

community-based approaches to prevention, and (3) working with youth at risk.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Asian American Legai Defense and Education Fund

Girls Educational & Mentoring Services (GEMS)

Kings County District Attorney's Office

Health and Education Alternatives for Teems

University Hospital of Brooklyn

Downstate College of Medicine Student American Medical Women's Association

Downstate Occupational Therapy Student Council

Downstate School of Public Health Student Council

Summary/Conclusion: There was strong consensus in the anonymous post-event evaluation that the specific learning objectives were met:

To recognize individuals and groups vulnerable to commercial sex exploitation

To discuss best practices for intervening with sexually trafficked persons

To discuss promising strategies for prevention and mitigation of sex trafficking.

In addition, attendees expressed specific intentions for action:

Talk to my friends and colleagues about the issue: 85%

Collaborate with other organizations in addressing the issues around sex trafficking: 77%

Propose that my school, congregation, organization, or workplace discuss the issues: 60%

The network that emerged from the conference chose these action steps:

Promote a series of "train the trainer" workshops for local health professionals on the care of sex-trafficked persons

Form a coalition of community organizations to press for state funding to support programs for youth at high risk of involvement in commercial sexual exploitation

Advocate for a change in state law so that minors are not criminally charged for prostitution but instead are recognized as victims and are provided services

Link sex trafficking with other forms of labor trafficking.

Through the social media portal created for the conference, we will continue to track reports of individual and group activities in support of this emerging network.

Long-term outcomes for women after obstetric fistula repair: A qualitative study

L. Drew¹, J. Wilkinson¹, W. Nundwe¹, M. Moyo², R. Mataya³, M. Mwale⁴, J. Tang⁵; ¹UNC Project-Malawi, Lilongwe/MW, ²Fistula Care Centre, Lilongwe/MW, ³Loma Linda University School of Public Health, Loma Linda, CA/US, ⁴Lilongwe District Health Office, Lilongwe/MW, ⁵UNC Project-Malawi, OB-GYN, Lilongwe/MW

Background: Women with obstetric fistula suffer many physical, social, and economic consequences. Surgery can successfully treat the physical damage of an obstetric fistula; however, challenges that affect women's quality of life may persist when they reintegrate into their communities. This qualitative study assessed the long-term outcomes and quality of life among women who received surgical repair for obstetric fistula in Malawi.

Structure/Method/Design: In-depth interviews were conducted with 20 women from—seven districts across Central Malawi. All women were 1 to 2 years status postsurgical repair for obstetric fistula

at the Fistula Care Centre in Lilongwe, Malawi. We explored three domains: quality of life before and after fistula repair, reproductive intentions and marriage, and understanding of fistula. Interviews were independently coded and analyzed using content analysis.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): At the time of the interview, 9 of 20 women (45%) reported some degree of urinary incontinence. All but one woman reported the quality of their lives had improved since surgery. Sub-themes included feeling a sense of freedom and peace after repair, improved confidence and relationships with relatives and friends, and increased community involvement and income-generating ability. Over half reported they were welcomed back into their communities and had no challenges with reintegration. Almost all women had experienced stigma before surgery, but only one continued to face stigma after surgery. Prior to surgery, women's greatest concerns were that their fistula could not be repaired, that they would die during surgery, and marital discord. After surgery, their greatest concerns were financial challenges, the need for additional surgery, husbands with other wives, and desire for a husband and future children. Most women understood that fistula was caused by delays seeking a health center during labor and were now counseling other women to go to the hospital early. However, myths about witchcraft and fear of delivery causing fistula were present in their communities.

Summary/Conclusion: Nearly all women who underwent fistula repair felt that their quality of life had improved at the individual, interpersonal, and community levels, even among women who continued to have urinary incontinence. Contrary to other studies, the majority of women did not have challenges reintegrating into their communities. However, many continued to have problems with their husbands and were concerned about their future fertility, issues which need to be further explored in other studies.

Impact of community-based surveillance and monitoring on maternal and neonatal health-seeking and utilization behaviors of women living in urban slums

A. Dyalchand; Institute of Health Management Pachod, Aurangabad, MAHARASHTRA/IN

Background: About 900,000 community health workers (ASHAs) have been recruited in India to assess the health needs of households and facilitate an effective response by the health system to address identified health needs of the community. However, they have not been provided with culturally appropriate systems or the requisite capacity to achieve this objective.

Structure/Method/Design: Study Design and Methodology: Change in the clients' health-seeking behavior was assessed by:

1) Comparing health utilization behavior in the last pregnancy (occurring in the last 1 year after the surveillance and monitoring system was introduced) with the previous pregnancy (prior to introduction of the surveillance and monitoring system).

2) Comparing service utilization behavior across levels of exposure to surveillance and monitoring. The levels of exposure to surveillance and monitoring were categorized as high, low, and none.

Sample size: The sample size for this study was 200 recently delivered mothers.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Antenatal Care: There was a significant increase in early registration for antenatal care (≤ 12 weeks) and a significant association was observed between exposure to surveillance and early registration ($P = 0.000$).

A significant increase was observed in the utilization of minimum, standard antenatal care services among women who received

≥ 4 surveillance visits as compared to those who had received ≤ 3 surveillance visits ($P = 0.000$).

Antenatal complications and treatment: There was a significant increase in the number of respondents reporting at least one antenatal complication in the last pregnancy as compared to the previous one ($P = 0.000$).

Early detection and treatment of antenatal complications increased significantly among those who had a "high" level of exposure to surveillance ($P = 0.048$).

Intranatal care: A significant reduction in home deliveries was observed in the last pregnancy as compared with the previous one, which was significantly associated with the number of surveillance visits. ($P = 0.000$).

Neonatal care: An increase in early treatment for neonatal complications was observed in the last pregnancy as compared to the previous one. There was a significant increase in the proportion of women who sought treatment for neonatal complications within 24 hours of their onset ($P = 0.000$).

Summary/Conclusion: Several developing countries employ community health workers to modify health-seeking behaviors, generate demand for health services, and link beneficiaries with the health system. If community health workers undertake monthly surveillance and monitoring it can result in a significant increase in the utilization of services, effective coverage of pregnant women with standard maternal and neonatal health services, and effective and timely referral for those who need specialist care.

The baby shower initiative: A framework for interventions to promote birth outcomes

E.E. Ezeanolue¹, M.C. Obiefune², W. Yang³, S.K. Obaro⁴, C.O. Ezeanolue⁵, O. Ogedegbe⁶; ¹University of Nevada School of Medicine, Department of Pediatrics, Las Vegas, NV/US, ²Prevention, Education, Treatment, Training and Research-Global Solutions, Independence Layout Enugu, ENUGU/NG, ³University of Nevada, Community Health Sciences, Reno, NV/US, ⁴University of Nebraska Medical Center, Division of Pediatric Infectious Disease, Omaha, NE/US, ⁵The Sunrise Foundation, Enugu, ENUGU/NG, ⁶New York University School of Medicine, Center for Healthful Behavior Change, New York, NY/US

Background: Twenty-two priority countries have been identified by the WHO that account for 90% of pregnant women living with HIV. Nigeria is one of only 4 countries among the 22 with an HIV testing rate of less than 20% for pregnant women. Despite expansions of HIV prevention programs in Nigeria, only 14% of pregnant women were tested for HIV; while 9% of pregnant women living with HIV received WHO recommended antiretroviral (ARV) therapy; and only 11% of HIV-exposed infants received ARV prophylaxis for prevention of mother-to-child HIV transmission (PMTCT) resulting in an estimated 75,000 HIV-infected infants in 2010. Currently, most pregnant women must access a health care facility (HF) to be screened and receive available PMTCT interventions. This clinic-based approach is challenging when only 35% of pregnant women deliver in a HF and only 2.9% of HF have an established PMTCT program. Finding new approaches to translate evidence-based PMTCT programs to community-based setting is necessary if we are to realize the PEPFAR goal of 80% HIV screening rate among pregnant women by 2015

Structure/Method/Design: Cluster randomized trial to evaluate the feasibility and acceptability of a congregation-based Baby Shower Initiative (BSI) delivered by lay health advisors at local churches (Intervention Group; IG), versus a clinic-based approach (Control

Group; CG) on the HIV testing rate and PMTCT completion among pregnant women. Forty churches in Southeast Nigeria were randomly assigned (1:1) to either the IG or the CG. BSI combines a family educational game and integrated on-site laboratory testing (Hepatitis B, HIV, and sickle cell genotype) delivered in the context of a baby shower. Monthly prayer sessions for pregnant women were used for recruitment and baby receptions following infant baptisms were used for follow up after delivery

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): From March 1 to Oct 31, 2013, we recruited 1654 pregnant women in the IG (76% of male partners recruited) and 1371 pregnant women in CG (85% of male partners recruited). Seventy-seven percent of pregnant women in the IG completed testing during baby showers

Summary/Conclusion: BSI was well accepted by pregnant women and communities. BSI successfully recruited pregnant women and their male partners to participate in baby shower programs where interventions were implemented. Further analysis at completion of deliveries will determine the comparative effectiveness of this initiative in improving HIV testing among pregnant women

The study was cofunded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the National Institute of Mental Health (NIMH), the President's Emergency Plan for AIDS Relief (PEPFAR) under award number R01HD075050. The funding agencies played no role in the study conception, design, data collection, data analysis, data interpretation or writing of the report.

Examining GBV programmatic efficiency in Mozambique: An analysis of CDC partnerships

B. Johnson¹, L. Campbell Bruns¹, M. Boothe², D. Deugarte¹, E. Hartford¹; ¹UCLA David Geffen School of Medicine, UCLA Center for World Health, Los Angeles, CA/US, ²Center for Disease Control, ASPPH/CDC Allan Rosenfield Global Health Fellowship, Atlanta, GA/US

Background: The Gender-Based Violence (GBV) initiative was launched in 2011 to reduce GBV in Mozambique by building on activities supported by the President's Emergency Plan for AIDS Relief (PEPFAR). The objectives are to: 1. Expand and improve coordination and effectiveness of GBV prevention efforts 2. Improve GBV policy implementation 3. Improve the availability and quality of GBV services. In Mozambique, there is a lack of integrated procedures, guidelines, and trained professionals addressing GBV, as well as challenges with implementation of GBV programs at the community level. 2 Experience elsewhere suggests that community level approaches can be effective in changing gender norms and violence-related attitudes and behaviors, thereby promoting gender equality and the empowerment of women.⁵

Local partnerships with the Centers for Disease Control and Prevention (CDC) in Mozambique were established to achieve this goal. We sought to complete a qualitative evaluation of their experiences, outcomes, and challenges to date.

Structure/Method/Design: After reviewing the GBV Initiative Strategic Plan, the financial structure, and the CDC reports on GBV activities in Mozambique, the 10 CDC partners with GBV activities were assessed. Guided small-group discussions were conducted with five partners to further explore program outputs and actual outcomes.⁴

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): CDC:Mozambique

Summary/Conclusion: Partner GBV prevention activities are innovative and community-based, including theater, debate, concerts, videos,