

community and government to strengthen the primary health care (PHC) system in Kenya. IPHC provides opportunities for health professions students to work and learn together in the rural and underserved district of Kaloleni.

**Structure/Method/Design:** AKU's Advanced Nursing School and Family Medicine Post-Graduate Medical Education Program collaborated to develop an interprofessional curriculum for nursing and medical students. Learning objectives included understanding Kenya's primary health care system, environmental and social determinants of health, and leadership, professional identity and teamwork in the PHC team. Eight nursing students, three family medicine residents, two district nurses, and three community health workers (CHWs) formed three PHC teams to deliver enhanced PHC services at a district primary health care facility, and participated in small group learning activities including home visits, facilitated discussions, and journal clubs. Prior to launching the activity, IPHC trained 100 CHWs, delivered a health fair serving 740 community members, and hosted a team-building exercise with participants.

Post-curriculum testing was conducted to evaluate learners' ability to achieve the learning objectives. Five focus group discussions (FGDs) of family medicine residents, nursing students, and participating CHWs were conducted. The recordings were transcribed and qualitatively analyzed using theme analysis.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Eleven trainees participated in the curriculum from the 15th of May until 14th of June, 2013, in partnership with the three community health workers and two district nurses.

Post-curriculum testing demonstrated that learning objectives were met. Especially effective were the journal club sessions, favored by the nursing students, and the home visits, favored by the medical students.

Three main themes arose from FGDs: (1) context-specific social and environmental determinants of health were learned collaboratively within the PHC team; (2) family medicine and PHC teams were perceived by participants to improve quality and access to primary care; (3) the curriculum increased participants' understanding and appreciation of role of each member of the PHC team.

**Summary/Conclusion:** This interprofessional curriculum focusing on environmental and social determinants of health was feasible and acceptable among nursing and medical students, and community health workers. Core components include public-private partnership; induction with a team-building exercise and a health fair; PHC team-based services at a primary health care clinic including a home visit with community health worker; weekly didactics and journal club. Experience should be integrated and expanded in AKU and UCSF curricula.

### Adolescence in rural Nicaragua: A study of identity through photojournalism

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**Background:** Photojournalism is an established medium utilized to engage individuals to share experiences beyond the written word. Rural communities have long been described by photographs.

Ethnicity, family, peers, education, and spirituality have been shown to help mold adolescent identities across many cultures. These

themes have been documented in photographs, but not from the perspective of the adolescent.

Adolescents residing in the rural community of El Tololar live 10 km northeast of Leon, Nicaragua. Leon, the country's second largest city, juxtaposes modern development with the poverty and simplicity of rural living in El Tololar.

**Structure/Method/Design:** In order to understand major influences affecting adolescent identity formation in a rural area of Nicaragua using a photojournalism approach, the local high school director identified six motivated, reliable students, ages 15 to 19, who were each given a disposable camera with instructions to capture photographs of things that were important to them. Cameras were collected after 1 week and [film was] developed. The students then gathered for a discussion session surrounding the content of the photographs, which were then grouped by factor analysis into resultant categories representing the major themes influencing identity amongst the six students.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Themes of the photographs (not in text) included support systems such as family, friends, school, and church; self-image; and growing up in a rural environment. Community engagement in this project highlighted details of daily life that would otherwise have remained undisclosed.

**Summary/Conclusion:** A photojournalism approach to analyzing identity development was successful with a motivated group of adolescents in this rural community. A brief look at the influences of identity formation in this sample of adolescents in El Tololar identifies strong cultural identity, with representation of common, globally prevalent themes. The students also expressed a preference for a rural lifestyle over one in the nearby city of Leon.

Expression through photojournalism also provided a non-threatening way for participants to interact with outsiders and quickly develop a rapport. Knowledge acquired from photo content and interaction with the community during the project allowed for a better understanding of this population for all future corroboration.

### Using social media to assess the impact of globalization on youth health and well-being in Nigeria

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**Background:** Despite widespread assertion that globalization has brought significant change to groups and nations in Africa very little research has been conducted to evaluate the actual changes that are taking place and the processes involved in the transformations created by this multi-dimensional force. Young people in countries in Africa are significantly affected by direct and indirect effects of globalization. This study sought to assess the effects of globalization on youth well-being in Nigeria. Well-being assessed includes physical, mental, psycho-social, economic, and political. This presentation will discuss preliminary findings from this study and the research design and methodology used for conducting health and social assessment of the impact of globalization on youth in Africa using social media.

Goals of presentation

Outline the methodology for using social media in global health research, specifically, in assessing the impact of globalization on youth in countries in Africa

Identify and discuss the value of social media in global health research

Discuss preliminary findings from research on the impact of globalization processes on the well-being of youth in Nigeria

**Structure/Method/Design:** This is a mixed methods study that will involve data collection through social media, specifically pictures and 2-minute video clips, a short demographic survey and photo narrative from youth aged 18 to 30 in Nigeria.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Results from initial study on the impact of globalization on youth in Nigeria by the author has shown that globalization processes affect youth positively and negatively. Findings from this study will provide further illustration and context of this impact.

**Summary/Conclusion:** This mixed-methods, mixed-media, and multi-disciplinary study will provide results from one of the initial studies on the impact of globalization on youth in Nigeria using social media.

### Factors influencing compliance to prevention of mother-to-child transmission guidelines in Western Kenya

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**Background:** Prevention of mother-to-child transmission (PMTCT) guidelines in Kenya requires all pregnant HIV-infected women be provided with highly active antiretroviral therapy (HAART) or ARV prophylaxis unless they opt out. We assessed the level of compliance to PMTCT guidelines and factors influencing compliance by health care providers

**Structure/Method/Design:** Compliance was measured using chart audits of 200 HIV-infected pregnant and postpartum women between November 2012 and June 2013. Factors associated with compliance were explored through 32 in-depth interviews with staff directly involved in PMTCT across 22 government facilities in western Kenya.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Although providers were knowledgeable about PMTCT and had high levels of professional confidence, compliance to guidelines was suboptimal and resulted in increased odds of MTCT. Chart audits showed that where MTCT occurred, providers were more likely to have failed to follow guidelines for prescription of ART for mothers [OR, 8.61; 95% CI, 2.8-26.2] and infants [OR, 3.92; 95% CI, 1.1-13.6], HIV counseling [OR, 3.94; 95% CI, 1.27-12.20], and timely provision of ARVs [OR, 2.97; 95% CI, 1.38-6.31]. Providers did not comply due to perception that 1) clients were in early gestation period (<28 weeks), 2) known HIV-infected women had less MTCT risk, 3) newly diagnosed women were more likely to opt out of PMTCT interventions. Providers attributed MTCT to client behavior citing reasons such as spousal influences, non-adherence to prescribed interventions, transport cost to health facilities, and stigma and disclosure dynamics. As a response to the client behavior, providers felt they lacked skills to convince women to take ARVs, felt demoralized, delayed providing PMTCT interventions, or simply did nothing. Systemic factors such as lack of privacy due to work-space challenges, language barriers during counseling, and increased workload linked to low staff numbers were cited as hampering guideline compliance. Fear of team alienation and strong group pressure was a key motivation to manage HIV-infected women well so as to avoid the ripple effect of discrimination at facility and personal level.

**Summary/Conclusion:** Client and provider behavior interact with health-system factors in a complex way to influence MTCT. To

address the problem of suboptimal guideline compliance, particularly, at the roll out of Option B+, it is important to understand unique contextual factors and how they affect the performance of providers implementing PMTCT.

### Quality of life of HIV patients 2 years into treatment in a community-based antiretroviral therapy program in western Uganda

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**Background:** Objectives:

The aim of this study was to examine changes in the health-related quality of life (HRQOL) outcomes of patients in a community-based antiretroviral therapy (CBART) program in western Uganda, 2 years after the initiation of treatment.

**Structure/Method/Design:** A culturally adapted version of the MOS-HIV survey was administered to patients in the CBART program at baseline, after 1 year and after 2 years of treatment. Complementary clinical data was also collected at these times.

Changes in physical health (PHS) and mental health (MHS) summary scores were assessed and their associations with patient characteristics were examined.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Preliminary analysis suggests that the gains in PHS and MHS made during the first year of treatment have been maintained between throughout the second year of treatment as well. Further subgroup analysis is being carried out to examine associations between key demographic characteristics and changes in HRQOL. The influence of clinical factors, such as viral suppression, are also being examined.

While PHS and MHS both increased significantly overall during the first year of treatment, there was a proportion of patients who experienced either no change or a decrease in HRQOL during the first year of treatment. Associations between magnitude and direction of changes during the first and second year of treatment are also being examined.

**Summary/Conclusion:** The improvements in HRQOL show that CBART programs in rural Uganda can both provide positive treatment outcomes, and maintain them over time. However, improvements were not universal, and some patients continued to struggle despite improved clinical improvements. HRQOL surveys can be useful in identifying these patients, who may require additional support. Understanding the ongoing challenges of CBART patients is important for program planning, in order to better meet local needs.

### Relationship among dietary patterns, apolipoproteins, C-reactive protein, and other lipids in adult populations in four cities of the Southern Cone of Latin America

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**Background:** In the last decades, there has been a nutrition transition in Latin America to diets with higher total caloric intake and lower consumption of vegetables, cereals, and fruits. An unhealthy dietary pattern affects plasma levels of apolipoprotein (Apo) AI, Apo B, and C-reactive protein (CRP), which are independently associated with the incidence of coronary heart disease and stroke. There is no