

is limited evidence regarding the impact of women's empowerment in Nigeria on use of modern contraception. The aim of this study was to assess the impact of women's empowerment on their use of modern contraception in Nigeria.

**Methods:** This study used the Nigerian Demographic Health Surveys from 2003, 2008, and 2013. The final analytic sample was restricted to women: who expressed no desire to have children within the two years of the survey, and who reported no desire in having more children. Women's empowerment was measured as their ability to partake in healthcare decisions, large household purchases, and visiting relatives. Chi-square tests and logistic regression models were used to assess the relationship between women's empowerment and contraception use. Multiple regression models adjusted for respondent's age, religion, education, wealth status, and area of residence. Analyses were conducted using SAS 9.4, and statistical significance was set at  $p < 0.05$ .

**Findings:** The final sample consisted of 29,630 respondents. Modern contraceptive use in Nigeria increased from 2003 (8.7%) to 2013 (51.0%). In 2008, respondents who reported involvement in decision-making around large household purchases (aOR=1.27; 95% C.I.=1.11–1.46), healthcare (aOR=1.41; 95% C.I.=1.21–1.64), and visiting relatives (aOR=1.40; 95% C.I.=1.17–1.66) had higher odds of using modern contraception than respondents who were uninvolved. Similar observations were observed in 2013 where women's involvement in large household purchases (aOR=1.68; 95% C.I.=1.43–1.97), healthcare (aOR=1.48; 95% C.I.=1.28–1.71), and decision to visit relatives (aOR=1.74; 95% C.I.=1.50–2.02) were positively associated with use of modern contraception. Pooled data from 2003–2013 revealed a positive association between the three measures of women's empowerment and use of modern contraception.

**Interpretation:** It is important to consider women's empowerment when designing interventions to address gaps in health and in particular, reproductive health. By empowering women and improving their chances of using modern contraceptives, they are more likely to space births and reduce unplanned pregnancy, sexually transmitted infections, and infant and maternal mortalities.

**Funding:** None.

**Abstract #:** 1.005\_MDG

### Can community health workers improve male involvement in maternal health: evidence from rural Tanzania

Furaha August<sup>1,2</sup>, Andrea B. Pembe<sup>1,2</sup>, Rose Mpembeni<sup>3</sup>, Pia Axemo<sup>2</sup>, Elisabeth Darj<sup>2,4</sup>; <sup>1</sup>Department of Obstetrics and Gynaecology, Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania, <sup>2</sup>Department of Women's and Children's Health, International Maternal and Child Health, Uppsala University, Sweden, <sup>3</sup>Department of Epidemiology and Biostatistics, School of Public Health and Social Sciences, Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania, <sup>4</sup>Department of Public Health and General Practice, Norwegian University of Science and Technology, Trondheim, Norway

**Background:** Male involvement in maternal health is recommended as one of the interventions to improve maternal and newborn health. There have been challenges in realising this action, partly due to the position of men in society and partly due to health system challenges

in accommodating men. The aim of this study was therefore to evaluate the effect of Home-Based Lifesaving Skills training by community health workers on improving male involvement in maternal health in terms of knowledge of danger signs, birth preparedness and escorting wives to antenatal and delivery care, and joint decision-making in a rural community in Tanzania.

**Methods:** A community-based intervention consisting of the training of the community in Home-Based Lifesaving Skills by community health workers was implemented using one district as the intervention district and another as comparison district. A pre/post intervention using quasi-experimental design was used to evaluate the effect of Home-Based Lifesaving Skills training on male involvement and place of delivery for their partners. The effect of the intervention was determined using difference of difference analysis between the intervention and comparison data at baseline and endline.

**Findings:** The results show there was improvement in male involvement (39.2 % vs. 80.9%) with a net intervention effect of 41.1% (CI: 28.5 – 53.8;  $p < .0001$ ). There was improvement in the knowledge of danger signs during pregnancy, childbirth and postpartum periods. The proportion of men accompanying their wives to antenatal and delivery also improved. Shared decision-making for place of delivery improved markedly (46.8% vs. 86.7%), showing a net effect of 38.5% (CI: 28.0 – 49.1;  $p < .0001$ ). Whilst facility delivery for spouses of the participants improved in the intervention district, this did not show statistical significance when compared to the comparison district with a net intervention effect of 12.2% (95% CI: -2.8 – 27.1;  $p = 0.103$ ).

**Interpretation:** This community-based intervention employing community health workers to train the community in Home-Based Lifesaving Skills program is both feasible and effective in improving male involvement in maternal health care.

**Funding:** Swedish International Development Cooperation Agency (SIDA) provided financial support through Muhimbili University of Health and Allied Sciences.

**Abstract #:** 1.006\_MDG

### Reducing loss to follow-up of HIV exposed infants in Central Mozambique

M. Napúa<sup>1</sup>, J.L. Manuel<sup>1</sup>, L. Costa Vieira<sup>1</sup>, S. Beste<sup>2</sup>, C. Michel<sup>2</sup>, J. Beste<sup>2,3</sup>, S. Gloyd<sup>2,3</sup>, K. Sheri<sup>2,3</sup>, J. Pfeiffer<sup>2,3</sup>; <sup>1</sup>Centro de Investigação Operacional da Beira (CIOB), <sup>2</sup>Health Alliance International (HAI), <sup>3</sup>University of Washington (UW)

**Background:** Preventing mother-to-child transmission (PMTCT) remains a challenge in central Mozambique, where HIV prevalence is over 15% and where over 50% of exposed infants are lost to follow up (LTFU) before receiving appropriate diagnostic testing or treatment. In collaboration with UW and HAI, CIOB undertook a study to identify weaknesses within the cascade of care and designed a targeted intervention to reduce LTFU of exposed-infants.

**Methods:** Formative research was undertaken in six health centers in Manica and Sofala provinces between September and November 2014. Weaknesses in the cascade of care were identified using health