

Interviews were facilitated and interpreted with community liaisons/staff. The interviews assessed knowledge and opinions concerning women's reproductive health and healthcare access, CC and screening, health education, and preventive health. The study qualitatively analyzed collections of statements concerning each of these topics via the following HCD ideation procedure: download of learnings, identification of themes, creation of insight statements, translation of these statements into opportunities for design, and designation of design principles.

**Outcome & Evaluation:** Several key themes emerged to guide the design, including participants' unfamiliarity with secondary prevention strategies; unawareness of disease presenting without symptoms; misconceptions concerning the cause of CC and the purpose/outcomes of CC screening; favor toward group education, games, metaphors, and images; and potential educational discouragement due to embarrassment and immaturity of peers. The design project applied these themes and consequent design principles to create a rapid prototype of a CC-focused educational curriculum, including several culturally-respectful in-class activities designed to emphasize fundamental learning objectives. Prototype journey-mappings, metaphors, and games were tested with five Kachikel women to elicit feedback that was then integrated into a re-iterated curriculum.

**Going Forward:** The curriculum will be piloted in early 2017. The course will then be implemented in the communities surrounding San Lucas Tolimán by UVA-GI staff, with continual evaluation through course exams, information retention exams, and surveys. HCD application processes will be shared with other UVA-GI projects and global health innovators.

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### **Preliminary Results: Youth Friendly Reproductive Health Provision Preferences among Youth, Parents, and Health Providers in Malawi**

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**Background:** Malawi's population growth is exacerbating growing food insecurity and environmental degradation while stretching already scarce government health and education funding. With two-thirds of the population under the age of 25, reducing unmet need for family planning among youth (15–24 years) as a means to reduce unwanted pregnancies is a priority for the reproductive health agenda. Uptake of family planning among youth and changes

in youth-specific fertility rates have been slow despite recent investments.

**Methods:** To investigate reasons for slower than expected decreases in youth-specific fertility rates we collected opinions and perceptions about youth-focused family planning provision in Malawi using qualitative methods, including semi-structured interviews and focus groups. Three districts were selected to maximize variability in reproductive health outcome measures, region, and provider performance. Facility catchment areas were randomly selected and participants were recruited by health facility staff and NGOs. Youth aged fifteen to twenty-four and parents or legal guardians of youth were recruited for demographic-specific focus groups, and clinic and community-based providers of family planning services were recruited for interviews.

**Findings:** We held seventeen semi-structured interviews with health providers and thirty-four focus group discussions with youth and parents. Varied preferences exist for family planning services including provider age, facility versus community-based distribution, and the desire for family planning counseling. Youth know of available contraception but have little knowledge of how they work and misconceptions are widespread. Health workers also face many challenges, ranging from busy workloads to challenging norms surrounding sexual and reproductive health in Malawi. Parents' attitudes were reported to play a vital role in both facilitating and preventing youth access and utilization of family planning services.

**Interpretation:** This study adds to existing research by examining the barriers and preferences for youth-friendly family planning provision among youth, parents, and health providers in Malawi. The differing preferences among the groups make policies and interventions aimed at improving family planning services for youth challenging and context specific. The impact of social norms is often counterproductive with family planning investments, policies, and political will in Malawi. These preliminary results suggest that improving health provider training, method availability, and counseling could help improve access and utilization of family planning among youth in Malawi.

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### **Closing the Gender Gap in Global Health Leadership and Why it Matters**

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**Program/Project Purpose:** Improving women's health and reducing inequalities is fundamental to global health, and multiple studies demonstrate that female leaders enact policies that improve the health of women and children. Despite this, global health leadership is highly skewed towards men. Female trainees make up three-quarters of those interested in global health, yet women hold only a quarter of senior leadership positions in the field. Addressing the gender gap in global health leadership is essential for equity and the promotion of women's health globally.