

**Interpretation:** This population experienced very high rates of intimate partner violence and depression, and they were strongly associated. Interventions to reduce IPV may lower the burden of depression among adolescent girls and young women.

**Source of Funding:** Evidence for HIV Prevention in Southern Africa (EHPSA) and Mott MacDonald.

**Abstract #:** 1.005\_WOM

### Availability of Essential Drugs and Services for Children and Pregnant Women in the Barakese Sub-District of Ghana

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**Background:** Forty seven percent of the population in Ghana lives in rural areas; centralization of the health system in urban and cities has resulted in the provision of limited health services in most rural communities. Vast disparities exist between the infant, under-five and maternal mortality rates between urban and rural communities. The World Health Organization (WHO) has defined a set of essential medications to prevent the most common complications of the puerperium and infancy and that are critical to best outcomes. We set out to evaluate the availability of the WHO essential health service and drugs for pregnant women and child under-five years in the rural Barekese sub-district.

**Methods:** A cross-sectional survey of the WHO essential drugs and health services in the Barekese sub-district of Ghana was conducted in July 2016. Pharmacy and clinical staff were verbally interviewed and all recorded medications were inspected and tracked by trained interviewers. Data was collected using mobile tablets.

**Findings:** We visited 19 total sites with pharmacy services. There were a total of 18 medications for children under five assessed and 25 for essential maternity care. Ten towns were visited that had pharmacy, Community Health Compounds, maternity homes, and Clinic services. One hospital located close but not within the sub-district was assessed as many residents access care at this location.

In the Barekese sub-district, 20% of essential medications for maternal care are unavailable in the locations surveyed and 22% were unavailable for children. Six of 19 locations survey offered maternal delivery services, 4 of 10 communities had delivery services.

Locations providing maternity home services had more of the essential medications available. Within the locations with maternity care facilities had from 20–44% of the recommended maternity care medications and 33–78% of the recommended child medications. St. Patrick's Hospital had 56% of maternal medications and 50% of child medications available.

**Interpretation:** Essential medications for women and children under five as defined by the WHO are lacking in the rural Barekese sub-district. To reduce infant and under-five mortality rate as well as maternal mortality rate attention should be paid by the Ghana Health System to ensuring full access to medications for best outcomes.

**Source of Funding:** None.

**Abstract #:** 1.006\_WOM

### 'Victims' and 'Perpetrators' of Intimate Partner Violence among Young Persons in a high HIV Burden Rural Community in Western Kenya, 2014

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**Background:** Intimate partner violence (IPV) can lead to sexually transmitted infections, including HIV. We set out to assess the prevalence of IPV among young persons in Siaya County, a high HIV burden county.

**Methods:** A large cross-sectional bio-behavioural HIV sero-prevalence survey was conducted among persons 13 years and older in Siaya County, western Kenya in 2014. Our analysis was limited to persons aged 15–24 years who had been sexually active in the past year. Participants were described as 'IPV-victims' or 'IPV-perpetrators' if they had been physically hurt by, or had physically hurt, their sexual partner in the past year respectively. Logistic regression was used to describe factors associated with being IPV-victims and IPV-perpetrators.

**Findings:** Of 1959 participants interviewed, majority were aged 20–24 years (84%), female (60%), had secondary level education (68%), single (51%), employed (54%), had  $\geq 3$  lifetime sex partners (48%), had one sex partner in the past year (86%), did not use condom at last sex (57%), had been tested for HIV in the past year (68%) and, self-reported a negative HIV status (97%), had not taken alcohol at last sex (97%) used mind-altering substances in the past year (98%) or ever been forced to have sex (6%). A minority reported partners who had, taken alcohol at last sex (4%), and had used mind-altering substances in the past year (3%).

147 (6%) were IPV-victims; they were significantly more likely to, be female (OR 6.6 95% CI 3.0–14.3), married, (OR 3.2 95% CI 1.9–5.6), to have ever experienced sexual violence (OR 3.2 95% CI 1.9–5.5) and to have partners who consumed alcohol before last sex (OR 3.2 95% CI 1.2–8.7) or used mind-altering substances (OR 2.4 95% CI 1.1–4.9).

78 (3%) were IPV-perpetrators; they were significantly more likely to, be employed (OR 1.8 95% CI 1.0–52.4) and, have lower level of education i.e. primary level education compared to tertiary education (8.9 95% CI 1.5–52.4). The relationship between male gender and IPV perpetration did not achieve statistical significance (OR 2.3 95% CI 0.9–5.4,  $p=0.06$ ).

**Interpretation:** Different intersectional risks for HIV exist among young women. Multi-sectoral approaches to address IPV are called for.

**Source of Funding:** U.S. Centers for Disease Control and Prevention (CDC) Grant Number 5419GH000041.

**Abstract #:** 1.007\_WOM

### Patterns in Personal and Home Care Products along Pregnancy in Puerto Rican woman from the Northern Karst Region: The Role of Socio-Demographic Characteristics

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