

the health sector and health professionals should play. The data suggest that community awareness about IPV exists but that its discussion in the health care setting remains stigmatized. Broader education about local resources such as the Santo Andre Secretariat for Women's Policies should be promoted among both women and health providers; ensuring that IPV resource materials are available in health posts is a key next step.

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### The Effect of Sanitary Pads and Menstrual Symptom Management on School Performance of Adolescent Girls in Rural Kenya: A Cluster Randomized Trial

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**Background:** Access to education is an important social determinant for adolescent and maternal health. Despite the recognized importance of menstruation-related problems as a barrier to adolescent girls' education, studies addressing this have failed to show improved school attendance. Additionally, school performance has not been studied in this context. Thus, the purpose of this study was to determine whether the availability of menstrual products and ibuprofen would improve examination scores of seventh and eighth grade girls.

**Methods:** A cluster randomized controlled trial was performed in which both intervention and control groups received puberty education, and the intervention group received sanitary pads and ibuprofen. Fourteen schools in rural Kenya were randomized (seven to each group) and included menstruating seventh and eighth grade girls. Additionally, baseline demographic data on participant characteristics were collected. The outcome was the mean difference in school test scores from the baseline term (T1) to the second (T2) and third (T3) terms in the intervention, compared to the control group.

**Findings:** Exam results and baseline data were available for 99 participants (54 control and 45 intervention). From T1 to T2 the change in test scores were 3.5 (SD 6.9) in the control group and 5.5 (SD 4.0) in the intervention group, and from T1 to T3, the change in scores were 0.1 and -0.6 respectively. The differences between the intervention and control groups were not significant when adjusted for grade level, wealth index variables, and baseline menstrual symptoms ( $p=0.35$  for T1-T2 and  $p=0.82$  for T1-T3).

**Interpretation:** There are many hidden cultural and socioeconomic factors at play in rural Kenya that may have influenced the results of this study, such as reported 'feelings of isolation.' Although unidentifiable confounding variables may have played a role, sanitary pads and ibuprofen were not shown to be effective in improving school performance when added to an education program for adolescent girls in rural Kenya.

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### Effect of Job-Aids on Improving Family Planning Counseling: A Natural Experiment in Selected Rural Districts of Ethiopia

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**Program/Project Purpose:** The increase in contraceptive prevalence rate (CPR) in Ethiopia from 15% in 2005 to 41% in 2014 is mostly (68%) contributed by injectable contraceptives. Providing injectable contraceptives is logistically burdensome and costly; moreover, the 34% discontinuation rate for the method also makes the national family planning (FP) program less effective. To address the matter, Ethiopia initiated community-based long acting reversible contraceptive (LARC) services—i.e., Implanon—in 2009. The strategy shifted the task of providing the LARC from higher level health facilities to community based health extension workers (HEWs). Proper counselling to inform FP clients on available methods, informing about side-effects and what to do if had side-effects are essential to ensure reproductive rights of women and also prevent premature removal of the device. A situation analysis conducted in 2014 indicated that availability of job-aids, equipment and consumables for providing Implanon services by the HEWs was limited—thus raising question on the service quality, especially counseling.

**Structure/Method/Design:** JSI developed simple job aids for HEWs to provide FP counseling and Implanon insertion services; and between 2015 and 2016 tested it in 40 communities covering 200 thousand populations. Effectiveness of the intervention was assessed using before and after cross-sectional household surveys of women of reproductive age in the intervention and comparison areas.

**Outcome & Evaluation:** Difference-in-difference analysis showed that although the improvements in CPR including Implanon use rates among the household survey respondents were higher in the intervention than the non-intervention area they were not statistically significant ( $p>0.1$ ). Recalling that the FP provider mentioned about other methods, mentioned about the side-effects of the method, and mentioned what to do if had side-effects were respectively 13, 12 and 11 percentage-points higher ( $p<0.05$ ) among contraceptive users who adopted the method in last 12 months in the intervention area than those in the non-intervention area.

**Going Forward:** The job aids were effective in improving counseling of FP services provided by the HEWs; however, did not improve contraceptive use. Demand generation strategies will be required to increase contraceptive use including LARC. Adequate FP counselling is essential to ensure the human and reproductive rights aspects of FP services. Thus, the job aids should be adopted by the national FP program.

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