Interpretation: These data support that our model can provide the long-term sustainability absent in many POU projects. This model can be applied to virtually any underserved or developing community with an NGO connecting with a University study abroad program.

Funding: The program is self-funded but relies upon the administrative services from the University.

Abstract #: *2.026_NEP*

Acceptability of option B+ (lifelong treatment) among HIV-positive pregnant and lactating women in selected sites in Kenya

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Background: Conducted in a slum-based HIV program serving a large cohort of poor HIV infected women in Kenya, a high HIV burden context. New major treatment guidelines impact delivery of care and patients' experience of care. We sought to explore the acceptability of the new WHO guideline Option B+ and factors influencing patients' decision to initiate lifelong antiretroviral therapy (ART).

Methods: We collected data using convenience sampling at the AHF-Kenya HIV care centre in Mathare slum, Nairobi, between July-November 2013. 12 in-depth interviews (IDIs) and 6 focus-group discussions (FGDs) were conducted with HIV-1 infected pregnant women, 12 IDIs and 7 FGDs with infected lactating women and 5 FGDs with health care workers (HCWs). Eligibility criteria: pregnant or lactating women, $\geq$18 years old, HIV-positive, on ART $\geq$1 month and – for lactating mothers – with a child $\leq$18 months. HCWs identified and referred eligible participants to data collectors. Eligible HCWs worked in the ANC/ART for $\geq$6 months, referred by the head nurse, and willingly consented to participate. All participants provided written informed consent.

Results: Learning their HIV status and initiating ART on the same day caused considerable distress to the women, including feeling overwhelmed by new information. Most felt they needed time to 'absorb' the information/diagnosis, discuss with their partners, think about ART initiation, before committing to lifelong ART. Disclosure had resulted in receiving partner/family's support; non-disclosure resulted in challenges initiating and adhering to ART. Knowledge of other women having a positive experience with Option B+ made it easier to initiate. HCWs reported the women accepted the medicine, took it home, but waited to initiate once they felt ready. All groups felt sensitizing the community was a critical to increase acceptability of Option B+.

Conclusion: Women face a double challenge of receiving test results and having to make a sudden decision to initiate life-long therapy. Partner/family support is important, as it knowledge of patients having positively on ART. There's need to bear in mind and address the factors which influence acceptability of Option B+ among the users, to enhance uptake, and develop delivery methods that promote greater adherence to lifelong therapy.

Funding: None.

Abstract #: *2.027_NEP*

HIV and masculinity in Gugulethu, South Africa [July 2, 2015 - Aug 2, 2015]

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Background: South Africa carries the greatest HIV burden in the world with 6.3 million people living with HIV.[1] HIV continues to burden the health system, and affects socio-economic productivity as heads of households (men) reject HIV treatments - especially in urban townships such as Gugulethu.[1] This project explored the extent to which masculine gender norms limit men's awareness of, and the effectiveness of, HIV interventions in Gugulethu.

Methods: 20 men (HIV positive and negative) were interviewed in community centers, and taverns. Men were recruited if they were not employed by the men's clinic, or gender-activist NGO *Sonke Gender Justice*. Men were not compensated. Semi-structured, 60-minute interviews explored: *What motivates men to look after their own health? What challenges do men face in disclosing their HIV status? What influences men to test or treat HIV? For what reasons do men use public health facilities? For what reasons do men use traditional healers?*

Findings: Complete ARV[2] regimens ran contrary to local ideals of masculinity, and strength in Gugulethu. Masculinity influenced ARV treatments as men valued pride, privacy, and confidentiality. Pride inhibited willingness to take advantage of HIV interventions, which increased preferences for traditional medicines. Men voiced that public health facilities (clinics) did not value privacy, or confidentiality regarding HIV status, and treatment. Thus, men would not visit most (commonly female-staffed) clinics, which precluded them from treatment, and contraception.

Interpretation: Research in Gugulethu emphasized that masculine gender norms contributed to men's resisting treatment. Men were aware of treatment options available, however nearly all men were not aware of where to access treatment options - there was poor awareness of *Sonke*'s male-staffed clinic in Gugulethu. Recommendations include: cater to masculine needs; promote gender transformation; increase publicity around *Sonke*'s clinic.

Funding: Glenn and Susan Brace/Center for Global Health at UVA. Thank you P. Nywagi for contributing.

1. *HIV and AIDS in South Africa.* AVERT, 2015. Web. 27 Oct. 2015.
2. Anti-Retroviral drugs (ARV) are used to hinder proliferation of the HI virus, in order to increase the CD4 cell count and increase immunity levels in a patient. ARV are administered to patients with HIV as treatment.

Abstract #: *2.028_NEP*

The effect of child gender composition on spousal sexual abuse: an instrumental variable approach

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Background: The causes of sexual abuse within intimate relationships are not clearly understood which hinders efforts to mount effective prevention campaigns. This study examines whether

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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. Firstborn 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 firstborn 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.

Funding: None.

Abstract #: *2.029_NEP*

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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Abstract #: *2.030_NEP*

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