gender composition of children plays a role in spousal sexual abuse, in a cultural context where there is a preference of sons over daughters.

Methods: I analyzed data for 3705 married mothers from the Kenya Demographic and Health Survey 2008-2009. To address concerns about unmeasured confounding, I tested the validity of using gender of the firstborn child as an instrumental variable for gender composition of children by examining 1) whether gender of the firstborn was independent of pre-birth characteristics of the mothers (i.e., age, age at birth, age at first intercourse, ethnicity, education attainment, literacy, religion, and husband's age and education attainment) and 2) the difference in risk (RD) of experiencing sexual abuse between mothers of firstborn girls and firstborn boys. I obtained instrumental variable estimates of the effect of having at least one son compared to only daughters on ever and past year experience of spousal sexual abuse using additive structural mean models.

Findings: Twelve percent reported past-year sexual abuse. First-born gender was independent of pre-birth characteristics of the mother. Mothers of firstborn girls were 3.8 percentage points more likely to have ever been abused (RD=0.038; 95% CI 0.024-0.073) and more likely to have been abused in the past year (RD=0.035; 95% CI 0.016-0.069) compared to mothers of first-born sons. Instrumental variable estimates showed mothers with only daughters were more likely to have ever been abused (RD=0.131; 95% CI 0.012-0.251) and abused in the past year (RD=0.124; 95% CI 0.080-0.239) than mothers with at least one son.

Interpretation: In Kenya, a country with documented evidence of son preference, mothers with no sons are at greater risk for spousal sexual abuse. Further evidence is needed to assess whether efforts to address preferential treatment of sons over daughters also reduce sexual abuse of mothers.

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Interdisciplinary collaboration to promote comprehensive services for human trafficking survivors in Ethiopia

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Background: Human trafficking is an egregious human rights violation that is occurring around the world in startling numbers. Ethiopia is a country with a burgeoning human trafficking problem with domestic servitude, child labor, and commercial sex work as core issues. Human trafficking survivors have myriad needs including physical and mental healthcare, social support, economic resources, and legal services. Our project involved an interdisciplinary, transnational collaboration among law, public health, and nursing from the University of Michigan and Addis Ababa University to conduct a needs assessment of human trafficking services in Ethiopia. The purpose of our research project was to utilize a community-based participatory research approach to engage key stakeholders in a qualitative needs assessment to: (1) identify the potential health, legal, social, and economic service needs for survivors, and (2) explore ideas for interventions and models of service delivery.

Methods: This qualitative needs assessment used purposive and network sampling to recruit healthcare providers, lawyers, non-government organization personnel, and government workers for semi-structured qualitative interviews (n=15). Once saturation was achieved, the interviews were transcribed, and data was analyzed using analytical memos and the constant comparative method of analysis.

Findings: Mental health needs were identified as the most pressing issue for survivors of human trafficking. Participants also identified physical health needs such as the treatment of injuries and infections, reproductive healthcare, and health education. Legal and economic services were also noted as an area of need.

Interpretation: Patient-centered models of care, peer support groups, narrative therapies, and psychoeducation emerged as optimal interventions for survivors of human trafficking in Ethiopia. These interventions are needed to address their physical and mental health needs and should be offered in collaboration with comprehensive services, including legal, economic, and job training services. Culturally-appropriate, trauma-informed interventions should be developed and evaluated based on the needs identified by this study. Future studies should explore the perspectives of survivors and engage them in the development, evaluation, and implementation of interventions.

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Research priorities for adolescent health in low- and middle-income countries

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Background: Although a vast majority of adolescent mortality and morbidity occurs in low- and middle-income countries, adolescent health research in these regions remains underrepresented. In 2015, the Department of Maternal, Child, and Adolescent Health of the World Health Organization (WHO) conducted an exercise to establish global research priorities for adolescent health in low- and middle-income countries through 2030. Specific adolescent health areas included communicable diseases prevention and management, health systems, injuries and violence, mental health, non-communicable diseases (NCD) management, nutrition, physical activity, and substance use. The exercise built on earlier work by WHO using a similar methodology that established research priorities in adolescent sexual and reproductive health.

Methods: We used a modified version of the Child Health and Nutrition Research Initiative (CHNRI) methodology for reaching