

is the critical time for the lives of both mothers and neonates. With regard to the frequency of PNC checkups, although WHO recommended for mothers to have at least three postnatal visits within 6 weeks time, 36.8% made it only once and very few (14.7%) received twice. Traditions that encourage mothers to stay at home for the first six weeks, misconception about the importance and timing of PNC, lack of adequate counseling, long waiting time at the health facilities were found to be the determinant factors for low PNC service utilization within the first week of postpartum (24%).

Interpretation: Promoting home based early postnatal care services and facilitated referral can improve coverage of early postnatal care services in urban areas of Ethiopia. With thousands of health extension workers assigned to provide home based care in Ethiopia it is possible to improve postnatal care through targeted home visits coordinated with birth notification mechanisms.

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Abstract #: 1.003_WOM

Mentor Mothers' Willingness to Engage Male Partners and Screen for Domestic Violence among HIV-Positive Women in Rural Nigeria

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Background: DV data among HIV-positive Nigerian women is scarce. Due to HIV and DV stigma, these women likely do not seek or receive help for DV. Mentor Mothers (MMs) are HIV-positive women trained to provide psychosocial support to other HIV+ women. We evaluated the willingness of MMs to engage male partners (MPs) and screen clients for DV.

Methods: Seven Focus Group Discussions (FGDs) were conducted among MMs in rural North-Central Nigeria. Discussions were audio-recorded. Transcription was done verbatim for English FGDs while Hausa FGDs were translated into English transcripts by bilingual facilitators. Thematic and content analysis was performed by 8 paired researchers. Common themes and quotes were extracted and conclusions drawn from group triangulations.

Findings: Thirty-six MMs: 72% Christian, 28% Muslim, were recruited; half were married, 39% widowed, 8% single, 3% divorced. Most (94%) MMs had mentored for ≥ 2 years.

While engaging MPs was seen as beneficial, MMs recommended MPs be engaged by other males because of strong gender norms: "However, you know it is preferable for the same sex to open up to each other. That is why the men do not like attending our support group meetings."

MMs acknowledged the occurrence of DV among their clients: "Yes, we have had such cases before where husbands beat up their wives, what we normally do is that we counsel the man and try to reconcile them but some of the men do not stop being violent to their wives."

MMs were in favor of screening clients for DV: "Yes! Not just screening but also training us on what to do. After the screening,

how do we help them out, what do we tell them? How do we go about it? Where do we link them to get some certain support for those that are willing to share their stories with others, those that need support, how do we help them?"

Interpretation: MMs recommended same-gender counselors for MPs. There was willingness to provide DV screening and to link victims to further services. Further studies are needed to determine DV prevalence among HIV-positive women so that DV programming could be integrated with HIV and/or MCH services.

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Abstract #: 1.004_WOM

The Association between Intimate Partner Violence and Depression Symptoms in a Cohort of Adolescent Girls and Young Women in Lilongwe, Malawi

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Background: Gender power differentials contribute to the high prevalence of intimate partner violence in sub-Saharan African countries such as Malawi. Adolescent girls and young women who are victims of such intimate partner violence may experience great psychological and emotional distress. The objective of this study is to examine the relationship between intimate partner violence (IPV) and symptoms of depression in a cohort of sexually active adolescent girls and women, aged 15-24 years.

Methods: A behavioral survey was conducted at four semi-urban/urban health clinics around Lilongwe, Malawi. The survey was a baseline assessment of a one-year comparison of four models of youth friendly health services, each offered in one clinic. At each clinic, 250 adolescent girls and young women, aged 15-24 years were enrolled (N=1000). The Modified Conflict Tactic Scale (CTS), composed of 17 questions, was used to assess prevalence of emotional, physical, and sexual IPV. The Center for Epidemiologic Studies Short Depression Scale (CES-D10), composed of 10 questions, was used to assess probable symptoms of depression. A CES-D score of ≥ 10 suggested "significant" depression symptoms. Generalized linear models with a log-link and binomial distribution, adjusting for age, measured associations between IPV and depression.

Findings: Mean age in the cohort was 19.2 years. The prevalence of emotional, physical, sexual, and all three types of IPV, respectively, was 83%, 36%, 46%, and 22%. 89% of participants reported having experienced at least one type of IPV. The median IPV score was 4 [IQR 2-7]. The median CES-D10 score was 10 [IQR 8-12]. The prevalence of probable depression in the cohort was 54%. The risk of depression was greater in participants exposed to each type of IPV: emotional, RR 1.32 (95% CI 1.09-1.61); physical, RR 1.19 (95% CI 1.06-1.33); sexual, RR 1.28 (95% CI 1.14-1.44); all three types, RR 1.31 (95% CI 1.16-1.47).

Interpretation: This population experienced very high rates of intimate partner violence and depression, and they were strongly associated. Interventions to reduce IPV may lower the burden of depression among adolescent girls and young women.

Source of Funding: Evidence for HIV Prevention in Southern Africa (EHPSA) and Mott MacDonald.

Abstract #: 1.005_WOM

Availability of Essential Drugs and Services for Children and Pregnant Women in the Barakese Sub-District of Ghana

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Background: Forty seven percent of the population in Ghana lives in rural areas; centralization of the health system in urban and cities has resulted in the provision of limited health services in most rural communities. Vast disparities exist between the infant, under-five and maternal mortality rates between urban and rural communities. The World Health Organization (WHO) has defined a set of essential medications to prevent the most common complications of the puerperium and infancy and that are critical to best outcomes. We set out to evaluate the availability of the WHO essential health service and drugs for pregnant women and child under-five years in the rural Barekese sub-district.

Methods: A cross-sectional survey of the WHO essential drugs and health services in the Barekese sub-district of Ghana was conducted in July 2016. Pharmacy and clinical staff were verbally interviewed and all recorded medications were inspected and tracked by trained interviewers. Data was collected using mobile tablets.

Findings: We visited 19 total sites with pharmacy services. There were a total of 18 medications for children under five assessed and 25 for essential maternity care. Ten towns were visited that had pharmacy, Community Health Compounds, maternity homes, and Clinic services. One hospital located close but not within the sub-district was assessed as many residents access care at this location.

In the Barekese sub-district, 20% of essential medications for maternal care are unavailable in the locations surveyed and 22% were unavailable for children. Six of 19 locations survey offered maternal delivery services, 4 of 10 communities had delivery services.

Locations providing maternity home services had more of the essential medications available. Within the locations with maternity care facilities had from 20–44% of the recommended maternity care medications and 33–78% of the recommended child medications. St. Patrick's Hospital had 56% of maternal medications and 50% of child medications available.

Interpretation: Essential medications for women and children under five as defined by the WHO are lacking in the rural Barekese sub-district. To reduce infant and under-five mortality rate as well as maternal mortality rate attention should be paid by the Ghana Health System to ensuring full access to medications for best outcomes.

Source of Funding: None.

Abstract #: 1.006_WOM

'Victims' and 'Perpetrators' of Intimate Partner Violence among Young Persons in a high HIV Burden Rural Community in Western Kenya, 2014

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Background: Intimate partner violence (IPV) can lead to sexually transmitted infections, including HIV. We set out to assess the prevalence of IPV among young persons in Siaya County, a high HIV burden county.

Methods: A large cross-sectional bio-behavioural HIV sero-prevalence survey was conducted among persons 13 years and older in Siaya County, western Kenya in 2014. Our analysis was limited to persons aged 15–24 years who had been sexually active in the past year. Participants were described as 'IPV-victims' or 'IPV-perpetrators' if they had been physically hurt by, or had physically hurt, their sexual partner in the past year respectively. Logistic regression was used to describe factors associated with being IPV-victims and IPV-perpetrators.

Findings: Of 1959 participants interviewed, majority were aged 20–24 years (84%), female (60%), had secondary level education (68%), single (51%), employed (54%), had ≥ 3 lifetime sex partners (48%), had one sex partner in the past year (86%), did not use condom at last sex (57%), had been tested for HIV in the past year (68%) and, self-reported a negative HIV status (97%), had not taken alcohol at last sex (97%) used mind-altering substances in the past year (98%) or ever been forced to have sex (6%). A minority reported partners who had, taken alcohol at last sex (4%), and had used mind-altering substances in the past year (3%).

147 (6%) were IPV-victims; they were significantly more likely to, be female (OR 6.6 95% CI 3.0–14.3), married, (OR 3.2 95% CI 1.9–5.6), to have ever experienced sexual violence (OR 3.2 95% CI 1.9–5.5) and to have partners who consumed alcohol before last sex (OR 3.2 95% CI 1.2–8.7) or used mind-altering substances (OR 2.4 95% CI 1.1–4.9).

78 (3%) were IPV-perpetrators; they were significantly more likely to, be employed (OR 1.8 95% CI 1.0–52.4) and, have lower level of education i.e. primary level education compared to tertiary education (8.9 95% CI 1.5–52.4). The relationship between male gender and IPV perpetration did not achieve statistical significance (OR 2.3 95% CI 0.9–5.4, $p=0.06$).

Interpretation: Different intersectional risks for HIV exist among young women. Multi-sectoral approaches to address IPV are called for.

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Abstract #: 1.007_WOM

Patterns in Personal and Home Care Products along Pregnancy in Puerto Rican woman from the Northern Karst Region: The Role of Socio-Demographic Characteristics

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