the Institute of Human Virology-Nigeria and the University of Maryland-Baltimore.

Findings: Sixty-eight women were recruited; 72% self-identified as Christian, and 28% Muslim. There were no significant religious influences identified among barriers to maternal service uptake. All participants preferred facility-based services even though they acknowledged access challenges. Women of both religious faiths identified transportation cost and healthcare facility location