

Healthcare-based human rights monitoring in the acutely displaced: lessons from a community hospital by the eastern Democratic Republic of the Congo

N. Murakami¹, A. Schechter¹; ¹Doctors for Global Health in Kisoro, Uganda, The Albert Einstein College of Medicine, Montefiore Medical Center, Bronx, NY, USA

Program/Project Purpose: Acutely displaced refugees fleeing systematic violence seek pathways to relative safety where healthcare services may be accessed. The Kisoro Human Rights Advocacy Project was started in 2012 at the Kisoro district hospital in Uganda with the aim of documenting experiences, physical evidence and psychological burden of those who suffer human rights abuses in the eastern Democratic Republic of the Congo.

Structure/Method/Design: Confidential and voluntary semi-structured human rights interviews were conducted by volunteer healthcare providers on a convenience sample of acutely displaced refugees who visited the hospital and clinic since 2012. Physical evidence pertaining to particular abuses were examined and recorded where appropriate.

Outcome & Evaluation: Among the 15 interviews conducted to date, human rights abuses including child militarization, forced labor, rape, torture, forced witnessing of killings, confiscation of livelihood including land, and indiscriminate albino abductions have been documented from various regions of the eastern Democratic Republic of the Congo.

Going Forward: Where appropriate, we promote active human rights monitoring in healthcare settings that serve populations at risk of systemic human rights abuses. Healthcare professionals (nurses, clinical officers, medical doctors, social workers) are uniquely positioned and trained to conduct highly sensitive interviews that protect individual privacy and dignity. There is an urgent need to incorporate trauma-informed methodologies in interviewing and caring for survivors of displacement and violent abuses. Looking forward, we believe there is a necessity to incorporate practices of stabilization found in modalities such as Narrative Exposure Therapy and Trauma-focused Cognitive Behavioral Therapy when eliciting a trauma narrative. There are numerous barriers for people working in healthcare settings to conduct human rights interviews, including the lack of methodological knowledge, bioethical concerns, privacy and safety concerns, fear of political repercussions and lack of a transparent reporting mechanism. We hope to create an open-source forum to address some of these barriers, and to promote community-based human rights monitoring and resource sharing for those who feel powerless to advocate for their patients and clients beyond the scope of traditional health services.

Source of Funding: None.

Abstract #: 1.089_NEP

Syrian refugees' health and mental health in Jordanian host communities

Abstract Opted Out of Publication

Abstract #: 1.090_NEP

Contraceptive use and risk perceptions for STI and unintended pregnancy among adolescent females in San Diego County at the US-Mexico Border

M. Salazar, B. West, A. Raj, M. Torreblanca, E. Reed; UCSD, La Jolla, United States

Background: Females aged 15-19 are among the groups with the highest burden of STI and unintended pregnancy in the US. In California, STI and adolescent pregnancy are highest in counties along the US-Mexico border, including San Diego. While both pregnancy and STI are critical health threats, little is known regarding female adolescents' perceived risks related to STI and pregnancy and how this informs their decisions to use contraceptives, including condoms.

Methods: Sexually active females (n=20) aged 15-19 were recruited from an urban health clinic in San Diego County to participate in qualitative interviews on STI and pregnancy risk. Interviews were transcribed, coded, and analyzed using Atlas TI. Common themes were identified related to perceived risks for STI and pregnancy, types of contraceptives used and reasons for contraceptive use. Quantitative data was also collected (relationship status, contraceptive use, condom use frequency) to complement qualitative findings.

Results: Participants reported pregnancy prevention, rather than protection against STIs, as the main reason for using condoms or other contraceptives. Notably, most of the sample (85%) reported having a steady relationship. While 61.5% of girls reported using condoms as their primary form of contraception, only 23.0% reported consistent use. Almost one quarter (23%) reported non-barrier contraceptive use; among these, none reported condom use. The remaining 15% did not report using condoms or other contraception. Qualitative data elaborated on reasons and preferences for specific contraceptive types, with most participants reporting worries about unintended pregnancy, not HIV/STI risk, as the sole factor in determining contraceptive method of choice.

Conclusion: Future studies are needed to further investigate decisions for condom and non-barrier contraceptive use among adolescent females via a larger quantitative study. Current findings suggest the need for combined prevention approaches that address adolescents' perceptions of their risk for both unintended pregnancy and STI risk.

Abstract #: 1.091_NEP

Pediatric perioperative mortality rates in a sample of Kenyan hospitals: preliminary results in over 3,000 cases

B. Silesbi¹, S.E. Hurt², M.D. McEvoy¹, J. Kimeto³, J. Scherдин⁴, W.S. Sandberg¹, M.W. Newton^{1,3}; ¹Vanderbilt University Medical Center, Nashville, TN, USA, ²Vanderbilt University School of Medicine, Nashville, TN, USA, ³Kijabe AIC Hospital, Kijabe, Kenya, ⁴Vanderbilt Institute for Clinical and Translational Research, Nashville, TN, USA

Background: Perioperative mortality rates (POMR) serve as an important indicator for the quantification of risk for surgery and anesthesia. Pediatric POMR data is lacking in low and middle-