

Improving educational outcomes of girls in rural Ghana: a multi-intervention, community owned approach

D. Rickard¹, E. Nkrumah², B. Brown², J. Artibello², C. Donkor²; ¹David Geffen School of Medicine at UCLA, Newton, MA/US, ²Ghana Health and Education Initiative, Humjibre, GH

Program/Project Purpose: The educational achievements of women are related to reduced fertility and improved education and health outcomes for their children, including survival rate, cognitive function and education levels. Therefore, the failure of women to achieve high education levels is an important factor in the intergenerational transmission of poverty. The Ghana Health and Education Initiative's (GHEI) education sector aims to improve the educational outcomes and opportunities of children, with an emphasis on girls, in a large rural village in Ghana, and has greatly expanded between 2004-2014.

Structure/Method/Design: GHEI's education programs include a scholarship program, girls' empowerment camp and intensive supplemental education programs for both well performing junior high school (JHS) students. Some programs are focused on a few well-performing students while others are focused on students in the entire community. The community's involvement and ownership is essential and integrated throughout. Our primary outcome measure is performance on a standardized national examination taken after JHS called the Basic Education Certificate Examination (BECE). Students must pass this test to be admitted to senior high school, and students who achieve a high pass are more likely to be admitted. Records of BECE scores for Humjibre JHS, Bibiani-Anhwiaso-Bekwai District were obtained from the Bibiani District Administration. Data was analyzed using STATA v.10.

Outcomes & Evaluation: The percent of girls passing the BECE examination in the intervention area increased from 4% in 2001 to 100% in 2013 ($p < 0.05$), and has remained at 100% for the last 5 years. The district girls' scores improved from 33% in 2001 to 94% in 2013 ($p < 0.001$). High pass scores for girls increased from 1.1% in 2001 to 10.1% ($p < 0.01\%$), a ten-fold increase, in the cumulative years 2012-2013 in the intervention area, versus an increase from 10.6% to 22% in the district over the same time period ($p < 0.0001$), roughly a two-fold increase.

Going Forward: These results demonstrate the potential for dramatic improvement in educational outcomes for girls in rural Ghana at a relatively low cost of \$7.94 per child per year. Over the past decade, girls from the intervention area now pass the BECE as often as girls in the district. We have seen a large improvement in high pass achievement relative to the district girls (ten-fold vs. two fold increase), but still fewer girls in our village achieve high pass. Ongoing challenges include funding high quality services at a low cost in a low resource environment, expanding our reach to all girls students, and parental and community support for girl students. Looking forward, we plan to continue the support of students in our intensive supplemental program, while working to support and reach more girls in the general community.

Funding: individual donors.

Abstract #: 01SEDH026

Developing a home-based couples HIV counseling and testing intervention: perspectives of HIV-negative pregnant women and their male partners

A. Rogers¹, A.M. Hatcher², P.L. Musoke³, L. Achiro⁴, E. Weke⁴, Z. Kwen⁴, J.M. Turan³; ¹The University of Alabama at Birmingham, Birmingham, AL/US, ²University of the Witwatersrand School of Public Health, Johannesburg, ZA, ³The University of Alabama at Birmingham School of Public Health, Birmingham, AL/US, ⁴Kenya Medical Research Institute, Kisumu, KE

Program/Project Purpose: Across sub-Saharan Africa, pregnant women's fears of HIV-related stigma from male partners is associated with reduced utilization of HIV testing, maternity care, and PMTCT services. From July to September of 2014, as a part of a study aiming to adapt an existing evidence-based intervention for couples HIV counseling and testing (CHCT) into a home environment, qualitative interviews were conducted in order to explore the acceptability of a home-based couples HIV counseling and testing intervention among HIV-negative pregnant women and their male partners.

Structure/Method/Design: Ten HIV-negative pregnant women and ten male partners of such women were recruited for in-depth qualitative interviews at two sites in the Nyanza region of Kenya, an area of high HIV prevalence. Drawing from the Interdependence Model of Health Behavior Change, we assessed the barriers to male involvement in perinatal care, facilitators to couple HIV disclosure, and preferences for home visit counseling, testing, and service delivery. Preliminary analyses of these data were presented at a stakeholder meeting with health facility, community, and governmental representatives in order to refine a home-based CHCT intervention.

Outcomes & Evaluation: We found that home-based CHCT is acceptable and may reduce barriers to male supportiveness for pregnancy and postnatal care, as well as assist in safe HIV status disclosure between couples. Male partners cite time and financial cost of traveling to clinics and lack of other men at antenatal clinics as barriers to accompanying their pregnant wives. Fear of discordant results, stigma, and violence or break up of the relationship were discussed as hindrances for couple HIV testing, along with cultural factors such as the role of other family members or polygamous relationships that complicate health-seeking and treatment decisions. Most participants felt that they would welcome trained health workers who visit them at home to educate them about pregnancy and offer CHCT. Recommendations for successful home visits included visiting all pregnant women regardless of HIV status, making prior public announcements, providing perinatal education to both partners, and training the health care workers in assisted disclosure, how to handle discordant results, and strict confidentiality.

Going Forward: In collaboration with key stakeholders, the study investigators are designing a culturally relevant and feasible home-based CHCT intervention to minimize barriers for pregnant women and their male partners who want to utilize couple HIV counseling and testing and antenatal services. Existing evidence-based CHCT protocols will be modified accordingly and a randomized pilot study of the intervention will be conducted. The results of this qualitative study suggest that a home-based CHCT intervention will be acceptable and welcomed by HIV-negative pregnant women and their male partners, providing that the health care workers are well trained and ensure confidentiality.

Funding: National Institute of Mental Health Award Number R34MH102103.

Abstract #: 01SEDH027

Gender disempowerment, condom use, and HIV transmission among female sex workers in Salvador, Brazil

R. Safeek¹, S.A. James²; ¹Duke University, Durham, NC/US, ²Emory University, Atlanta, GA/US

Program/Project Purpose: While Brazil is lauded for its exemplary HIV prevention model, the majority of HIV prevention programs promote safe sex through education, ignoring the realities of gender disempowerment and inequality, which increase the susceptibility of