WHO guidelines, women with VL <1,000 as suppressed/adherent, while those with VL of >1,000 copies/ml were classified as non-suppressed/treatment failure. Wilcoxon ranksum, Spearman's correlation and Kruskal-Wallis were used to test for associations.

Findings: Out of 497 enrolled women, 275 (55.3%) presented for VL testing and 234 (85.1%) had their samples collected. Out of 213 (91.0%) available results, 171 (80.3%) were virally suppressed/adherent. ART regimen (EFV vs NVP vs PI) (p=0.56), duration on ART (p=0.43), employment status (p=0.72), educational status (p=0.15) were not determinants of suppression. For distance lived from PHC, there was a positive but weak correlation where VL was higher with further distance lived (p=0.08).

Interpretation: While the target of 90% was not achieved, a substantial proportion of women (80%) were adherent to ART. Only distance lived from facility approached significance as a determinant of suppression/adherence. This is understandable as rural areas often have difficult terrain, and residents are often economically disadvantaged. Additionally, ART regimen did not make a difference in suppression rate, giving EFV vs NVP comparable efficacy in our study cohort. Approximately 20% of women failed treatment; however they were not labeled "non-adherent" due to the possibility of acquired resistance, which was not assessed in this study. While this study demonstrates appreciable treatment success in a cohort of rural women, more robust studies are needed in Nigeria to determine factors associated with ART non-adherence and non-suppression among PMTCT clients.

Abstract #: *1.028_WOM*

New Narratives in Global Health: Using Stories and Storytelling to Promote Family Planning

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Background: The use of stories and storytelling may provide a powerful approach to sharing knowledge, and empirical evidence illustrates that both approaches can impact global health outcomes. Stories and storytelling have the potential to spread knowledge by leveraging a traditional means of communication: the Humans of New York (HONY) initiative suggests that the power of a simple image and a few carefully-chosen words can influence individual knowledge, attitudes, beliefs, and behaviors. The Family Planning Voices initiative aims to document, through photography and interviews, the stories of individuals working to improve access to family planning around the world and share their experiences widely. As there has yet to be a systematic investigation that documents the impact of a storytelling approach in family planning in lower- and middle-income countries, we sought to ascertain the impact of the Family Planning Voices initiative.

Methods: An online cross-sectional survey was distributed among practitioners working in family planning in lower- and middle-income countries through various global health list servs. Inclusion criteria included practitioners working in family planning that were aware of the initiative. Outcomes of interest included the effects of the initiative on knowledge and attitudes, as well as diffusion of information and knowledge application, on family planning global health practitioners.

Findings: Approximately 71% of the 355 respondents indicated that the initiative provided them with family planning information that was new to them. In addition, 60% of respondents indicated that the initiative provided them with family planning information that changed their attitudes toward family planning access and needs, while 87% indicated that they talked to a colleague about a story. Approximately 84% of respondents indicated that the initiative prompted them to incorporate new family planning knowledge into their work.

Interpretation: Results indicate that the initiative positively impacted knowledge and attitudes toward family planning access, and encouraged knowledge sharing of best practices and discussion about family planning needs within a global health context among family planning practitioners. In this presentation, the feasibility of such an approach to impact global health behaviors will be discussed, as will the process used to create and curate such stories for maximum impact.

Abstract #: *1.029_WOM*

Global Advocacy for Women: Impact of Simulation-based Training

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Program/Project Purpose: Latin America is plagued by high maternal and infant mortality rates, often attributed to limited maternal healthcare provided by traditional birth attendants, or *comadronas*. This led to our development of a simulation-based culturally sensitive educational program specifically for these providers.

Structure/Method/Design: A simulation-based culturally-sensitive training program was offered to *comadronas* in Guatemala. The training began with an oral presentation (English, Spanish, and Mayan), emphasizing key points of the normal birthing process and the management of complications such as post-partum hemorrhage (PPH). Visual aids and simulation manikins afforded hands-on opportunities to practice key points. Pre- and post-training surveys were distributed to *comadronas* reflecting on knowledge, opinions of birthing practices, and ability to prevent and manage complications. The surveys consisted of twenty-five questions divided into four sections reflecting on: demographics and current birthing practices, medical knowledge, opinions on the handling of complicated deliveries, and feedback on the learning process.

Outcome & Evaluation: PA faculty and students piloted a simulation-based culturally-sensitive training program with two groups of *comadronas* in two rural locations of Guatemala.

The results indicated that the knowledge of the *comadronas* improved from pre- to post-training surveys regardless of formal education, language, or age. Improvements per question ranged from 4-54%. Significant improvements were noted with specific

questions such as "amount of blood loss requiring medical treatment" (p < 0.001) and "signs of placental separation" (p < 0.001).

The opinions of the *comadronas* with respect to management of the normal birthing process and possible complications also showed a positive change overall (p < 0.005), but with age contributing to statistically significant differences in results. Although knowledge improved irrespective of age, older *comadronas* were less likely than younger *comadronas* to change their opinions on their practices.

Going Forward: We believe that our novel use of simulation manikins may have strongly contributed to our outcomes. We look forward to implementing a more expansive study and hope that this endeavor will result in a positive impact on lowering the rate of maternal mortality in Guatemala and the other countries in Latin America that we will be visiting.

Abstract #: *1.030_WOM*

Knowledge and Attitude of Women Aged 30-49 Years towards Menopause in Gulele Sub-City of Addis Ababa, Ethiopia

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Background: Menopause is a natural phenomenon marked by a reduction in estrogen and progesterone levels and eventual cessation of menstruation occurring in women approaching middle age. Appropriate understanding of the physical, social, and psychological transitions during menopause differs across countries and cultures. There is a paucity of research on the menopausal experience of women living in urban Ethiopia.

Methods: We conducted a community-based, cross-sectional study on 586 women aged 30-49 years in Gulele sub-city of Addis Ababa, Ethiopia using a multi-stage cluster sampling method. IRB approval was obtained from Addis Ababa University and informed consent were sought from each participant. Data were collected through interviewer-administered questionnaires. Menopausal knowledge was assessed using a 26-item, binary response score to clinical questions. Menopausal attitudes were assessed using a 10-item Likert scale. We performed descriptive analyses and binary logistic regressions to understand factors associated with increased menopausal knowledge and attitude.

Findings: Out of 568 participants, 15.7%, 61.8%, and 22.5% of them had poor, moderate, and adequate levels of knowledge of menopause, respectively. A majority of the women had an overall positive attitude towards menopause (84%). After controlling for other variables in the adjusted logistic regression model, women who did not receive information on menopause as compared to those who did receive (adjusted odds ratio [95% CI] =0.14 [0.07−0.28]) were found to significantly lower odds of adequate menopause knowledge. Similarly, women with lower [Adjusted OR = 0.11 (95% CI: 0.04, 0.28)] and middle [Adjusted OR = 0.22 (95% CI: 0.09, 0.55)] economic statuses as compared to higher economic status had lower odds of having a positive outlook on the menopausal experience. Women had more positive outlooks at higher age category (45-49) as compared to younger groups (30-34) [Adjusted OR = 0.20 (95% CI: 0.09, 0.46].

Interpretation: Overall, adequate knowledge about menopause was low among women in Addis Ababa. Positive attitudes towards menopause was associated with socioeconomic factors. Increased attention and focus on women entering menopause throughout Ethiopia will assist in reducing barriers to knowledge and care.

Abstract #: *1.031_WOM*

Improving Clinical Skills for the Treatment of Postpartum Hemorrhage in a Low-Resource Setting Using Two Simple, Low-Cost Training Models

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Background: Obstetric hemorrhage is the leading cause of maternal mortality worldwide. There are simple techniques available to treat postpartum hemorrhage, however hands-on skills training can be difficult in low-resource settings where high fidelity models are not available.

Methods: As part of a training to address obstetric hemorrhage in two government maternal health facilities in Lilongwe, Malawi, two different low-cost models were created using locally sourced materials (baby bottles, pantyhose, foam, fabric, foley catheters, etc) to assist with training participants in a) uterine tamponade using a makeshift condom-catheter balloon device and b) B-Lynch compression sutures and c) uterine artery ligation. The models were piloted with expert clinicians and amended to improve authenticity. Clinical staff from two health centers have now undergone training with these models. As part of continuous quality improvement of the program, each participant completed a pre- and post-assessment, rating their own competence on a Likert-type scale for each of the techniques taught. Comparisons were made between the pre- and post-test scores using the one-tailed, paired student's t-test to assess improvement in the confidence reported by the trainees.

Findings: Training is ongoing, but preliminary results from 24 trainees show a significant increase in mean self-assessment scores from 2.5 to 4.95 for condom-catheter balloon device construction, 2.6 to 4.6 for condom-catheter balloon device placement, 2.25 to 4.5 for B-Lynch compression suture placement, 2 to 4 for uterine artery ligation (p<0.0001 for all values). Training for approximately 90 additional participants is scheduled during October and November 2016.

Interpretation: Clinicians in low-resource settings can gain confidence in their procedural skills through hands-on training using two simple models constructed with low-cost materials that are locally available.

Abstract #: *1.032_WOM*