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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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).