

include demographic data, maternal reproductive history, source of referral, level of education, and contraceptive method uptake. Three data abstractors were trained and supervised by a fellow from Columbia University. Stata was used for data cleaning and analysis.

Findings: Over half (56%) of new clients accepted a LARC method. The mean age among LARC acceptors was 27.7 +6.7 and the mean parity was 4.9 +2.8. Implants, both Implanon and Jadelle, were the most commonly accepted method of LARC, while injectable contraception (DMPA) was the most commonly used short-acting method. Maternal parity of three and above was significantly associated with uptake of a LARC ($p < 0.01$) method compared to a short-acting method. Village of residence, age, and educational level were not significantly associated with LARC uptake.

Interpretation: Women encounter multiple challenges during conflict and displacement, including limited availability and access to reproductive health services. When available, use of contraceptives, notably LARCs, is high among women of reproductive age in conflict settings like North Kivu, DRC. Attention to partnership with the Ministry of Health and building the clinical skills of mid-level health providers are critical to ensuring access to a range of contraceptive methods and reproductive services for women during conflict and displacement.

Source of Funding: Save the Children.

Abstract #: 1.012_WOM

Nutritional Status of Schoolchildren in the Amazon Rainforest Interior of Multi-ethnic Suriname: the Influence of Age, Sex and Ethnicity

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Background: Adequate nutrition is critical for normal development during childhood. The nutritional status of schoolchildren living in the interior Suriname, South America, is of growing concern to the Medical Mission Primary Health Care Suriname (MM), that provides health care in this region. This study aims to evaluate the nutritional status of these schoolchildren.

Methods: MM 2015 interior schoolscreening data on height, weight and demographics of all schoolchildren aged 4–14 years was used in this cross-sectional retrospective study. Malnutrition was defined as BMI $< -2SD$ and stunting as height-for-age z-score $< -2SD$. Potential determinants of malnutrition and stunting: age, sex and ethnicity, were assessed using logistic regression analysis.

Findings: Of 3.863 schoolchildren, 51% were young (4–8 years), 49% older (9–14 years), 50% male, and 82.6%, 15.3% and 2.1% were of Maroon, Amerindian, and mixed ethnicity respectively. 5.4% of the schoolchildren were malnourished and 9.2% were stunted, including 1.6% who were severely stunted ($< -3SD$). In

multivariable analysis, younger age (OR 1.8; 95% CI 1.4–2.4) and Maroon children (OR=2.2; 95% CI 1.3–3.8 compared to Amerindians) were more often malnourished, sex was not of influence. Boys (OR=1.7; 95% CI 1.4–2.2), older children (OR 1.4; 95% CI 1.1–1.8) and Amerindians (OR=2.4; 95% CI 1.8–3.0 compared to Maroons) were more often stunted.

Interpretation: 5.4% of Suriname's interior schoolchildren are malnourished and 9.2 % are stunted. Younger and Maroon children were more often malnourished, whereas older children, boys and Amerindians were more often stunted. Future studies are needed to determine causes of malnutrition and stunting and may support adaptation of MM schoolchildren nutrition programs.

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Abstract #: 1.013_WOM

Understanding the Relationship between Violence against Women-related Laws and Perceptions of Intimate Partner Violence among Women in Brazil

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Background: In March 2015, Brazil passed anti-femicide legislation to criminalize gender-motivated killings of women and stiffen existing penalties for perpetrators of violence against women (VAW). It is important to understand the impact of such laws on individual and community attitudes, perceptions, and experiences of intimate partner violence (IPV), a common form of VAW. The aim of this study was to examine community perceptions and individual experiences of intimate partner violence (IPV) - one form of violence against women (VAW) - from the perspectives of women.

Methods: An original in-depth interview (ISI) guide was developed for qualitative data collection among users of the public health system in Santo André, Brazil. Eligible participants included who were 18 years or older, identified as women, and resided in the Santo André municipality. 30 IDIs were conducted among women seeking health services in three public health posts; women were asked about individual and community experiences of IPV, satisfaction with health care services and opinions of VAW legislation. Data were coded and inductive thematic analysis conducted using MAXQDA 12.

Findings: Preliminary analyses were conducted to assess the willingness of women to receive IPV screening and intervention in healthcare settings in Santo André, Brazil. Women cited daily news on VAW reinforcing that it is a major issue; several shared personal experiences of IPV and VAW. Most were familiar with the Maria da Penha law (2006) though few believed it was effective or comprehensive. No women recalled the anti-femicide law (2015) or knew of the local Secretariat for Women's Policies. There were mixed feelings about the health sector and how it might best support women experiencing IPV.

Interpretation: Despite easy identification of IPV and VAW as important social problems, women were mixed on the role that

the health sector and health professionals should play. The data suggest that community awareness about IPV exists but that its discussion in the health care setting remains stigmatized. Broader education about local resources such as the Santo Andre Secretariat for Women's Policies should be promoted among both women and health providers; ensuring that IPV resource materials are available in health posts is a key next step.

Source of Funding: Emory University Global Health Institute Emory University Research Committee.

Abstract #: 1.014_WOM

The Effect of Sanitary Pads and Menstrual Symptom Management on School Performance of Adolescent Girls in Rural Kenya: A Cluster Randomized Trial

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Background: Access to education is an important social determinant for adolescent and maternal health. Despite the recognized importance of menstruation-related problems as a barrier to adolescent girls' education, studies addressing this have failed to show improved school attendance. Additionally, school performance has not been studied in this context. Thus, the purpose of this study was to determine whether the availability of menstrual products and ibuprofen would improve examination scores of seventh and eighth grade girls.

Methods: A cluster randomized controlled trial was performed in which both intervention and control groups received puberty education, and the intervention group received sanitary pads and ibuprofen. Fourteen schools in rural Kenya were randomized (seven to each group) and included menstruating seventh and eighth grade girls. Additionally, baseline demographic data on participant characteristics were collected. The outcome was the mean difference in school test scores from the baseline term (T1) to the second (T2) and third (T3) terms in the intervention, compared to the control group.

Findings: Exam results and baseline data were available for 99 participants (54 control and 45 intervention). From T1 to T2 the change in test scores were 3.5 (SD 6.9) in the control group and 5.5 (SD 4.0) in the intervention group, and from T1 to T3, the change in scores were 0.1 and -0.6 respectively. The differences between the intervention and control groups were not significant when adjusted for grade level, wealth index variables, and baseline menstrual symptoms ($p=0.35$ for T1-T2 and $p=0.82$ for T1-T3).

Interpretation: There are many hidden cultural and socioeconomic factors at play in rural Kenya that may have influenced the results of this study, such as reported 'feelings of isolation.' Although unidentifiable confounding variables may have played a role, sanitary pads and ibuprofen were not shown to be effective in improving school performance when added to an education program for adolescent girls in rural Kenya.

Source of Funding: University of New Mexico School of Medicine.

Abstract #: 1.015_WOM

Effect of Job-Aids on Improving Family Planning Counseling: A Natural Experiment in Selected Rural Districts of Ethiopia

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Program/Project Purpose: The increase in contraceptive prevalence rate (CPR) in Ethiopia from 15% in 2005 to 41% in 2014 is mostly (68%) contributed by injectable contraceptives. Providing injectable contraceptives is logistically burdensome and costly; moreover, the 34% discontinuation rate for the method also makes the national family planning (FP) program less effective. To address the matter, Ethiopia initiated community-based long acting reversible contraceptive (LARC) services—i.e., Implanon—in 2009. The strategy shifted the task of providing the LARC from higher level health facilities to community based health extension workers (HEWs). Proper counselling to inform FP clients on available methods, informing about side-effects and what to do if had side-effects are essential to ensure reproductive rights of women and also prevent premature removal of the device. A situation analysis conducted in 2014 indicated that availability of job-aids, equipment and consumables for providing Implanon services by the HEWs was limited—thus raising question on the service quality, especially counseling.

Structure/Method/Design: JSI developed simple job aids for HEWs to provide FP counseling and Implanon insertion services; and between 2015 and 2016 tested it in 40 communities covering 200 thousand populations. Effectiveness of the intervention was assessed using before and after cross-sectional household surveys of women of reproductive age in the intervention and comparison areas.

Outcome & Evaluation: Difference-in-difference analysis showed that although the improvements in CPR including Implanon use rates among the household survey respondents were higher in the intervention than the non-intervention area they were not statistically significant ($p>0.1$). Recalling that the FP provider mentioned about other methods, mentioned about the side-effects of the method, and mentioned what to do if had side-effects were respectively 13, 12 and 11 percentage-points higher ($p<0.05$) among contraceptive users who adopted the method in last 12 months in the intervention area than those in the non-intervention area.

Going Forward: The job aids were effective in improving counseling of FP services provided by the HEWs; however, did not improve contraceptive use. Demand generation strategies will be required to increase contraceptive use including LARC. Adequate FP counselling is essential to ensure the human and reproductive rights aspects of FP services. Thus, the job aids should be adopted by the national FP program.

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