

## WOMEN'S HEALTH IS GLOBAL HEALTH – ISSUES ACROSS THE LIFESPAN

### Maternal Health Literacy and Maternal and Child Health Outcomes: A Review of the Literature

*E. Azugbene; University of Georgia, Athens, GA, USA*

**Background:** The significance of maternal health literacy as a concern cannot be overstated because pregnancy for some women, may be the initial encounter with the health system especially in low-income populations. The ability of a woman to process, understand and apply health information is critical to the health of the fetus she carries and the child's formative years after birth.

**Methods:** For this analysis, a systematic review of published journal articles (from 2001 to 2016) related to health literacy and maternal and child health outcomes was conducted using the following University of Georgia Library Public Health GALILEO Databases: PubMed, Global Health, CINAHL, PsycInfo, Medline databases, Family & Society Studies Worldwide, Child Development & Adolescent Studies and Women Studies International.

**Findings:** Poor health literacy is a problem that affects the ability of many women to process and apply health information properly. Low health literacy in caregivers impacts the health outcomes in children placed in their care. The role of a woman as a parent is very central to the health outcomes of her children. Low health literacy is linked with poor health outcomes in women and in their children, particularly in the low-income populations.

**Interpretation:** The association between health literacy of caregivers particularly maternal caregivers and their wards still needs to be extensively explored particularly in populations from underdeveloped or developing countries such as sub-Saharan Africa. For Sub-Saharan populations, an emphasis is placed on studying the women based on the social dynamics of such regions as they would have the most impact on the children and families they affect. Most of the studies included in the review are cross-sectional which present limitations such as generalizability.

**Source of Funding:** None.

**Abstract #:** 1.001\_WOM

### Identifying Barriers to Accessing Maternal Health Care in Rural Morocco: A Qualitative Study

*J. Baayd<sup>1</sup>, S. Simonsen<sup>2</sup>; <sup>1</sup>University of Utah, Salt Lake City, Utah, USA, <sup>2</sup>University of Utah, Salt Lake City, USA*

**Background:** Over the past 30 years the Moroccan government has made enormous strides towards improving maternal health care for Moroccan women. However, improvements in maternal mortality outcomes for rural women have lagged far behind improvements for their urban counterparts. There is little data currently available to address the reasons for the disparity in outcomes. This study seeks to understand the experience of women giving birth in rural Morocco, and to identify some of the barriers those women face when accessing maternity care at a health facility.

**Methods:** This is a qualitative study, using focus groups as the means of data collection. 55 participants were recruited from two

villages in Morocco's rural south. Appreciative inquiry, an approach that emphasizes the importance of recognizing all aspects of a system, was the guiding theoretical framework of this paper. Transcripts from the focus groups were translated from Arabic and Berber into English and then coded using the qualitative analysis software NVivo. Codes were organized using the Attride-Sterling framework, to identify over-arching themes.

**Findings:** Three main themes emerged from the analysis of the focus group data. One, women felt well-cared for and safe giving birth both at home and in the larger hospitals. Two, women did not feel well-cared for and safe giving birth in the small, primary care hospitals. Three, locating and paying for transportation was the biggest hurdle in accessing maternity care at any hospital.

**Interpretation:** Significant improvements in maternal health care have been felt by rural Moroccan women over the past 30 years, including improved roads which make transport to the hospital easier, and improved quality of care at the larger hospitals. However, care at the small, local hospitals has not improved. Women who give birth at those hospitals report an alarming lack of supplies, the absence of well-trained staff, and mistreatment at the hands of hospital staff. As the Moroccan Government works towards addressing the persistent disparities in maternal health outcomes for rural women, they need to focus on improving the quality of care being given at small, primary care hospitals.

**Source of Funding:** None.

**Abstract #:** 1.002\_WOM

### Early Postnatal Care Service Utilization and its Correlates in Urban Areas of Ethiopia

*Y.T. Bayou, M. Bejiga, D. Tesfamichael, H. Tilahun; JSI/SEUHP, Addis Ababa, Ethiopia*

**Background:** According to the world health organization, access to immediate postnatal care service within the first three days after delivery reduces maternal and neonatal mortality significantly. Three fourths of the total deaths during the neonatal period occur in the first week of life (74.3%). During the first week, the first three days of life account for the highest number of deaths (37.6%, 8.4% and 10.7% of total neonatal deaths occur on days 0, 1 and 2 respectively).

**Methods:** This cross sectional quantitative study aimed to assess the attitude, knowledge and practice of respondents for postnatal care services supplemented by in depth interviews and FGD for mothers and fathers using multistage cluster sampling techniques in 35 kebeles of 22 big towns and cities in five regional states and two city administrations with sample size of 650.

**Findings:** More than two-third of the study participants (68.9%) received postnatal care service from a health worker after their most recent birth, Despite the fact that urban women have relatively better access and information for health services, 31% of mothers received no PNC service at all. From mothers who received PNC service only 14% managed to make it early within 3 days after delivery which

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.

**Source of Funding:** USAID through JSI/SEUHP.

**Abstract #:** 1.003\_WOM

### **Mentor Mothers' Willingness to Engage Male Partners and Screen for Domestic Violence among HIV-Positive Women in Rural Nigeria**

M. Belich<sup>1</sup>, M. Bathnna<sup>2</sup>, G. Nwanne<sup>2</sup>, L. Cornelius<sup>3</sup>, N. Sam-Agudu<sup>4</sup>; <sup>1</sup>University of Maryland Baltimore, Baltimore, USA, <sup>2</sup>Institute of Human Virology Nigeria, Abuja, Nigeria, <sup>3</sup>University of Georgia Athens, Athens, USA, <sup>4</sup>University of Maryland Baltimore, Baltimore, MD, USA

**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  $\geq 2$  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.

**Source of Funding:** INSPIRE grant from WHO and Global Affairs, Canada.

**Abstract #:** 1.004\_WOM

### **The Association between Intimate Partner Violence and Depression Symptoms in a Cohort of Adolescent Girls and Young Women in Lilongwe, Malawi**

S. Brar<sup>1</sup>, N. Rosenberg<sup>1</sup>, T. Phanga<sup>1</sup>, B. Maseko<sup>1</sup>, N. bhushan<sup>1</sup>, D. Vansia<sup>1</sup>, M. Chikbungu<sup>1</sup>, T. Nthani<sup>1</sup>, C. Bamuya<sup>1</sup>, C. Libale<sup>1</sup>, E. Madomola<sup>1</sup>, L.-G. Bekker<sup>2</sup>, A. Pettifor<sup>3</sup>; <sup>1</sup>UNC Project-Malawi, Lilongwe, Malawi, <sup>2</sup>Desmond Tutu HIV Foundation, Cape Town, South Africa, <sup>3</sup>Carolina Population Center and UNC Chapel Hill, Chapel Hill, NC, USA

**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  $\geq 10$  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).