

testing if men provide it in the home. Limitations concern study restriction to southern Malawi; strengths include a contribution to inadequate literature on male testing preferences.

Funding: None.

Abstract #: 2.029_MDG

Anemia as a risk factor for postpartum hemorrhage in HIV positive women in KwaZulu Natal, South Africa

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Background: Postpartum hemorrhage (PPH) is a major public health problem which affects a significant number of women worldwide and contributes to global maternal morbidity and mortality. Anemia in pregnancy has been shown to correlate strongly with blood loss at delivery. The purpose of this study was to investigate the association between anemia and postpartum hemorrhage (PPH) in an HIV endemic population.

Methods: A retrospective chart review of pregnant women delivering at two district hospitals in semi-urban KwaZulu Natal, South Africa between January 1, 2013 and December 31, 2013 was conducted. HIV status, antenatal hemoglobin, estimated blood loss and presence or absence of a PPH was obtained.

Findings: Four hundred and seventy-three charts were reviewed. Postpartum hemorrhage occurred in 35 women (7.4%). One hundred ninety-three women (40.8%) were anemic (Hb <10). One hundred sixty-seven women (36.5%) were HIV positive. Of those with PPH, 54.5% were HIV positive and 51% were anemic.

Interpretation: The prevalence of anemia among women delivering at two semi-urban district hospitals in KwaZulu-Natal, South Africa is high. Anemia in HIV positive pregnant women is a risk factor for postpartum hemorrhage in the study population. Further investigation is needed to determine how best to treat anemia in HIV positive pregnant women to decrease hemorrhage-associated maternal morbidity and mortality.

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Sexual coercion among students at the University of Cape Coast, Ghana

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Background: Sexual coercion refers to an array of encounters that compel an individual to have sex against his or her will. Factors associated with sexual coercion have not been explored among university students in Ghana. The current study surveyed students at the University of Cape Coast, in Ghana, about their experiences of forced and coerced sex.

Methods: Data for the study were collected via a tablet computer-based, self-administered survey of resident students of the University of Cape Coast in Ghana, one of Ghana's 6 public universities. Sexually experienced students were asked a series of questions about their first time having sex, as well as their most recent time having sex. All participants, regardless of if they had responded that they had had sexual intercourse, were asked, "Has anyone ever physically forced, hurt or threatened you into having sexual intercourse?" Those who answered yes, as well as those who reported they were "very unwilling" to have sex on either their first or last time having sex were considered to have experienced sexual force or coercion. This was used as the outcome variable for multivariate logistic regression analysis.

Findings: 480 females and 556 males completed the survey. 124 (25.8%) of the females and 242 (44.2%) of the males have had sexual intercourse. Almost 42% of the females reported they were "not at all willing" to have sex the first time. 126(26%) females and 91 (16%) males have had sex either because they were forced or coerced, or when they were "very unwilling". Those students who reported experiencing forced or coerced sex were more likely to have had an abortion (OR 2.9), to have engaged in transactional sex (OR 1.9) and to be female (OR 3.5).

Interpretation: While programs to improve sexual and reproductive health targeted to young people often stress the importance of abstinence until marriage, this goal is not achievable for many as they are not willingly having sex. Programs which only teach abstinence are not responding to the realities for many of their participants and overlook young people's experiences with violence and coerced sex.

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Abstract #: 2.031_MDG

Innovative student run program teaches students simulation based clinical skills in a low-resource setting

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Background: In the United States, medical students receive minimal clinical experience during the first two years of the classroom-based curriculum, with even less training regarding low-resource environments. In an effort to increase the clinical opportunities available to first and second year medical students, the student-run Global Health Alliance (GHA) at Texas Tech University Health Sciences Center developed an innovative, hands-on program for the learning and application of clinical skills in low-resource settings. This educational program uses clinical simulations to teach specific skill sets adapted to settings where resources are limited. These simulations challenge students to think critically and apply newly learned clinical skills to react to acute care situations.

Methods: Participants travel to the Texas Tech wilderness campus in Junction, Texas to take part in hands-on clinical simulations over