

Research Abstracts

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ORAL PRESENTATIONS

O-01 - Trends and Factors Associated with Long Acting and Permanent Method Contraceptive Use in Ethiopia

Oral

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Background

Long acting and permanent methods of contraceptives are more effective, save cost and enable women to control their reproductive lives better. Although the Ethiopian government is promoting its use through various mechanism, the current level of use is low. Therefore, this study was designed to identify factors associated with long acting and permanent methods of contraceptives in Ethiopia.

Method

The 2016 Ethiopian Demographic Health Survey data was used to identify factors associated with long acting and permanent methods. Data analysis was done using stata 15.1. Data were weighted to consider the disproportionate sampling and non-response. In addition, the effect of sample design was handled when computing confidence intervals and standard errors. Multi-nomial logistic regression model was used to identify factors associated with long acting and permanent contraceptive use.

Results

Long acting permanent method use increased from 0.5% in 2000 to 10.4% in 2016. Implant use showed the highest change from 0.04% use in 2000 to 7.9% in 2016. The odds of long acting and permanent method use is higher among women with richer wealth index (RR 2.39; 95%CI 1.16 – 4.92), sales workers (RR 2.12; 95%CI 1.13 – 3.99), desired number of children is high (RR; 4.50, 95%CI 1.44 – 14.04) and ever heard family planning messages by phone (RR 3.4; 95%CI 1.2 – 10.1). The odds of long acting and permanent method use was lower among female headed households (RR 0.28: 95%CI 0.12 – 0.62) and women who had history of abortion (RR 0.25: 95%CI 0.12 – 0.53).

Conclusion

The level of long acting and permanent methods of contraceptive use is low in Ethiopia compared to the national target. Using mobile based text message may improve long acting and permanent methods use in Ethiopia.

O-02- Integration of Family Planning with Abortion Services in Three Cities of Malawi: A Cluster Randomized Trial

Oral

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1. Chipembere Community Development Organisation, 2. Umodzi Youth Organisation, 3. CCDO, 4. Malawi Scotland Partnership (Masp)

Background

The study which was carried out by a consortium of three organizations to define optimal ways to introduce post-abortion family planning services (PAFP) in urban areas in Malawi to increase the use of effective contraceptive methods and adherence to condoms to reduce the rate of unwanted pregnancies and induced abortions.

Method

A total of 24 health facilities were paired and randomly assigned to either of the two intervention packages: an essential package (Package A) and a comprehensive package (Package B). Package A included provision of limited information and referral to existing family planning services, Package B included face-to-face counseling, provision of contraceptive methods, male involvement, in addition to Package A. Women seeking abortion at these hospitals were interviewed at the time of the abortion and six months later. At the interview six months later, women were asked about use of contraceptive methods and abortion during the follow-up period to measure the effectiveness of FP in reducing cases of unsafe abortion. Data were collected both before and after implementation of the intervention. This analysis was based on women of younger than 25 years seeking abortion at 14 hospitals (7 pairs) that strictly followed the randomization.

Results

A total of 2184 women, 1104 before and 1080 after intervention, were followed up after six months, 59.3% of those interviewed during the abortion. During the follow-up period, 1935 women (88.6%) had sexual intercourse. Overall, Package A affected couples' behaviour in use of contraceptive methods, whereas Package B increased couples' use of effective methods (96.2% vs. 90) and adherence of condom use. The rate of unwanted pregnancy and repeated abortion was somewhat reduced after either of the intervention packages.

Conclusion

A comprehensive family planning services may be superior to a simple approach for increasing use of effective contraceptive methods and use adherence among abortion-seeking couples.

O-03 - Knowledge, Attitude and Practice (KAP) of Health Providers towards Safe Abortion Provision in Addis Ababa Health Centers

Oral

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Background

Unsafe abortion remains a reality for many Ethiopian women and will remain so until safe abortion is more accessible across the country. The House of Representatives of the Federal Democratic Republic of Ethiopia (FDRE) revised the abortion law and Ministry of Health (MoH) of FDRE developed a revised technical and procedural guideline for safe abortion services in Ethiopia; emphasizing the need to increase knowledge and practice of health service providers on safe abortion care (SAC) and access to safe terminations of pregnancy at high standard and quality.

Method

A facility based descriptive cross-sectional study using structured self-administered questionnaire was conducted between July and August 2015. A total of 405 mid-level providers (MLPs) were included from 30 randomly selected health centers of 10 sub-cities. SPSS version-21 was used for data entry, cleaning and analysis. Results presented using frequency tables, percentages, means, Odds ratio and 95% confidence limits.

Results

Among the total respondents 71.9% knew the definition of abortion in the in Ethiopia context, 81.5% participants were familiar with the revised abortion law and 53.1% of respondents had knowledge above the mean related to safe abortion care. Only eighty-three (20.5%) of respondents were trained on safe abortion and among them sixty-eight (81.9%) were practiced safe abortion services. Half of respondents gave post abortion family planning methods. About 54.1% respondents had positive attitude towards safe abortion. Providers who had knowledge above the mean related to safe abortion care (OR 2.019, 95 % CI 1.335-3.055) and male providers (OR 1.591, 95% CI 1.044-2.426) were more likely to have positive attitude towards safe abortion services.

Conclusion

Authorities and facilities should train and update the health care providers about types of procedures, reproductive rights & ethical obligation to provide safe termination of pregnancy, and to increase MLPs involvement in safe abortion services.

O-04 - Determinants and Outcome of Safe Second Trimester Medical Abortion at Jimma University Medical Center, South West Ethiopia

Oral

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Background

Although the majority of abortions are performed in the first trimester, still 10–15% of terminations of pregnancies take place in the second trimester globally. As compared to first trimester, second trimester abortions disproportionately contribute to maternal morbidity and mortality especially in low-income countries where access to safe second trimester abortion is limited. The objective of this study was to identify factors affecting and outcome of induced safe second trimester medical abortion (2nd TM-MA).

Method

Institution based cross-sectional study design was used to conduct a study among women who seek safe 2nd TM-MA services and admitted at gynecology ward. All (201) eligible study subjects were included who came for safe medical abortion service during data collection period. Data collected using pretested structured questionnaire through exit-interviewing and clinical data were abstracted from their chart. The data was entered into EpData version 3.1 then exported to SPSS version 21.0 for analysis. Multi-variable logistic regressions was used to identify predictors with 95% CI and P-value < 0.05.

Results

Out of 201 women participated in the study and admitted for safe 2nd TM-MA, 154 (76.6%) of them had complete abortion without any complication while the remaining 47 (23.4%) had incomplete abortion with one or more complication. Previous experience of abortion [AOR= 6.001, 95% CI= (3.766, 8.885)], gestational age [AOR=0.902, 95% CI= (0.074, 0.986)], parity [AOR=2.384, 95% CI= (1.040, 3.693)], cervical status [AOR=8.001, 95% CI= (5.715, 10.015)], overall waiting time for more than two weeks [AOR=0.531, 95% CI= (0.504, 0.963)], overall waiting time for two weeks [AOR=0.054, 95% CI= (0.006, 0.453)] and moderate anemia -(Hgb:7-10g/dl)- [AOR=0.071,95% CI= (0.004, 0.163)] were predictors for outcome of safe 2nd TM-MA.

Conclusion

The proportion of complete abortion without any complication is high as a favorable outcome. The outcome is strongly determined by cervical status, previous experience of abortion, and parity.

O-05 - Respectful Family Planning Service Provision in Sidama Zone, Southern Region, Ethiopia, 2018

Oral

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Background

Disrespect and abusive care are violations of basic human rights and are a serious global problem that need urgent intervention. In Ethiopia, attention has only lately been given to this problem. Therefore, the current study is aimed to assess the status of respectful family planning service in Sidama zone, south Ethiopia.

Method

Health facility-based cross-sectional study was conducted from June to July 2018. Data were collected from 920 family planning clients recruited from 40 randomly selected health facilities. The Mother on Respect index (MORi) questionnaire was used to collect the data through client exit interview. Partial proportional odds ordinal regression was employed to identify determinants of respectful family planning service.

Results

The level of respectful family planning service was found to be: Zero (0%) in the very low respect category, 75(18.5%) low respect, 382(41.52%) moderate respect and 463(50.33%) high respect. Being a short acting method client (AOR=0.3, 95%CI [0.12, 0.72]), participants' level of education (uneducated (AOR=0.39, 95%CI [0.25, 0.61]), elementary (AOR=0.41, 95%CI [0.23, 0.73]), low income (AOR=0.75, 95%CI [0.56, 0.99]), long waiting time (AOR=0.46, 95%CI [0.30, 0.69]), were negatively associated with moderate and high respect compared to low respect; while preference of male service providers (AOR=2, 95%CI [1.1, 3.8]), service providers' work satisfaction (AOR=1.55, 95%CI [1.13, 2.14]) and health workers' prior training on respectful care (AOR=8.75, 95%CI [4.61, 16.61]) were positively associated. Being a client of short acting contraceptives (AOR=2.1, 95%CI [1.42, 3.12]), preference of male service providers (AOR=0.55, 95%CI [0.4, 0.76]) and health workers' prior training on respectful care (AOR=3.03, 95%CI [2.24, 4.1]) had significant association with high respect compared to low and moderate respect.

Conclusion

The level of respectful care in Sidama zone is sub-optimal. Lower level of education, low income, long waiting time, short acting contraceptive users, lack of training and work unsatisfaction affect respectful service. We recommend Training for service providers to improve respectful care

O-06 - Factors Affecting Women Experiencing Abortion in Rural Communities in Malawi

Oral

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1. Centre for Social Concern and Development

Background

Safe and legal abortions are rarely practiced in the public health sector in Malawi, and rates of maternal mortality and morbidity from unsafe abortion is very high. Little is known about women's experiences seeking and accessing abortion in informal settlements in rural areas in Malawi.

Method

Seven focus group discussions were conducted with a total of 71 women and adolescent girls recruited from an informal settlement in Mwanza district. The interview guide explored participants' perceptions of unplanned pregnancy, abortion, and access to sexual and reproductive health information in their community. Thematic analysis of the focus group transcripts was conducted using MAX QDA Release 12.

Results

Participants described a variety of factors that influence women's experiences with abortion in their communities. According to participants, limited knowledge of sexual and reproductive health information and lack of access to contraception led to unplanned pregnancy among women and adolescent girls in their community. Participants cited stigma and loss of opportunities that women with unplanned pregnancies face as the primary reasons why women seek abortions. Participants articulated abortion stigma as the predominant barrier women in their communities face to safe abortion. Other barriers, which were often interrelated to stigma, included lack of education about safe methods of abortion, perceived illegality of abortion, as well as limited access to services, fear of mistreatment and mistrust of health providers and facilities and health centres.

Conclusion

Women in informal settlements in Mwanza district, Malawi face substantial barriers to regulating their fertility and lack access to safe abortion services. Policy makers and reproductive health advocates should support programs and activities that employ harm reduction strategies and increase women's knowledge and skills of and access to medication safe abortion outside the formal healthcare system.

O-07 - Discontinuation of Modern Contraceptive Use and Associated Factors among Reproductive Age Women in Rural Machakel District, East Gojjam Zone, Northwest Ethiopia

Oral

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Background

Worldwide, contraceptive discontinuation contributes to unplanned pregnancy and unwanted births that result in unsafe abortion and other obstetric complications.

The objective of this study was to assess the prevalence of discontinuation of modern contraceptive and associated factors among reproductive age group women in rural kebeles of Machakel District Northwest Ethiopia 2017.

Method

A community based cross-sectional study was conducted from March 13 to May 5, 2017 among 833 samples selected randomly. The data were entered and cleaned in EpiData version 3.1 then analyzed using SPSS version 20. Bivariate and multivariable logistic regression models were used to assess the association between each independent variable and outcome variable using odds ratio. $P < 0.05$ was considered as level of significance.

Results

The mean age of the study participants (+SD) was 29.83 ± 6.7 years. Majority (82.8%) of the participants were married, 94.7% were Orthodox Christians. The overall modern family planning method discontinuation rate was 23.6%. The main reasons for discontinuation were side effects; desire to have more children, husband and religious opposition and health concern. In multivariable logistic regression analysis showed that women who had developed side effect had 1.5 times more discontinuation than who had not developed side effect (AOR=1.5, 95%CI= 1.06-2.25). Women who were not attended formal education were 6.4 times more likely to discontinue modern contraceptive method than who attended secondary and above education (AOR=6.3, 95%CI=1.45-28.08).

Conclusion

It is concluded that the magnitude of modern family planning method discontinuation was high even though lower than the national findings. The main factors which have been found positively associated with modern contraceptive discontinuation were women marital status, educational status, parity and the presence of side effect.

O-08 - Knowledge and Attitude towards Induced Abortion among Medical Interns of Addis Ababa University, Ethiopia

Oral

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1. Addis Ababa University

Background

Ethiopia is a country that has shown significant reduction in maternal mortality in relation to unsafe abortion after the legalization of abortion in certain circumstances. Medical interns are the future physicians who will encounter many women in need of safe abortion during their careers. Their knowledge and attitude towards induced abortion will determine the practice of abortion.

Method

A cross sectional descriptive study was conducted using self-administered questionnaire that was distributed among all 240 medical interns of Addis Ababa University, School of Medicine between September and October 2018.

Results

Two hundred and five medical interns have participated in the study with 85.4% response rate. Female were 35.1% and male were 64.9%, with a median age of 24.5. The majority of the study participants, 63.1%, were followers of Orthodox Christian religion. Only 66.3% of the medical interns have the knowledge of all the indications for which the Ethiopia Abortion law permits safe abortion services. The law which states that a woman should get abortion service within 72 hours if indicated was not known by 71.4% of the study participants. Ninety-six percent (96%) of the interns believed safe abortion is important but only 54% of them were willing to provide safe abortion service themselves. The most common reason associated with unwillingness of the interns to provide safe abortion service was religion.

Conclusion

The study shows that most of the medical interns are aware of the indications to providing safe abortion using the current Ethiopian abortion law and that most have positive attitude towards the importance of safe abortion services. But there is a knowledge gap with regards to some of the components of the abortion law and the different methods for provision of safe abortion. A further integration of training on safe abortion and abortion law into the training of medical students can alleviate this knowledge gap.

O-09 - Intra-amniotic Digoxin Administration to Induce Fetal Demise Prior to Late Second Trimester Abortion as a First Experience in a Tertiary Health Facility in Addis Ababa, Ethiopia

Oral

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*Dr. Chava Kahn*², *Dr. Feiruz Surur*¹, *Dr. Berhanu Seboka*¹

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Background

Mortality related to unsafe abortion was the leading cause of maternal death in Ethiopia before 2005. This was partly due to a highly restrictive law; however, with revision of the law and a commitment to reduce maternal mortality, death related to unsafe abortion is very much reduced. A significant number of safe abortions occur in the second trimester (up to 28 weeks of gestational weeks). To address the ethical dilemma of transient fetal survival faced by health professionals providing safe abortion care beyond 20 weeks, many providers will induce fetal demise with intra-amniotic digoxin administration.

Method

We conducted a retrospective cross-sectional analysis of all clients who underwent safe abortion beyond 20 weeks at SPHMMC. All patients received 1 mg digoxin intra-amniotic on the day of initial presentation along with administration of mifepristone. On admission 48 hours later for induction abortion, assessment of fetal heart beat was performed. A structured questionnaire was used to collect sociodemographic and clinical characteristics. Data was analyzed and descriptive statistics were calculated using SPSS statistical package version 20.

Results

A total of 48 women were included our study. The success rate of induction of fetal demise with intra-amniotic digoxin was found to be 90%. The common side effect was vomiting seen in less than 7% of the cases and two patients (4%) had extramural delivery at home.

Conclusion

Intra-amniotic digoxin was safely and effectively introduced for safe abortion after 20 weeks at a tertiary health facility in Ethiopia.

O-10 - Modern Contraceptive Use among 15-34 Sexually Active Unmarried Young Females in Rwanda: Secondary Data Analysis of 2014-15 Rwanda Demographic and Health Survey

Oral

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Background

Adolescents and youth are dominating today's world with around a quarter of the whole world population; they are mostly not married but sexually active. All over the world unmarried youth are struggling to get access to family planning information and services due to several reasons. Their engagement in sexual behaviours without contraceptive use results in several consequences death including. This study aimed to determine current contraceptive prevalence rate as well as determinants of modern contraceptive use among 15-34 years old sexually active unmarried young females in Rwanda.

Method

This was a cross-sectional study that used secondary data of 2014-15 Rwanda Demographic and Health Survey data. It is a nationally representative survey done each 5 to ten years as part of global demographic and health survey. A total of 1498 unmarried sexually active females aged 15-34 were selected from the entire dataset. Analysis was done using Stata /SE 13; Univariate, bivariate and multivariate analysis were used to compute the prevalence and factors associated with modern contraceptive methods use among unmarried young females aged 15-34 years in Rwanda.

Results

The prevalence of modern contraceptive use was 11.4%. Age of respondents (Odds=5, 95% C.I:2.65-9.44), religious belief (Odds =3.29, 95% C.I:1.58-6.8), employment (Odds =1.37, 95% C.I:1.02-1.83) being visited by family planning worker (Odds =1.59, 95% C.I:1.2-2.5), and being told about family planning in last 12 months prior to survey (Odds =2.77, 1.8-4.23), were all significantly associated with modern contraceptive use among sexually active unmarried young females aged 15-34 years. It is important to note that this was a secondary data analysis all important independent variables were not included.

Conclusion

Modern contraceptive use among sexually active unmarried young females aged 15-34 years is relatively still low. Interventions aiming to improve knowledge, accessibility and attitudes to contraceptive methods use among unmarried young female are recommended.

O-11 - Determinants of Intention to Use Family Planning Methods in the Four Emerging Regions of Ethiopia: Ideation Score Based Assessment

Oral

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Background

“Ideation” refers to ideas and views that people hold and has been identified as an important explanation for differences in contraceptive use within and across countries. This study aims to identify ideational factors that influence intention to use family planning (FP) among reproductive age women of the four emerging regions in Ethiopia.

Method

A quantitative cross-sectional study of 2891 reproductive age group women was carried out. A multi stage stratified systematic random sampling technique was employed to select the study participants. The data was collected using tablets equipped with Open Data Kit. In order to assess the impact of ideation on intention to use FP, 41 items are identified. These items converted to binary form to generate ideation score (0 to 41). These 41 items further grouped into five ideational factors using confirmatory factor analysis (CFA). Determinants of intention to use FP were examined using multiple binary logistic regression. A p-value < 0.05 was considered as statistically significant.

Results

Findings of this study showed that the proportion of women intend to use FP increases as ideation score increases. Perceived self-efficacy was an important ideational factor of intention to use contraception in all regions (p- Value < 0.05). Myth and rumor was also an important dimension of ideation in all regions except in Ethiopia Somali (p-Value > 0.05). Perceived level of family support and contraception awareness were significant predictors of intention to use FP methods in Afar region only. Discussion with family was not found significant in all the regions.

Conclusion

The health bureaus in the four regions should focus on increasing perceived level of self-efficacy for FP use. Demystifying rumors would contribute to improved intention to utilize FP among women in Benshangul Gumuz, Afar and Gambela regions. Encouraging family support and increasing contraception awareness would improve intention to use FP in Afar region.

O-12 - Unsafe Abortion and Associated Factors Among Women in Child Bearing Age Attending Maternal and Child Health Care of Public and Private Unit Health Facilities, in Jigjiga City Council Administration Somali Region, Ethiopia in 2018

Oral

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Background

Unsafe abortion is defined by the World Health Organization as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an unsafe environment. Unsafe abortion is one of the greatest neglected problems of health care in developing countries and a major medical and public health problem in Ethiopia. However, there is limited scientific information available on the women who seek unsafe abortion. Therefore this study was done to assess unsafe abortion and associated factors of among women in child bearing age attending Jigjiga town, Somali Region, Ethiopia, 2018.

Method

Institution based cross-sectional study was conducted from February – June 2018. Data were collected by using structured questionnaire involving 393 study participants attending maternal and child health unit of selected health facilities in Jigjiga. Data entry and analysis was made by using Epi DATA version 3.1 and SPSS version 20.0 statistical packages. Descriptive and Logistic regression analysis with 95% confidence interval was done. Measure of association was assessed through adjusted odd ratio. A $P < 0.05$ was considered as statistically significant.

Results

The prevalence of unsafe abortion was reported 28.8 %.(24.2%, 33.3%). Factors that showed significant association were residence of the women AOR = 2.37 (95% CI = 1.01-5.54), occupation [AOR = 2.843 (95% CI = (1.031-7.844)] and legalization of abortion [AOR = 2.135 (95% CI = 1.231-3.703)] were found to be significant predictors of unsafe abortion in Jigjiga town.

Conclusion

In this study unsafe abortion is found to be high in Jigjiga town and factors like resident occupation and legalization of abortion in Ethiopia were found to be significantly associated. Therefore, the government should pass the law to approve every individual whom want to terminate her pregnancy to minimize the risk of unsafe abortion.

O-13 - Focused Family Planning Counseling Increases Immediate Postpartum IUCD Uptake: A Quasi Experimental Study

Oral

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Background

In Ethiopia, 58% of unmarried women use contraceptive methods, 55% used modern and 3% traditional. Intra-uterine Contraceptive Device use was 2% among married and 1% among non-married women in 2016. Although postpartum women want to space/limit subsequent births, postpartum counseling for family planning is not so strong.

Method

Quasi-experimental study design was employed from April 01 to May 30, 2017 among 726 immediate postpartum mothers, 484 non-intervention and 242 intervention groups. Focused family planning counseling cue card adapted from WHO guideline based on constructs of Health Belief Model was given to intervention group while control group given usual service counseling. Questionnaire was used for data collection. Descriptive statistics, bivariate and multivariable analysis was done.

Results

Mean age of intervention and non-intervention groups were 26.9(+5.4SD) and 25.7(+5.4SD) years respectively. Odds of post-partum Intra-uterine Contraceptive uptake among intervention group was six times higher (AOR: 5.92; 95% CI: 2.79, 12.60) compared to their counter parts. Being unmarried (AOR: 12.96; 95% CI: 4.30, 34.56), higher education level (AOR: 3.07; 95% CI: 1.13, 8.36), grand multi-Para (AOR: 3.76; 95% CI: 1.58, 8.95), husband decision for family planning (AOR: 0.16, 95% CI: 0.07, 0.38) and higher knowledge on family planning (AOR: 5.92, 95% CI: 2.79, 12.60) were factors associated with IUCD uptake.

Conclusion

Focused counseling increased immediate post-partum Intra-uterine Contraceptive uptake. Special attention should be given to mothers with married, less educated, less than grand-multiparous, husband not involved in family planning decision and less family planning knowledgeable.

O-14 - Return of Menstruation and Perceived Risk of Pregnancy among Exclusive Breastfeeding Women in South West Nigeria: Implications for Timely Introduction of Active Contraception

Oral

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Background

Studies have shown that there are misconceptions about timing of return of menstruation after delivery and the associated risks of unplanned pregnancy. The study assessed pattern of resumption of menstruation among women practicing exclusive breastfeeding in Ife Central Local Government Area, Nigeria, identified the determinants of variations in the resumption of menstruation and determined the proportion of women at risk of pregnancy.

Method

Descriptive cross-sectional survey which employed qualitative and quantitative design. Data were collected from 500 exclusive breastfeeding women using a two-stage sampling technique, while Focus Group Discussion was used for the qualitative study in selected health facilities. Three levels of analysis involving univariate, bivariate and multivariate analysis were carried out. Level of significance was at $P < 0.005$. Qualitative responses were analysed thematically.

Results

33% of the women had resumed menstruation at the time of the study while 67% of the breastfeeding women remained amenorrhoeic at sixth month postdelivery. 75% of the women relied only on Lactational amenorrhoea as a means of contraception while only 25% used modern contraceptive method. Age (OR = 0.248, 95% CI=0.121-0.508, $P=0.001$) and Parity (OR=0.574, 95% CI=0.334-0.987, $P=0.045$) were the most significant determinants of resumption of menstruation. Participants at the FGD similarly identified age of women as a factor that could influence duration of amenorrhoea. Assessment of women's actual risk of unplanned pregnancy revealed that 70% of the women were assessed to be at low risk of pregnancy while 30.0% were assessed to be at high risk of pregnancy. However, only Four (0.8%) of the women were confirmed pregnant at the time of this study. However none of the women using modern contraceptive method was confirmed to be pregnant.

Conclusion

While most women on exclusive breastfeeding remained amenorrhoeic at six months after delivery and were observed to be at low risk of pregnancy but the risk remains.

O-15 - The Magnitude and Determinants of Repeat Induced Abortion among Reproductive Age Women Seeking Abortion Care Services at Health Institutions in Debre Markos Town, Amhara Regional State, Ethiopia, 2017: Cross Sectional Study Design

Oral

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Background

Repeat induced abortion accounts for a significant proportion of all induced abortion in many countries, with reports ranging from 16% to 71%. Repeated terminations of pregnancy have been associated with numerous adverse sequelae. Despite the efforts done to improve Family Planning access and Post Abortion Care, the higher magnitude of repeat abortion in Ethiopia is worrisome and it was not clearly explained.

Method

This institutional based cross-sectional study investigates a sample of 567 reproductive age group women who received induced abortion service at health institutions in Debre Markos town. Multi stage sampling technique was used to select the sampling population. Data were collected using a pre-tested, interviewer administered, questionnaire. Data were entered using Epi info statistical software version 7 and then exported into SPSS statistical software version 20 for analysis. Binary and Multivariable Logistic regression model was used to determine the association of independent variables with the outcome variable

Results

The magnitude of repeat induced abortion was found to be 34.9%. Those who have No education (AOR=8.45, 95%CI; 1.85, 36.49), Primary educational level (AOR=5.46, 95%CI; 2.06, 14.47), secondary educational level (AOR=12.96, 95%CI; 6.16, 27.29), Urban residents (AOR=5.14, 95%CI; 2.29, 11.53); students (AOR=2.62, 95%CI; 1.06, 6.45); had multiple sexual partners (AOR=6.16, 95%CI; 3.25, 11.68); those who use alcohol (AOR=2.77, 95%CI; 1.52, 5.05), had a history of physical violence by a male partner (AOR=2.68, 95%CI; 1.45, 4.94) and cited incest as a reason for having induced abortion (AOR=0.10, 95%CI; 0.01, 0.55) were significantly associated with the risk of repeat induced abortion.

Conclusion

According to this study, magnitude of repeat abortion in Debre Markos town health institution was similar to the previous studies done in this country. Less education, students, urban residents, those who had a multiple sexual partner, reason for abortion, alcohol use, and victims of physical violence were significantly associated with repeat induced abortion.

O-16 - Modern contraceptive use Among Partnered (Sero-Concordant) ART Service Users in Selected Public Health Centers of Addis Ababa, Ethiopia

Oral

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1. Sante Medical College of Health Sciences

Background

Meeting the family planning needs of partners with HIV has great potential to reduce the number of HIV positive births. Despite the importance of family planning for people living with HIV/AIDS (PLWHA) little is known about both the prevalence, and associated factors that contribute to the use of modern contraception.

Method

A facility based cross-sectional study was conducted in ten selected public health centers of Addis Ababa from May to June 2017. One health center from each of ten sub cities of Addis Ababa was included selected by simple random sampling technique. Using systematic random sampling technique 414 partnered ART users were interviewed. Pretested and structured questionnaire was utilized to collect the data. Data entered and analyzed using SPSS version 20.0.

Results

Of the 414 partnered ART users interviewed 322 (77.8%) were females. The prevalence of modern contraceptive usage was 63.8%. Multiple logistic regression analysis showed that respondents educational status, secondary education, (AOR= 28.62, 95% CI (11.61, 70.358)) was significantly associated with practice of modern contraceptive use. Similarly, those partners who had three or more children were more likely to use any modern contraceptive methods (AOR= 0.24, 95% CI (0.09, 0.58)) compared to those who have no children. In addition, those respondents in age group 18-28 had shown a greater likelihood to use contraception methods (AOR=13.68, 95% CI (4.60, 40.71)). Most of the respondents 198 (75.0%) prefers to get FP in the same unit they get the ART treatment.

Conclusion

The practice of modern contraceptive method is high. Young age and secondary education were significantly associated with use of modern contraceptive methods. It is therefore recommended that raising the status of partners through education, and provision of family planning services at ART unit are the prime importance for the utilization of contraceptives.

POSTER PRESENTATIONS

P-01 - Improved Continuity of Post-natal Care and Family Planning Use through Educating Midwifery/Family Nurse Practitioners

Poster

Prof. Ruth Zielinski¹

1. University of Michigan

Background

The dual focus of midwifery (NM) and family nurse practitioner (FNP) education prepares graduates to provide primary care for the whole family; ideal for areas with critical shortages of health professionals. Attendance at post-natal visits is often low, if NM/FNPs provide care for mother during well child exams they can also address FP needs. The educational approach integrates the essentials of nursing graduate education in an environment that includes classroom, skills lab and the clinical setting. Family planning is a core component of midwifery education. The purpose of this pilot project was to determine feasibility of implementing a graduate NM/FNP program in Haiti and to determine if continuity of care in the postpartum period was improved.

Method

The curriculum was designed using standards of the National Organization of Nurse Practitioner Faculties and the International Confederation of Midwives and developed through a collaborative process with faculty at University of Michigan & FSIL as well as physicians, midwives and nurses in Haiti. The first cohort began May 2018 and will graduate in 2020. The courses are taught sequentially and delivered in a blended format.

- Acceptability: Applicant, matriculation rates, & retention.
- Logistics: Adequacy of facilities, faculty & curriculum
- Effectiveness: Knowledge and skill acquisition and retention.
- Adaptability: Challenges and adaptations to country specific needs.
- Success: Graduate hire rates, sustainability, transferability to other settings.
- Satisfaction: Student and stakeholder evaluations.

Results

The project is underway, identified challenges include finding clinical sites, student's work schedules and internet availability. At the time of the presentation preliminary data regarding acceptability, logistics, satisfaction with initial coursework and adaptability will be presented.

Conclusion

Meeting FP needs in lower resourced countries requires innovation in healthcare provider type as well as content of preservice education. NM/FNPs have the skills and knowledge to provide continuity of care for post-natal women; increasing uptake and continuation of FP.

P-02 - Midwifery Helpline (MHL)

Poster

*Dr. Abdul Malik Faize*¹, *Dr. Zelaikha Anwari*¹, *Dr. Bannet Ndyanabangi*²

1. MOPH, 2. UNFPA

Background

Maternal mortality among Afghan women is high, standing at 661 in 2015 and CPR is very low, standing at 20% in 2015. MOPH realized that due to the pressing needs, trained midwives were immediately deployed to work in the field after graduation without any mentor-ship to enhance their practical skills. Thus there is a need for 24/7 services to assist midwives during their practices when they face challenges to support maternal and newborn emergency cases or either has queries about reproductive and family planning services. UNFPA and the Ministry of Public Health jointly initiated in 2016 the Midwifery Help Line (MHL).

Method

The Midwifery Help Line is a toll-free helpline functional 24/7 and operates by two gynecologists and two midwives at Rabia Balkhi Maternity Hospital in Kabul, Afghanistan.

Results

The MHL has responded to 3551 calls from the public and private health facilities across the country. The majority of calls (22%) sought guidance on the management of delivery complications, 12% of calls asked help on family planning, 5% of calls asked support on the management of Pre-eclampsia and Eclampsia. Another 5% of calls asked help on the management of postpartum hemorrhage and 5% management of incomplete or threatened abortion and post-abortion management. The remaining 51% calls requested assistance on other issues

Conclusion

MHL is useful and quick access to support and technical guidance for health workers in particular midwives working in very remote and insecure areas of the country where direct mentorship and on the job training of midwives by expert is not possible, the MHL gives confidence and skills to enable midwives to provide 24/7 maternal and newborn life-saving and FP services, also it guides timely and informed referral of complicated cases.

P-04 - Improving the Quality of Family Planning Services Using the 72-hour Clinic Makeover Approach. Experience from Four States in Nigeria

Poster

Dr. Lekan Ajjola¹, Dr. Deborah Samaila¹, Ms. Tobi Komolafe¹, Mrs. Chidinma Owanlan¹, Dr. Mukhtar Muhammad¹, Mr. Yakubu Abubakar¹, Mrs. Jumoke Adekogba¹, Ms. Oluwayemisi Ishola¹

1. Johns Hopkins University Centre for Communication Programs

Background

A significant number of facilities in Nigeria do not meet the required standards for provision of quality health services, including family planning (FP) services. The facilities do not provide conducive environment for FP services due to space constraints and lack of necessary equipment. This is worsened with inadequate number of trained FP providers across facilities offering services. Provision of quality FP services is key to ensuring that clients return to the communities satisfied. The 72-hour clinic makeover is an approach that entails upgrading the facilities to have the minimum required space and equipment for the provision of FP services.

Method

High volume facilities were selected across 4 states and assessment conducted to identify space constraints and equipment gap. Scope of work for facility upgrade was determined in line with provision of designated spaces for FP waiting area, counselling and procedure rooms. Selected facilities were upgraded within 72hrs using local artisans and equipment procured and installed for service provision. FP providers in these facilities were trained on FP.

Results

A total of 22 facilities were upgraded across 4 states within a period of 7 months. The minimum FP equipment were supplied and installed, and FP providers trained on FP. Average cost of the makeover per facility was USD 5,000. Perceived improvement in the quality of services as evidenced by an increase in the number of new FP acceptors after makeover ranging from 77% to over 300% increase across facilities upgraded.

Conclusion

The 72-hour clinic makeover creates a conducive environment for FP service provision in Nigeria. The approach is seen to boost the morale of FP providers to provide quality FP services as well as that of clients through perceived improvement in services received. Improved quality of FP services assures satisfied FP users thereby increasing demand and ultimately increasing contraceptive prevalence rate in the country.

P-05 - Whole Site Orientation: An Approach to Improving Quality and Access to Family Planning Services in 5 Northern States of Nigeria

Poster

Dr. Deborah Samaila¹, Dr. Lekan Ajijola², Dr. Mukhtar Muhammad¹, Mr. Yakubu Abubakar¹, Dr. Olusola Solanke¹, Mrs. Grace Ifenne¹, Dr. Muknaan David Nshe¹

1. Johns Hopkins University Centre for Communication Programs, 2. The Challenge Initiative - Nigeria

Background

Improving quality and access to family planning (FP) services is paramount to increasing uptake of services. In northern Nigeria, there is low uptake of FP services due to decreased information and myths and misconceptions about FP and its use. Provision of adequate FP information in a conducive environment helps to improve the quality of services. Whole site orientation (WSO) is an approach targeted at providing information on FP and improving the FP knowledge of both clinical and non-clinical staff in a facility.

Method

WSO was conducted quarterly across 55 selected facilities in 5 states from October 2017 to September 2018. This occurred either in the morning before start of work or afternoon when the patient workload has reduced and selected topics on FP are discussed. Some of the topics included; brief overview of FP methods, benefits of FP, myths & misconceptions in FP and side effects. The facility FP provider facilitates the WSO. The orientation is done at no cost, on-site and sometimes weekly staff meeting is leveraged upon.

Results

In the past 1 year, 55 supported facilities with 1,408 staff in attendance have received WSO. Noticeable improvement in the knowledge of non-clinical workers on issues of FP. Significant increase in the uptake of FP services have been noticed in facilities that have implemented WSO compared to new scale up facilities. Intra-facility referral for FP services from other service delivery points within the facility has also significantly increased due to WSO for providers in other departments.

Conclusion

WSO is an effective way of ensuring dissemination of knowledge of FP information within the health facility. It provides a good platform to disabuse the minds of non-clinical providers of myths and misconceptions about FP, and in turn increase access to contraceptive services. This approach can be adopted for other health programs with attendant stigma and discrimination.

P-06 - The Role of Technology in Increasing Access to Family Planning Information and Knowledge: Lessons from TCI University

Poster

*Ms. Nneoma Anieto*¹, *Dr. Lekan Ajijola*², *Dr. Victor Igharo*², *Mrs. Kaseina Dashe*¹

1. Johns Hopkins University Centre for Communication Programs, 2. The Challenge Initiative - Nigeria

Background

Exchange of lessons-learned and knowledge of best practices is invaluable in the implementation of health programs including family planning programs. Family planning practitioners require access to proven-to-work tools and models in family planning. Technology has proven to be an effective means of sharing and disseminating information widely. The Challenge Initiative (TCI) University popularly known as TCI-U is a simple and user-friendly online FP platform which houses resources of proven-to-work models, tool-kits, lessons learned and best practices.

Method

TCI launched TCI-U in September 2017 and has continuously introduce family planning Program Managers and Implementers across Nigeria using different platforms including meetings and trainings. TCI identified and trained Master Coaches to respond to coaching requests and provide further family planning information required by users. TCI consistently updates the website with new lessons and tools on family planning.

Results

In one year of existence, TCI-U has over 3500 registered users from Nigeria and over 24,000 users globally. The website has so far recorded over 8,800 learning sessions from users in Nigeria, and over 40 formal coaching requests attended to. In the past year, the University had over 42,000 page-views from users in Nigeria and over 200,000 page-views globally.

Conclusion

Technology is an invaluable tool for increasing access to information and knowledge on FP and other related health matters. Increased information for family planning Program Managers and Implementers will help improve family planning program implementation.

P-07 - Does Integrated State Family Planning Work-plan Contribute to Efficiencies in Budgeting and Implementation of Family Planning Programs? Experience from Ten States Implementing The Challenge Initiative Program in Nigeria

Poster

Dr. Lekan Ajijola¹, Dr. Victor Igharo¹, Dr. Olukunle Omotoso¹, Dr. Deborah Samaila¹, Dr. Oluwadamilola Opawale¹, Ms. Nneoma Aniето¹, Ms. Oluwayemisi Ishola¹, Mr. Olumide Adefioye¹

1. Johns Hopkins University Centre for Communication Programs

Background

Funding for family planning (FP) programs in Nigeria is largely donor-driven with many states implementing parallel FP programs. Consequently, states have multiple FP work-plans developed in partnership with different partner organizations. Funding from the state government usually doesn't align with these partner organizations' work-plans and there is high likelihood of duplication of funding and that of interventions. The Challenge Initiative (TCI) is an urban reproductive health program designed to support cities and states to lead the implementation of high impact FP interventions. The purpose of this review is to assess the impact of integrated state FP work-plan in improving efficiencies in budgeting and implementation of FP programs.

Method

TCI conducted advocacy visits to key policy makers and technocrats across ten supported states to get their buy-in on the need for an integrated FP work-plan at the state level. Following the buy-in, the states were supported to lead the development of annual integrated and costed FP work-plans with partners in attendance. The work-plans developed clearly articulated government-funded FP activities as well as those funded by partners working in the FP landscape in the states.

Results

All ten states engaged developed integrated and costed FP work-plans for the implementation of FP programs in their respective states. Partner funded activities were complementary to those funded by the government. Activities on the work-plans funded by partners were synergistic rather than competitive. Broader geographies were covered in the implementation plan as a result of partner collaboration.

Conclusion

Integrated state FP work-plan is crucial to ensure harmonization of FP programs and interventions at the state level. This has shown to improve efficiencies in budgeting by maximizing the utilization of funds from partners and government for FP interventions. It also helps government to recognize the total budget required for FP in the state and allows for effective coordination of implementation.

P-08 - Funding for Family Planning Programs in Nigeria; The Challenge Initiative's Model of Catalyzing Government Domestic Funding and Resource Leveraging from Implementing Partners

Poster

Dr. Lekan Ajjola¹, Dr. Victor Igharo¹, Ms. Dorcas Akila¹, Ms. Priscilla Usiobaifo¹, Ms. Mbuotidem Brendan¹, Mrs. Kaseina Dashe¹

1. Johns Hopkins University Centre for Communication Programs

Background

Domestic funding for family planning programs (FP) in Nigeria remains very low, with federal government allocation for procurement of FP commodities recently increased from 3 million USD annually to 4 million. State governments still grapple with issues around prioritizing funding for FP as they prefer to fund visible capital projects like infrastructure and road construction projects. The Challenge Initiative (TCI) is an urban reproductive health program designed to support cities and states to fund and drive the implementation of high impact FP interventions, with technical assistance from TCI. The objective of this review is to assess how the TCI model is able to catalyze domestic funding for FP across states in Nigeria.

Method

TCI identified ten states in Nigeria with varying levels of financial and political commitment to FP program. Advocacy was conducted to key policy makers to ensure creation of FP budget lines and allocation of budget for FP interventions in the state. The states were supported to develop costed FP work-plans highlighting government funded activities. In addition, TCI supported respective state government to lead partner coordination activities to align activities and leverage resources for FP.

Results

Allocation of government funding for FP in the state annual work-plans to the tune of USD 1,950,528 across the ten states engaged, with a lower limit of USD 92,151 and upper limit of USD 277,190 annually. An additional USD 555,271 leveraged for FP program implementation from implementing partners working in these ten states.

Conclusion

Funding is key for successful implementation of health programs including RMNCH programs especially at the state level. Domestic funding by government is critical for ownership and sustainability. Leveraged funds from partners should only complement domestic funding and not be solely depended on as primary funding source for programs at the state level.

P-09 - Identifying Influencers of Adolescent and Youth Reproductive Health Information and Services in Niger State, Nigeria: A Netmapping Exercise

Poster

Ms. Priscilla Usiobaifo¹, Dr. Kabir Abdullahi¹, Dr. Victor Igharo¹

1. The Challenge Initiative - Nigeria

Background

One in every five young women in Nigeria aged 20-24 years has debuted sex by 15 years and 23% have had a live-birth or reported being pregnant - 2013 NDHS. The Challenge Initiative mapped adolescent and youth in urban areas to contextualize their realities, and ability to demand and access RH services using net-mapping, a social analytical tool for discerning deep rooted structural challenge.

This abstract presents results of a net-mapping exercise which identified influencers of adolescent and youth uptake of reproductive health information and services in Niger State, Nigeria.

Method

A net-mapping exercise was conducted with stakeholders from youth lead groups, line ministries, and experts, using net-mapping tools. Net-mapping is a five-stage diagnostic process that contextualizes the issue of interest into questions, followed by identification of actors, link/relationships, interest and score. Suggestions were demonstrated (net-mapped) by using colour markers on a wide plain sheet. This process is combined with participatory impact pathway analysis (PIPA). The PIPA described plausible impact pathways (i.e. distribution of actors based on their influence and interest) that can be targeted for uptake of RH information and services by adolescents and youth in the State. Notes in numerical values are digitized using Datamuse.

Results

About 41 core issues on FP uptake were raised. 111 actors (9 groups) were identified with 4 links namely: Advocacy, Services, Funding and Information. Actors with strong negative interest were Religious Leaders and Traditional Medicine Vendors.

Conclusion

The net-mapping exercise show how actors are connected in practice and key leverage points for AYRH Program designs to impact on mCPR among adolescents and youth people aged 15 – 24 years.

P-10 - Support or Not to Support: Parents' Dilemma on Abortion Services for Daughters in the Tamale South Constituency of Northern Ghana

Poster

Mr. Aminu Danaa Issah¹, Mr. Mohammed Awal Alhassan¹

1. NORSAAC

Background

This study assess the views and attitudes of parents regarding their support for abortion services for their daughters. The study was conducted in the Tamale South Constituency in Northern Ghana. It was a young people-led one that employed the purposive sampling procedure to select the Wamale Community in the Tamale South Constituency.

Method

The study interviewed 50 parents who had child/children above 10 years old. The data were analyzed both quantitatively and qualitatively. Also, two focus group discussions were conducted by the young people.

Results

It was found that about 90% of parents quickly responded no when asked whether they will support their daughters to seek abortion care. However, more than 70% agreed that there are certain conditions under which they would support their daughters to seek abortion care including the need for the child to further her education and to avoid child marriage. Most parents (about 65%) will not be involved in the process even if they agree for their daughter seek abortion care. Also, a significant statistical relationship was found between parents' level of education, wealth quantile, occupation and support for daughters to seek safe abortion ($P=000$). The contra-diction found was that, despite parents' conditional support for abortion care for their daughters, majority (that is, 60%) still thought the abortion law should still be restrictive. There was however no significant statistical relationship between sex of parent and support for daughter's abortion services.

Conclusion

This study contributes to policy scrutiny and subsequent recommendation for the revision of provisions of the legal documents on abortion in Ghana. The study preliminary recommends the law to make it legal for citizens to voluntarily seek abortion care at approved facilities. The study further recommends the inclusion of abortion services into the National Health Insurance scheme (NHIS) in Ghana.

P-11 - Uptake of Family Planning Methods amongst Women Living with HIV in Obio Cottage Hospital, Rivers State, Nigeria

Poster

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1. FHI360, 2. Devtech Systems, 3. SPDC, 4. Obio Cottage Hospital, 5. Clinton Health Access Initiative, 6. FHI

Background

Uptake of Modern family planning methods among people living with HIV (PLHIV) has remained poor globally, especially in sub-Saharan Africa. The objective of this study was to ascertain the use and factors influencing the uptake of modern family planning methods among women of reproductive age who are living with HIV (WLHIV) and enrolled into the HIV care and treatment (HCT) program in Nigeria.

Method

A retrospective data review was done between February 2013 to December 2017. Focused on WLHIV who were ever enrolled into HCT at the Obio Cottage Hospital in Obio-Akpor LGA in Nigeria. Data were extracted from the ART electronic medical records (LAMIS) and the National FP register. Descriptive and bivariate (Chi Square) data analyses were used to examine FP uptake and age, marital status, education, and occupation. Statistical significance was considered at $p \leq 0.05$.

Results

Seven hundred women were enrolled into the HCT program. Fifteen percent (110) of the women had ever used FP methods, with short acting methods (particularly condoms) constituting 94% of the contraceptives used and long acting methods (implants only) accounting for the remaining 6%. Use of FP methods among married women (95%) was found to be much greater ($p = 0.001$) than among those not in union (5%). There was a trend for higher FP method use among those employed (71%) compared to others ($p = 0.09$). There was no association between ever use of FP methods and educational attainment ($p=0.7$).

Conclusion

Ever use of FP methods among WRA living with HIV in this study was low (15%). However, this was similar to, but slightly lower than current use of modern contraceptive methods among all WRA (17.5%) in Rivers State. These study findings highlight the need to expand FP method options, beyond condoms, among PLHIV and the need for targeted and innovative FP interventions for all HIV-positive women.

P-12 - Social Media Usage and Predictors of Risky Sexual Behavior among Pre-College Students in Adama Town, Ethiopia

Poster

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1. College of Medicine, University of Ibadan, Ibadan

Background

The rate of STIs (Sexually Transmitted Infections), including HIV has increased in recent years in Ethiopia. Many adolescents and young people still do not protect themselves against unintended pregnancies and STIs. A study in Ethiopia showed that the median age at first sex is dropping: for males 16-18 years and for females 13-15 years[4]. Another study in Bahir Dar also showed that there is an association between watching pornographic videos, attending nightclubs, khat chewing and taking alcohol frequently with having unsafe sex and having multiple sexual partners[5].

Method

School based cross-sectional study design was used. The sample size was 364, from all pre-college schools in Adama Town.

Results

Descriptive statistics and Bivariate and multivariate analyses were used to identify the relationship between the outcome variable and independent variables.

The mean age of sexual initiation was 16.1 (± 2.72) Years of age. A significant number of students engaged in anal and oral sex; social media usage for sexual activity and having multiple sexual partners were also observed among students. About 7% of students used social media for watching pornography. The odds of risky sexual behavior were higher among social media users compared to their counterpart non-users AOR= 1.23(95% CI 1.13, 3.12). The odds of risky sexual behavior were higher among nightclub goers AOR = 4.294 (95% CI: 2.033, 9.073). Peer pressure was a significant predictor for risky sexual behavior AOR = 6.97 (95% CI: 4.24, 9.69). There was also a strong association between substance abuse and risky sexual behavior.

Conclusion

Rigorous social media usage for sexual acts, favorable attitude towards the recent emerging sexual behaviors or sexual practice such as anal and oral sex, having multiple sexual partners, substance use, preferring nightclub as entertainment place and presence of high peer pressure for sex as predictors of risky sexual behavior among Pre-College students in Adama town.

P-13 - Contraceptive Use among HIV-Positive and Negative Women: Implication to End Unintended Pregnancy

Poster

Dr. Amanual Getnet Mersha¹

1. University of Gondar

Background

There was paucity of data regarding comparative use of contraceptives among HIV-positive and negative women in Ethiopia. The current study aimed to determine the pattern of contraceptive use among HIV-positive and HIV-negative women.

Method

A comparative, institutional based, cross-sectional study was employed among HI positive and HIV-negative women attending family planning Clinic of Gondar university referral hospital from January 2017 to August 2017. Data collection was performed through interviewer administered questionnaire. Categorical data were presented using descriptive statistics (means and SDs). Pearson's chi-square test was used to examine differences between the two study groups. Kaplan mere test was carried out to examine the incidence of unintended pregnancy over a follow-up period. A p-value of 0.05 was deemed significant with corresponding 95% confidence intervals.

Results

A total of 894 study subjects (314 HIV positive and 580 HIV negative) clients were included. The rate of unintended pregnancy was 280 (31.32%) in HIV-negative women versus 115 (12.86%) in HIV-infected women. Women, who routinely utilize contraceptive tended to avoid unintended pregnancy, [log rank: 2.89, $p < 0.05$]. Intra uterine contraceptive device reported to be used in 89(28.4%) HIV patients as compared to HIV negative clients 17(2.9%), (1.9, $p < 0.05$). Male condom was used consistently in 84(26.7%) of HIV patients as compared to 23(3.9%) of HIV negative women (2.8, $p < 0.05$).

Conclusion

Intra uterine contraceptive device was reported to be the most commonly used contraceptive method in HIV patients as compared to HIV negative counterparts. Further, unintended pregnancy was relatively common in women with low contraceptive practice. The use of dual contraceptives, should be advocated for HIV-positive women so as to protect unintended pregnancy and HIV transmission.

P-14 - Community Outreach to Tackle Unmet Need in Family Planning and Reproductive Health in Rwanda. Case Study: “World Contraception Week, September 2018”

Poster

Dr. Diomede Ntasumbumuyange¹, Mrs. Alice Mwiza², Dr. Magnifique Irakoze³, Mr. Gerard Kaberuka², Mr. Aimable Nkurunziza⁴, Dr. Madeleine Mukeshimana¹, Prof. Stephen Rulisa¹

1. University of Rwanda, 2. ERC, 3. CMHS, 4. SONM

Background

The Rwandan population has been rapidly growing. According to the Rwanda national institute of statistics, in ten years from now, the Rwandan population will be twice the current population. 36% of women who are sexually active use contraception methods hence there is need for more awareness on contraception use. 19% of women in Rwanda have unmet need for family planning. 21% of women in the reproductive age have incorrect knowledge on reproductive health.

Method

Under the supervision and guidance of University of Rwanda faculties, nursing and medical students conducted a community outreach on reproductive health and family planning in underserved communities. This was done in collaboration with health facilities and local officials within that catchment area. This was also organized by Eagle Research Center under support of University of Michigan, CIRHT.

Results

More than ten thousand people were reached, out of which 13% accepted to start their family planning methods of choice. Implant was the most chosen method with 68%, 20% for Depo and 12 % Jadel. Condoms were distributed on a voluntary basis a number of 5384 was reached mostly young adults. IUDs were not provided on spot because of the setting of the events' venue.

Conclusion

Awareness on family planning remains a paramount activity that should be done at all levels of health care systems in Rwanda in order to tackle the unmet need. This has to be comprehensive and not leaving any one behind. Access to family planning and sexual reproductive health services also remains a challenge that has to be addressed. We believe that community outreach can be a good approach to raise the awareness in family planning and reproductive health hence reduce unmet need as proven by this case study.

P-15 - A Comparative Study of Patterns of Sexual Behavior among Adolescents from Rural and Urban Schools in Rwanda

Poster

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1. University of Rwanda, 2. SONM, 3. ERC, 4. CMHS

Background

A total number of 614 adolescent pregnancies in secondary schools were recorded by the Ministry of Education in 2011. Knowledge about HIV and reproductive health is the key pillar for reducing risk taking among adolescents but also without forgetting the place where adolescents live because it shapes their sexual behaviors.

Method

Data were collected within urban school and rural school in Rwanda. This study is a comparative cross-sectional survey. The data were collected during the family planning campaign organized by the University of Rwanda in collaboration with the Eagle Research Center under support of University of Michigan-CIRHT. The study population was senior secondary school students aged between 13-19 years old. The same structured questionnaire was administered to each school. Statistical package of social sciences (SPSS), version 20.0 was used for data analysis.

Results

Students who filled the questionnaires were 113 in urban school and 94 students in rural. The majority of adolescents from the both schools responded that a normal adolescent should drink alcohol 67.6% and 69.1% in urban and rural schools respectively. 11.5% of urban school adolescents have had sex before the study compared to 4.9% from rural school. Students from urban school were likely to have sex before 15 years old compared to the rural ones. Over 80% from both schools responded that the school is the most important source of reproductive health knowledge.

Conclusion

This study concludes that majority of the respondents had low reproductive risk behaviors' and also demonstrated a positive attitude towards reproductive health services. However, reproductive health services were not easy to access by almost of the participants as no health care providers come to schools for reproductive health sessions. Therefore, parents, teachers and healthcare providers should be sensitive to the concerns of the adolescents as these may expose them to risky sexual behaviours being in urban and rural.

P-16 - Family Planning Needs Assessment in Selected Rwandan Communities

Poster

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1. University of Rwanda, 2. SONM, 3. ERC, 4. CMHS

Background

In developing countries a big number of women of reproductive age who want to avoid pregnancy are not using a modern contraceptive method. In Rwanda, unmet need for family planning was reported at 16.1 % in 2015.

Method

This study is a descriptive cross-sectional survey in 4 Rwandan communities. The data were collected during the family planning campaign organized by the University of Rwanda in collaboration with the Eagle Research Center under support of University of Michigan-CIRHT. SPSS version 20.0 was used for data analysis.

Results

Among 135 interviewed participants, the majority were the female 86.2% and the majority 40% were aged between 31-40 years old. With regards to the level of education, most of the participants 71.6% attended only primary school. 77.6% of the participants reported that they have used one family planning methods. A number of 18.5% said that is not aware of the free distribution of condoms at the health facility. The participants reported that they know mostly about contraceptive pills and injection methods by 46.5% and 24.4% respectively. For the reasons some do not use any methods, 53.1% said that they are not sexually active and 15.6% do not know where to get birth control methods. The majority of the participants 51.5% said that they get more information about sex and family planning from their friends or neighbors. 73.4% and 14.7% reported the need of education about birth control methods and preconception counseling respectively. Age and gender are significantly associated with the knowledge about family planning methods ($p=0.018$; $p=0.001$) respectively.

Conclusion

The participants have inaccurate sources of information and men showed little interest in family planning services. Participants do not have enough information on several family planning methods to make informed choices. Therefore there is a need to reach the communities through outreach programs to raise awareness on family planning.

P-17 - Sexual and Reproductive Risk Taking Behaviours among In-School Adolescents in Kigali, Rwanda

Poster

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1. SONM, 2. University of Rwanda, 3. ERC, 4. CMHS

Background

Sexual transmitted infections including HIV and unwanted pregnancies related complications are among the serious problems that young adolescents are facing. In developing countries one out of three gets married before age of 18 and one out of nine gets married before age of 15. Births to adolescent mothers represent 10% of births worldwide, but 23% of maternal morbidity and mortality.

Method

This study is a descriptive cross-sectional survey in 3 secondary schools in Kigali. The data were collected during the family planning campaign organized by the University of Rwanda in collaboration with the Eagle Research Center under support of University of Michigan-CIRHT. The population under study was 3262 senior secondary school students aged between 13-19 years old. Self-structured questionnaire was administered. Statistical package of social sciences (SPSS), version 20.0 was used for data analysis.

Results

The participants who responded were N=932. Over a half of the participants were male 57.6% (N=537). The majority 75.8% were aged between 15-19 years old. 14.6% of the respondents have had sex, however only 6.3% use a birth control method. A small number 21.1% agreed that a teenager in their communities can easily get abortion. The majority 43.2% have responded that they usually discuss sex related matters with their peers. Interestingly is that almost of the participants 88% having reported that they receive information from different people at their schools.

Conclusion

Adolescents are influenced by variety of social factors such as peers, family and mass media. Sexual risk behaviours are also related to attitudes and behavioural skills. Many young people engage in sexual risk behaviors that can result in unintended health outcomes. Therefore there is a need for concerted effort in addressing the adolescent sexual reproductive health problems being faced by some of the adolescents, making it a national issue.

P-18 - Assessment of quality of Comprehensive Abortion Care Services at Kigali University Teaching Hospital

Poster

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1. Kigali University Teaching Hospital, 2. University of Rwanda

Background

Comprehensive abortion care (CAC) is the global strategy to reduce death and suffering from the complications of unsafe and spontaneous abortion. In CHUK, CAC services are not provided to patient according CAC standard.

Method

A retrospective study was conducted at Kigali University Teaching Hospital (CHUK). Data set included all patients who had abortion at CHUK for a period of 10 months. We conducted patient's interview by calling patients on the phone for data collection by using pre-established questionnaires. 68 post-abortion patients were identified and of these, 37 were included in the study.

Results

37 post-abortion patients were enrolled in our study. 73% of them were informed about the steps of each procedure, 89.2% of them received surgical and medical management for uterine evacuation, only 37.8% got pain management during procedure, 32.4% of them were counseled about post abortion family planning, 18.9% of them got family planning method and about sexual transmission disease and HIV/AIDS, only 13.5% well counseled and 27% were screened on HIV/AIDS. 40.5% have receive information about birth spacing after abortion. Majority (89.2%) of patients received substandard CAC services.

Conclusion

The study has shown that there is a big gap in CAC at Kigali University Teaching Hospital (Obstetrics and Gynecology department). A quality improvement intervention has been put in place to improve the services provided.

P-19 - Lack of Effective Counseling: A Barrier in Family Planning Use and Its Continuity Among Rural Women in Rwanda

Poster

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Dr. Tamrat Endale²

1. University of Rwanda, 2. University of Michigan

Background

Effective counseling is very important in family planning. Women need to have a better understanding of the different family planning methods; knowledge on their functioning, health related side effects if any and how to seek professional help when needed. During a recent family planning campaign conducted from 20-26 September 2018, in rural areas of Rwanda, we have discovered that many women are receiving family planning without being counseled. This results in believing different myths about family planning and in discontinuing its use.

Method

Two sectors from Eastern Province of rural Rwanda were selected for the family planning campaign. We have conducted eight focus group discussions with 160 women (20 in each group discussion) on the use and continuity of family planning. Each FGD lasted 90 minutes.

Results

About 35% of FGD participants confirmed to have used one of the family planning methods in the past but they stopped due to complications. About 40% who are not using any method also confirmed that they are not planning to use any because their neighbours or friends have told them experiencing health related issues due to family planning and have stopped it.

Conclusion

Lack of effective counseling before family planning uptake has led the rural women we met to believe in different myths and this led them to discontinue the use of family planning as well as to advise others not to use it. We recommend an effective counseling to women before giving them any family planning method. Women also should be able to choose the method based on provider counseling that is appropriate to their needs.

P-20 - Factors Influencing Tubal Ligation Acceptance in Rwanda

Poster

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1. University of Rwanda, 2. Duke University

Background

This study was conducted to determine the factors that will influence the decision to take up a tubal ligation.

Method

Cross sectional comparative study conducted at two large university teaching hospitals and five district hospitals. Participants were recruited 1 November 2017 to 30 January 2018.

Women were recruited from those seeking a family planning consultation and those also desiring BTL at the study sites. Women were given information on the different types of family planning and then made the choice between BTL or other method. Data collection was done using a structured questionnaire. Data analysis was done using descriptive statistics and binary logistic regression analysis, $P < 0.05$ was used for statistical significance.

Results

382 women were enrolled in the study. Results reveal that a quarter (27%) of the sample underwent BTL, though majority (73%) opted for a different method. Although majority (73.6%) attended the district hospitals, a higher proportion underwent BTL at referral hospitals. Older age (>35 years), higher parity and previous Cesarean section had a positive association to BTL uptake. Communication between couples BTL (79%) and consensus with the decision on other method (63.8%) also had a positive association ($p < 0.000$, $p < 0.001$). In contrast, there was a low BTL uptake if couples did not discuss and agree (15.2%). Women who felt well informed and knowledgeable about BTL and other methods, or not, were different significantly (97.1% vs 67.2% $p < 0.000$, $p < 0.001$).

Conclusion

There is strong association for BTL decision with older age, higher parity, previous Cesarean, and good communication between the couple

P-21 - Youth Champions Who Are Real Actors in the Fight Against the Stigma of Abortion

Poster

*Mrs. Agossa Aholou Genevieve*¹

1. Member Association of Benin (ABPF)

Background

In Benin, the legal restriction and stigma surrounding abortion is a real barrier to accessing safe abortion services. Since 2014, the Benin Association for the Promotion of the Family (ABPF), IPPF's member in Benin, has implemented a project aimed at reducing the stigma attached to abortion among teenagers and young people. A survey conducted in 2014 that measured the attitudes and perception of the community towards abortion re-vealed that 84% of respondents had a perception abortion and do not favor access to safe abortion services. Young people often use unsafe abortion methods because of the stigma by community. The dual stigma of being sexually active and seeking out abortion care experienced by young people dis-empowers them and leaves them without accurate information and support, which increases the risk of unsafe abortion and puts their lives at risk.

Method

Through this project, ABPF has empowered young people to take initiatives to reduce the stigma associated with abortion. "Youth champions" work with their peers and provide them with information on sexual health and abortion rights. They refer their peers to clinics for safe abortion services.

Specific strategies that youth champions have implemented include:

- Realization of video **"Pour ou contre l'avortement"** <https://www.youtube.com/watch?v=xYuv5mcEGpc> raising the community perception on abortion.
- Blog posting to share experience and best practices
- Social media activities to reduce abortion stigma

Results

From October 2016 to September 2018, **4561** abortions services have been provided to young people through the action of Youth Champions. 153 among them have been directly referred for services by youth champions to the ABPF clinics.

Client satisfaction level: 93% in 2016 to 98% in 2018

Conclusion

The implementation of this project enabled the members of the Youth Action Movement to facilitate access to safe abortion for adolescents and young people.

The environment for abortion has improved.

P-22 - Contraceptive Use and Associated Factors among High School Adolescent Students in Jimma Town: A Cross-sectional Study

Poster

Dr. Yesuf Ahmed¹, Dr. Habib Mohammed¹, Mr. Habtamu Jarso¹

1. Jimma University

Background

The World Health Organization has defined adolescence as the age between 10 and 20, years with several challenges such as first sexual experience, marriage, pregnancy, and parenthood. The concerns about the adverse consequences of teenage pregnancy and the risk of contracting sexually transmitted disease including the acquisition of Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome have led to renewed interest in the contraceptive use and sexual behavior of adolescents. Thus, this study was conducted to assess contraception use and associated factors among high school adolescent students in Jimma town, Ethiopia.

Method

A cross-sectional study was conducted among high school adolescent students in Jimma town from March to April 2018. A total of 350 participants who had history of sexual intercourse were selected using systematic random sampling from three randomly selected high schools. Data were collected using structured self-administered questionnaire, entered and analyzed using SPSS version 20. Binary logistic regression was performed to identify factors associated with contraceptive use. A p-value of <0.05 was considered to declare statistical significance.

Results

Out of 350 subjects included in the study, 234(66.9%) used contraceptive method. The majorities of students (170,[72.6%]) used condom. The self-reported reason for using contraception in about half of the study participants was to prevent pregnancy, whereas the reason for not using any method in 54(46.6%) was lack of knowledge. Multivariable binary logistic regression analysis showed that contraceptive use in the rural origin adolescent was almost 90% lower [AOR=0.102; 95%CI(0.037-0.280)] compared to urban origin, five times higher in Orthodox followers [AOR=4.997, 95%CI(2.090-11.944)] compared to Muslims and four times higher in adolescents whose mothers attended secondary school [AOR=3.928; 95%CI(1.432-10.778)] compared to primary school.

Conclusion

Two-thirds of participants used contraceptive. Maternal education, religion and being of urban origin favored for contraceptive utilization. Having poor knowledge is, however, a barrier for contraceptive utilization.

P-23 - Assessment of Use of Long-Acting Reversible Contraceptive and Associated Factors among Women of Reproductive Age in Dire Dawa City Administration, Eastern Ethiopia

Poster

Mr. Abdurezak Umer¹

1. Diredawa University

Background

Contraceptives have an effect on the health of women, children, and families world-wide, especially for those in developing countries. An estimated 80 million unintended pregnancies occur each year worldwide, resulting in 42 million induced abortions and 38 million unintended births. Thus this study aimed to assess use of long-acting reversible contraceptives and associated factors among women of reproductive age in health institutions in Ethiopia, 2016.

Method

An institutional-based cross-sectional study was conducted in two hospital and five health centre. The 267 study participants were selected using a systematic random sampling method. The quantitative data were collected using structured interviewer-administered questionnaires. Variables which showed significant association with the dependent variable on the bivariate analysis were entered into a multivariable logistic regression model to identify their independent effects and confounding variables. Odd ratios with 95% confidence intervals are used to display the results of analysis.

Results

The study found that 42.3% of mothers of reproductive age used long-acting reversible contraception. Study participants aged between 25 and 34 years were less likely to use long-acting reversible contraception compared to those aged 14 to 24 years (aOR = 0.4; 95% CI 0.1 to 0.9). Woman from urban areas were less likely to use long-acting reversible contraception than those in rural areas (aOR = 0.3; 95% CI 0.1 to 0.8). Mothers who at least attended primary school were less likely to use long-acting reversible contraception than those who were illiterate (aOR = 0.1; 95% CI 0.01 to 0.4).

Conclusion

Though the use of long-acting reversible contraception seems higher compared to previous studies, overall use was still low. Age, residence place, ethnicity, and maternal educational status were factors found to have statistically significant association with use of long-acting reversible contraception.

P-24 - Determinants of Access and Attitude of Family Planning among Reproductive Age Women in Dire Dawa City Administration, Eastern Ethiopia

Poster

Mr. Abdurezak Umer¹, Mr. Mohammed Yuya², Dr. Ahmednur Mohammed¹

1. Diredawa University, 2. Jigjiga University

Background

The use of contraception helps women avoid unplanned or unwanted pregnancies, and prevent unsafe abortions. Additionally, contraceptive use helps women space the births of their children, which benefits the health of the mother and child. So this study is aimed at identifying the determinant factors for access and attitude of contraceptive among women of reproductive age women.

Method

A community based mixed-method cross-sectional study was conducted in Diredawa administration, Eastern Ethiopia. The 920 study participants were selected using a systematic random sampling method. The quantitative data were collected using structured interviewer-administered questionnaires. Variables which showed significant association with the dependent variable on the bivariate analysis were entered into a multivariable logistic regression model to identify their independent effects and confounding variables. Odd ratios with 95% confidence intervals are used to display the results of analysis.

Results

Quantitative finding: the proportion of contraceptive prevalence rate was 32 % (CI: 22.8-45). Utilization of family planning varies among rural and urban kebeles (village). Out of 300 contraceptive (all types) user 192 users are from urban kebeles. Qualitative finding: indicate three broad themes influencing attitude of, and access to family planning. These include the socio-economic positions of both women and healthcare professionals and patient-healthcare professional relationships the various constellations of religious father involved in family planning. A major finding was that many participants had mentioned religion, side effects of contraceptive, and knowledge of the family planning.

Conclusion

The contraceptive utilization in the study area was much lower than Ministry of Health (MoH) developed the health sector transformation plan of 2015, which aimed to increase the contraceptive prevalence rate (CPR) to 55%. Age, residence place, ethnicity, and maternal educational status were factors found to have statistically significant association with access and attitude of contraceptive among women of reproductive age women

P-25 - Unplanned Pregnancy and Perinatal Depression: A Meta-analysis

Poster

Dr. Amanuel Abajobir¹

1. DMU/UQ

Background

There is a growing interest in exploring maternal mental health effects of unintended pregnancies carried to term. However, the evidence base from a small number of available studies is characterised by considerable variability, inconsistency and inconclusive findings. We present a systematic review and meta-analysis of all available studies on unintended pregnancy as these are related to maternal depression.

Method

Using PRISMA guideline, we systematically reviewed and meta-analysed studies reporting an association between unintended pregnancy and maternal depression from PubMed, EMBASE, PsychINFO and Google Scholar. We used a priori set criteria and included details of quality and magnitude of effect sizes. Sample sizes, adjusted odds ratios and standard errors were extracted. Random effects were used to calculate pooled estimates in Stata 13. Cochran's Q, I² and meta-bias statistics assessed heterogeneity and publication bias of included studies.

Results

Meta-bias and funnel plot of inverse variance detected no publication bias. Overall prevalence of maternal depression in unintended pregnancy was 21%. Unintended pregnancy was significantly associated with maternal depression. Despite statistically significant heterogeneities of included studies, sub- group analyses revealed positive and significant associations by types of unintended pregnancies, timing of measurements with respect to pregnancy and childbirth, study designs and settings.

Conclusion

The prevalence of perinatal depression is two-fold in women with unintended pregnancy. Perinatal care settings may screen pregnancy intention and depression of women backed by integrating family planning and mental health services.

P-26 - Prevalence of Dual Contraceptive Use among HIV Positive Women at the University of Gondar Hospital, Northwest Ethiopia

Poster

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1. University of Gondar

Background

Dual contraceptive use is important in reducing vertical transmission of Human Immunodeficiency Virus (HIV) and other sexually transmitted infections between partners. This study assessed the prevalence and associated factors of dual contraceptive use among HIV positive women at University Gondar Hospital, North West Ethiopia.

Method

An institution based cross-sectional study was conducted among women attending at ART clinic of University of Gondar Hospital. A simple random sampling technique was employed to interview 619 participants from July to August, 2014 and charts were reviewed for data collection. Logistic regression analysis was carried out to identify the factors affecting dual contraceptive use. Crude and adjusted odds ratios with 95% confidence intervals were computed.

Results

The prevalence of dual contraceptive use was found to be 13.2% (95% CI=10.5, 16.0). The regression analysis showed that partner involvement in post-test counseling [AOR=3.11(95% CI=1.74,5.57)], open partner discussion on using dual contraceptive [AOR= 7.84, 95%CI (4.26,14.42)], provision of counseling about dual contraception [AOR=6.56, 95%CI (3.54,12.18)], age 18-24 years [AOR=4.79, 95%CI (1.72,13.32)], age 25-34 years [AOR=1.97, 95%CI (1.01,3.85)] and being a housewife [AOR=4.38, 95% CI (1.89,10.16)] were positively associated with dual contraceptive use among HIV positive women.

Conclusion

The prevalence of dual contraceptive use was found to be low. Strategies need to be designed in promoting the involvement of partners in HIV testing and counseling by offering counseling session in a couple-basis. Routine HIV counseling needs to focus on the provision of dual contraception for HIV-infected women. Integration of family planning in to HIV care follow-up clinic need to be strengthened.

P-27 - Barriers to Reproductive Health Services for Adolescents and Women with Disabilities in Addis Ababa

Poster

***Dr. Susan Ernst*¹, *Dr. Claire Kalpakjian*¹, *Ms. Liya Solomon*², *Dr. Lia Tadesse Gebremedhin*³, *Ms. Jodi Kreschmer*¹**

1. University of Michigan, 2. Ethiopian Center for Disability and Development, 3. State Minister of Health

Background

People with disabilities are often thought to be asexual, and incapable of intimate relationships; such perceptions lead to inadequate sexual education, lack of access to contraception and reproductive healthcare. In this qualitative study, we engaged women and adolescents with physical disabilities to understand the barriers they experience accessing reproductive healthcare and its impact on their lives.

Method

A total of 32 women and adolescents with physical disabilities in Addis Ababa, Ethiopia participated in 5 focus groups. A female moderator with expertise in disability and reproductive health facilitated all focus group discussions conducted in an accessible community center. An initial coding structure was independently applied transcripts by two independent reviewers; in the reconciliation process, theme descriptions were refined, combed or new themes or sub-themes developed.

Results

The final coding structure highlighted the struggle of these women against cultural biases (*social justice*) to pursue intimate relationships (*relationships; sexual health and function*), motherhood (*pregnancy; caregiving*) and equity in the receipt of reproductive health care (*social justice*). Many spoke of standing up to such biases (*self-concept*) and challenging health care providers who espoused these (*self-concept, social justice*). Barriers to care were numerous and included the built environment such as a lack of ramps or elevators (*barriers – environmental*), a lack of qualified providers and long wait times (*barriers – healthcare access*), and the negative attitudes of health care providers (*barriers – attitudes*).

Conclusion

For adolescents and women with physical disabilities living in Addis Ababa, environmental barriers to reproductive care exist in a broader cultural bias that women with physical disabilities are perceived as unworthy or do not wish for marriage, motherhood and sexual intimacy enjoyed by their peers.

Improvements in access to care must target both the built and attitudinal health care environment and broader social context that impacts reproductive health care for women with physical disabilities.

P-28 - Barriers to Provision of Reproductive Healthcare for Adolescents and Women with Disabilities in Addis Ababa

Poster

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1. University of Michigan, 2. St. Paul's Hospital Millennium Medical College, 3. Institute for Healthcare Improvement, 4. Ethiopian Federal Ministry of Health

Background

Disability has emerged as an important dimension of healthcare disparities. Inaccessible facilities, stigma and marginalization can be problematic for adolescents and women with disabilities accessing reproductive healthcare. To understand more about these barriers to reproductive care, we conducted a survey at the St. Paul's Hospital Millennium Medical College (SPHMMC), in Addis Ababa, Ethiopia.

Method

Medical faculty, residents and nurses in the Department of Obstetrics and Gynecology and hospital administrators participated in a survey of attitudes towards people with disabilities, comfort and preparedness for providing reproductive care to women and adolescents with disabilities, and barriers of the organization to employees and patients with disabilities.

Results

133 respondents completed the survey (physicians, n = 4; residents, n = 24; nursing staff, n = 95; administrators, n = 8; 57.1% female). Inaccessible buildings were the most frequently cited barrier to employing people and treating women with disabilities (63 and 66%, respectively). Possible solutions endorsed by at least half included conducting accessibility survey of facilities, creating accessible education materials, and training of staff by disability organizations. In contrast, less than half agreed that patients with disabilities should be accommodated (46.6%). Physicians and nursing staff felt comfortable with (7.09 and 7.30/10, respectively) and prepared for (7.55 and 7.30/10, respectively) providing reproductive care to women and adolescents with disabilities. Positive attitudes were highest among nursing staff and lowest among administrators and residents (mean 72.2 vs. 56.5 and 56.2, respectively).

Conclusion

Overall, providers felt comfortable and prepared to provide reproductive services to women and adolescents with disabilities, although nursing staff had substantially more positive attitudes than residents and administrators. The majority endorsed solutions to reduce barriers, but only a slight majority endorsed patients with disabilities should be accommodated. These results suggest an overall positive orientation towards providing care to persons with disabilities with agreement to reduce barriers and stigma.

P-29 - Developing a Community-based Innovation for Primary Health Care and Family Planning Services in Gusheigu, Northern Ghana

Poster

Dr. Dennis Chirawurah¹

1. University for Development Studies

Background

High levels of fertility and unwanted pregnancy persist throughout sub-Saharan Africa, with dire consequences for women and children. In the 1990s, the “Navrongo Experiment,” a family planning project of Ghana’s Navrongo Health Research Centre, dramatically reduced fertility and saved lives. These successes were anchored on social and community support, engaging local chiefs, community leaders and men in targeting gender-based biases unfriendly to contraceptive services use. However, a national scale up efforts through Ghana’s Community-based Health Planning and Services (CHPS) deprioritized these strategies and stalled progress. The Northern region, has the largest TFR (6.6) in Ghana. While the NR has an average level of un-met need, it has too lowest percentage of people in Ghana who report that their demand for family planning has been satisfied (29 percent).

Method

The CHPS+FP study in Gusheigu in Northern Ghana involved a participatory research, using in-depth and semi-structured interviews and focus group discussions with a total of 295 participants; a pilot program, built to respond to locally relevant social, cultural and religious barriers and needs. And implementation research, a non-experimental, post-test qualitative evaluation; and a retrospective assessment of program records and service statistics to assess service utilization.

Results

The findings demonstrate high degree of community acceptance of CHPS+FP durbars as desirable engagement platforms for deliberations on community based family planning and reproductive health education and promotion. The cultural and religious differences in each of the study communities and differing lengths of time that CHPS zones have been providing services make health service statistics not to be able to provide any inconclusive information on CHPS+FP impact. Service statistics are not incompatible with an impact of the CHPS+FP project Durbars on FP service volume and coverage.

Conclusion

A population based survey, beyond the capacity of this small project, is necessary for accurate evaluation of further scale-up.

P-30 - Revisiting Community Engagement for Family Planning Services Innovation in Northern Region of Ghana

Poster

Dr. Dennis Chirawurah¹

1. University for Development Studies

Background

The need for systematic understanding of the science of community engagement is growing because international investment in community-based primary health care has expanded rapidly in recent years. In Africa, where health systems are often weak, but where traditions of social organization, village governance, and corporate community are robust and enduring, reliance on community engagement as a basis for strengthening systems is compelling. Yet, mechanisms by which community engagement can be developed have limited scientific grounding. Of particular importance is the need to build community engagement strategies for supporting family planning information services and care.

Method

This study used community-based participatory data, collected from a combination of methods including in-depth interviews, focus group discussions, and semi-structured interviews in three communities of Galwie, Zamanshegu, Nawahugu in Gushiegu District. 298 individuals participated in the study and 32 codes, including themes such as adolescent pregnancy, secrecy, and interaction with the CHPS community health nurses, were extracted from 61 transcripts. Data analyzed using the Dedoose software following a deductive content analysis approach.

Results

The study results point to a systems engagement model that mainstream communities in designing range of essential care needs extending from pre-pregnancy and pregnancy, to delivery and post-natal care, to the needs of infants, children, adolescents and the family planning needs of adults. Community engagement strategies, including community durbars implemented showed that community based family planning services and health promotion when integrated into health system functioning, linking health services with family planning care with social institutions of the communities breaks FP barriers.

Conclusion

Community engagement models though useful as guide, need to be understood essentially as models of process, rather than models of outcome. Elaborate, sustained interactive and participatory steps that ensure community ownership of both the processes and outcomes reduces socio-cultural and religious barriers to FP services uptake in rural northern Ghana.

P-31 - The Role of Peer Educators in FP Uptake by Young People, SNNP, Ethiopia

Poster

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1. Pathfinder International

Background

- Lack of youth engagement into Adolescent and Youth Health (AYH) information and education services by the health system is a problem that needs attention by program planners managers.
- Despite an increasing number of reports on AYH problems, engagement of young people on FP and other AYH information and Education is challenging in many health and development programs in Ethiopia.
- However, the public health facilities have great potential for scaling-up and sustaining youth engagement in FP and other AYH information and education through peer education services.

Method

- In 2017, Pathfinder International in collaboration with Southern Region Health Bureau has started implementation of peer education activities along with Adolescents and youth health (AYH) service scaling up in 68 public health services in strategically-selected woredas in southern region, targeting 1.8 million adolescents and youth between 10 and 24 years of age in both urban and semi-urban areas.
- AYH/YFS training provided to **265** health care providers recruited from **68** public health facilities
- **1629** young volunteers were trained on basic peer education, counseling and life skills training to be linked with 68 AYH facilities

Results

- Young People were made part of AYH program planning, implementation and evaluation.
- Peer Educators reached out **476,173** young people with AYH information, education, counseling and re-ferral to facilities in 68 facilities from October 2017 to September 2018
- Health facilities provided AYH service to **200,230** young clients in **68** AYH facilities.
- Out of the total young clients obtained service, **86,450** were FP users including Long acting and reversible contraceptives

Conclusion

- SNNP RHB, together with Pathfinder International, has demonstrated that it is possible to increase FP uptake among young people through peer educators within the public health facilities.
- These 68 sites/facilities served as center of excellence to transfer skills to other facilities to learn and initiate AYH program with peer education activities.

P-32 - Effect of Scaling Up Family Planning on Maternal Survival in Ethiopia: Spectrum Modeling

Poster

Mr. Abebaw Kasahun¹, Mrs. Haimanot Adane¹

1. Wolkite University

Background

Ethiopia has made a great stride on under-five and maternal mortality reduction as demonstrated in achieving millennium development target of child mortality reduction at a head of 2015. According to the recent demographic and health survey report; Ethiopia has 67 per 1000 under-five mortality rate and 412 per 100000 live births maternal mortality ratio. The current trend of maternal and child mortality reduction is not sufficient to achieve the sustainable development goal three of maternal and child mortality reduction target. This paper aimed to model the effect of scaling up family planning on pregnancies, live births, still birth, abortion, maternal mortality in Ethiopia.

Method

We used spectrum software package to model impact of family planning on maternal and child survival. Spectrum has different modules consisting of demproj module, famplan module, LiST (life saved tool, AIM (Aids Impact model). We have used famplan and LiST modules for this particular paper. Base line national data were taken from findings of Ethiopian demographic and health survey 2016 results.

Results

Total fertility rate will decline to 3 children per women by the year 2030 when contraceptive prevalence is scaled up by 2% annually from 2016 to 2030. As a result of scaling up family planning use to 58% by 2030 around 3.17 million additional unintended pregnancies can be averted. Ninety four thousand unsafe abortions could be averted and one thousand two hundreds thirty three additional maternal lives can be saved by scaling up contraceptive use to 58% by 2030 in Ethiopia.

Conclusion

Family planning is effective and less costly intervention to reduce maternal mortality in countries with high fertility. The government of Ethiopia and other stakeholders shall give attention to meeting contraceptive demand of couples and work to create new acceptors of family planning, quality service provision and retaining users on continuing care.

P-33 - Factors Determining the Choice of Modern Contraceptive Methods among Women in Kigali City: A Case Study of Muhima Districts Hospital and Gitega Health Center

Poster

Dr. Nsenga Bakinahe¹

1. University of Rwanda

Background

In order to improve the efficacy of available modern contraceptive methods, it is importance to identify factors determining women's choice and use of modern contraceptive method and how they proceed choosing these method.

Contraceptive methods choice and use, related complications and health risk are still a challenge in Rwanda and affect women, their families and the whole society.

Thus understanding how and why women make the decision of modern contraceptive method choice is very important to minimize complications and maximize user satisfaction, effectiveness, and continuation of use.

Method

It's a cross sectional study and descriptive, based survey on women seeking contraceptive services from January 2013 to December 2013 at Muhima District Hospital and Gitega Health Center, both located in Kigali city

Results

This study included 400 women, the mean age was 28 years with a standard deviation of 3.9 year.

The **advice** from friends and family members was the strongest influencing factor of modern contraceptive method choice (43%) then the least influencing factor was the religious belief (3,25%).

The age, level of education and number of living children had a significant influencing choice, respectively P values were: (0.01; 0.035; 0.002).

The marital status, occupation and religion had no significant influencing choice, respectively the P values were (0.08; 0.31and 0.54).

Conclusion

As observed, the choice of modern contraceptive method among women in Kigali city is still misguided by friends and family members. From this study education of women regarding their contraception choice and behavior is needed.

P-34 - Access to Comprehensive Abortion Care Services for Adolescents and Young Women in Uganda; Barriers and Opportunities

Poster

Mr. Kadokech Sebs¹

1. Naguru Teenage Information and Health Center

Background

Women and girls are at great risk of death and disability due to pregnancy and childbirth, including unsafe abortions. Unsafe abortion is procured largely because of legal restrictions and criminalization of abortion services. By 2014 there were approximately 3,750,000 girls and young women of reproductive age (15-24) years old in Uganda. Nearly 1,270,000 of them were in need of contraceptives but only 570 (43.5%) were using any method, resulting in a high unmet need of up to 31%, among this population. The continuing failure to address barriers to contraceptive use, high restriction of abortion service, has had very high price to pay.

Method

This was a desk review of opportunities and barriers to access to contraceptives, family planning services and comprehensive safe abortion services for adolescent girls and young women in Uganda. The study was focused to policies, service delivery environment, contraceptive method mix, market segmentation, individual's preference, societal factors, government commitments and development priorities.

Results

The data indicated that even where young women and girls would want to use a method, sometimes the contraceptives are not available or are always out of stock. Many girls and young women get pregnant because they have are unable to find contraceptives. On the other hand, legal restriction and lack of Policies, provider attitudes, facility environment and stigma are severally indicated as key barriers to both contraceptives and abortion service by the adolescent girls and young women. Fear of the law is the major barrier to safe abortion service. Contraceptive market structure, largely skewed towards short term methods, is yet another challenge for effective pregnancy prevention.

Conclusion

Legal restriction, stigma, discrimination are identified barriers to safe abortion. Failure to meet contraceptive need for girls and young women increases the risk of unwanted pregnancies and associated dangers.

P-35 - The Effect of Increased Knowledge of Contraception Options and the Utilization of Long Term Reversible Contraceptives on Pregnancy Rates among HIV-positive Women in Cameroon

Poster

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Background

There is insufficient data on knowledge and use of long term reversible contraception (LARC), such as implants and intrauterine devices in HIV-positive women in Western Africa. Western and central Africa accounts for 21% of the world's new HIV diagnoses with Cameroon accounting for 7% in this region. Vertical transmission rates of HIV in western and central Africa remain high at 20.2%. Not only do unplanned pregnancies in HIV positive women pose a risk for exposed infants, new data from Africa showed a threefold higher risk to women of HIV acquisition during pregnancy and breastfeeding.

Method

A cross-sectional survey was performed on 181 HIV positive women in the Buea region of Cameroon to assess knowledge and use of contraception. An independent test was performed comparing those knowledgeable about LARC and pregnancy intervals, as well as pregnancy rates while HIV-positive. A comparison of factors influencing contraception choice was performed by a Chi square analysis.

Results

Contraception is used by 74% (134/181) of women surveyed, with condoms most commonly used at 45% (82/181). Women who choose less effective methods of contraception (natural, condoms, pills, depo) are less likely to report knowledge regarding LARC ($P < .001$). Professional women are more likely to be aware of LARC ($P = .05$). Women with knowledge about LARC are more likely to have fewer children (1.83 vs 2.63, $P < .05$). They were also more likely to have a longer interval, measured in months, since their last pregnancy (102.29 vs. 73.39, $P < .05$), and are less likely to have a child born after becoming HIV-positive ($P < .001$).

Conclusion

An understanding of factors that affect LARC usage can better guide contraception counseling and may decrease the rate of vertical transmission in this high-risk population.

P-36 - Levels and Determinants of Long Acting Contraceptive Methods Utilization among Reproductive Age Women in Debre Markos Town, Ethiopia

Poster

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Background

Long acting contraceptive methods are helpful in preventing unintended pregnancy and the associated complications including its economic and service delivery depletions. This study was aimed at assessing the magnitude of utilization of long acting contraceptive methods and the determining factors among reproductive age women in Debre Markos town.

Method

A community based cross sectional study was conducted in July, 2016 in Debre Markos town. The study sample size was 620 women. A systematic random sampling technique was used with pre-tested interviewer administered questionnaires. Data was checked, coded and entered into the Epidata software program version 3.1 and exported to the Statistical Package for Social Sciences (SPSS) version 20 for analysis. Adjusted Odds ratios were calculated (AOR) to measure the strength of association with a P value < 0.05 being considered as statistically significant.

Results

Long acting contraceptive methods utilization was recorded in 22.5% of the study participants with 95%CI of (19.1-26.0%). Advancing age (AOR 4.02 CI (1.45,11.15)), no early desire for a child (AOR 3.74(1.39,10.04)), obtaining information from health professionals (AOR 4.38, CI (1.31,14.72)), self-made decision to use a contraceptive method (AOR 4.03 CI (1.69,9.58)), longer need (AOR 4.76 CI (2.08,10.93)), being knowledgeable (AOR 4.12 CI (1.11,15.31)) and having a receptive attitude (AOR 3.39 (1.27,9.07)) were statistically significantly associated with greater use.

Conclusion

Utilization of long acting contraceptive methods was low in the town. It was affected by: age, reproductive plan, sources of information, power to make decision, duration of need for contraception, knowledge and attitudes of the participants. Empowering and involve women in decision making tasks are recommended.

P-37 - Knowledge and Utilization of Adolescent and Youth Sexual and Reproductive Health Services in Hawassa University Students, Hawassa, South Ethiopia

Poster

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Background

Adolescence is a period of rapid developmental changes in which lifelong patterns of behavior either beneficial or harmful get established. Adolescents and youth in the Ethiopian higher educational institutions are assumed to be among the most at risk groups for sexual and reproductive health problems including unwanted pregnancy, abortion and HIV/ AIDS. The aim of the study was to assess the knowledge and utilization of adolescent and youth sexual and reproductive health services in Hawassa University.

Method

Institution based cross- sectional study was conducted between May and June 2016. A total of 812 students were included in the study. Multistage cluster sampling technique was used to select study participants. Self administered questionnaire was used to collect the data. Binary logistic regression was used to identify factors associated with utilization of adolescent and youth sexual and reproductive health services. Odds ratio with 95% CI were used to assess strength of the association and statistical significance.

Results

A total of 812 students participated in the study, 525 (64.7%) had good knowledge about adolescent and youth sexual and reproductive health services. Nearly three fourth (70.7%) of the students were not used any of adolescent and youth sexual and reproductive health services. Female students were about 2.3 (AOR: 2.27, 95%CI: 1.60, 3.22) times more likely to use adolescent and youth sexual and reproductive health service as compared to male. Those students who have good knowledge about AYSRH services were 6.4 (AOR: 6.39, 95% CI: 4.12, 9.92) time more like to use adolescent and youth sexual and reproductive health services compared with those with poor knowledge.

Conclusion

The knowledge and utilization of students on adolescent and youth sexual and reproductive health services in Hawassa University is low. Improving student's awareness about adolescent and youth sexual and reproductive health through information education and communication is recommended

P-38 - Family Planning Service Satisfaction and Associated Factors in Southeast Health Facilities of Tigray Region, Ethiopia, 2018

Poster

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Background

Unintended pregnancy has been a major public health issue due to its adverse consequences to the mother and the health sector's resources. The use of contraceptive methods has a proven effect in reducing unintended pregnancy and its adverse outcomes. However the utilization of these contraceptive in Ethiopia is low. Satisfaction of short acting modern contraceptive has been described as a key to issue in increasing of contraception prevalence rate. But there is scanty of data on satisfaction of family planning service and associated factors. The aim of this study was to assess family planning service satisfaction and associated factors in governmental health facility of south east Tigray region, Ethiopia.

Method

Cross-sectional study design was used to assess the level of satisfaction. A total of 845 family planning users were included in the study. Simple random sampling technique was employed to select health facility and systematic sampling was used to select the study participant. Interviewer administered questionnaires was used to collect data from family planning users. Data was entered by using Epi data version 3.1 and was analyzed by SPSS version 20. Binary logistic regression was done to identify factors associated with satisfaction of family planning user. P-value of <.05 was used as cut off point to determine the association between satisfaction and independent variable.

Results

From the total study participants 831 (98.3%) were completed the interview. 13.8 % of family planning user were dissatisfied by the service they received. Family planning type, not getting greeting from provider, unable to share rumor about the types of family planning and not using material to explain about method were significantly associated with dissatisfaction of family planning service.

Conclusion

The magnitude of dissatisfaction from family planning service was high. Service related to providers was the main factors affecting the family planning service satisfaction.

P-40 - Determinants and Practice of Family Planning among Women of Reproductive Age in Debre Markos Town, Amhara, Ethiopia

Poster

Mr. Beza Dagnaw¹

1. Debre Markos University

Background

Family planning advocated as a means to birth spacing and limit family size which in turn poverty and hunger and can substantially reduce maternal and child deaths, and improves development targets. There is a strong agreement that in developing countries like Ethiopia poverty is intrinsically higher among large families. In Ethiopia added to bigger family size, the presence high fertility and unwanted pregnancy provokes the need for understanding family planning practice and factors of utilization.

Method

The study aims to investigate the determinants and practice of family planning women of reproductive age group through a cross-sectional data set with a multi stage simple random sampling technique and the econometric methods used for this study are the logistic and Poisson regression analyses.

Results

The findings of the study are women and partners level of education, household family size, marriage age, house ownership, being orthodox in reference to the base category protestant and being house wife in reference to the base category government both affects family planning practice indicators. The average number of children born to a woman from the sample population is 3.08 children per household. In addition trade as a type of work, being married and being Muslim significantly affects children ever born as a proxy to family planning.

Conclusion

Significant reductions in CEB can be achieved by increasing the education level of women, increasing partners/husbands education level, increasing the asset ownership (house ownership and involvement in trade activities are significant variables in affecting CEB negatively). The average number of children born to a woman from the sample population is 3.08 children per household. In addition trade as a type of work, being married and being Muslim significantly affects children ever born as a proxy to family planning.

P-41 - Dual Contraceptive Utilization and Associated Factors among Women Living with HIV Attending ART Clinics in West Zone Health Facilities, Oromia, Ethiopia

Poster

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Background

HIV/AIDS continues to have disastrous medical, economic, social, and physical impacts on individuals, their communities and the nations of the world. Dual protection is a strategy that prevents both unwanted pregnancy and sexually transmitted infections (STIs), including HIV, is emerging as an important preventive approach in reproductive health. Evidence relating to dual contraceptive utilization and reproductive intentions among PLHIV is rare, despite the fact that more than 80% of PLHIV are of reproductive age.

Method

A facility based cross-sectional study design was employed February 21-April 20th, 2016. The study participants were selected by using simple random sampling technique. A pre-tested structured questionnaire was used to collect data. Both bivariate and multivariable logistic regressions were used to identify associated factors.

Results

The prevalence of dual contraceptive utilization of women living with HIV in west shoa Hospitals were 59.5% with 95% CI of (54.4% -64.8%) had dual contraceptives users of which majority, 54.7% were used Depo-Provera in addition to condom. The main reason mentioned for dual contraceptive use, 86.2% were reported that for dual protection (pregnancy/STI/HIV). This study revealed that factors increased utilization of dual method used were marriage length less five years were 3.7 times [AOR, (95% CI), 3.7 (1.82- 7.526)], discussed dual contraceptive utilization with their partner [AOR, (95% CI), 2.69(1.227- 5.901)], informed their husband/partner method of family planning used [AOR, (95% CI), 2.99(1.354- 6.60)] and discussed with health care providers about dual contraceptive utilization [AOR, (95% CI), 3.15(1.130 -8.78)], not disclosed their HIV status to their family [AOR, (95% CI), 3.15(1.130- 8.780)] and partner had started HAART [AOR, (95% CI), 2.16(1.083- 4.30)] were some of the factors significantly associated with dual contraceptive utilization.

Conclusion

This study identified factors increases utilization of dual method use and only 40% were not used dual method while attending ART program.

P-42 - Knowledge, Attitude and Practice towards Family Planning among Reproductive Age Women in North Achefer District, Amhara Region, Northwest Ethiopia, 2017

Poster

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Background

Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods. The Ethiopian Federal Ministry of Health has undertaken many initiatives to reduce maternal mortality and among this, the most important is provision of family planning at all levels of the healthcare system. Different researchers showed that the highest awareness but low utilization of contraceptives making the situation a serious challenge in developing countries. Since there was no study conducted in the area, this study aimed to assess knowledge, attitude, and practice of family planning among women of reproductive age at South Achefer District, Amhara Region, Ethiopia.

Method

A community-based cross-sectional study was conducted in North Achefer District from March 01 – April 01 2017. Three hundred eighty-nine women of reproductive age were selected using systematic random sampling method. Pretested and standardized questionnaire used to collect the data. The collected data were processed, entered and analyzed using SPSS version 21. Chi-squared (χ^2) test was used to determine if there was a statistically significant association between variables.

Results

The study showed that the overall proper knowledge, attitude and practice of women towards family planning was 42.3%, 58.8%, and 50.4% respectively. Factors associated with practice were a residence, marital status, educational status, age, occupation, knowledge, attitude, number of children and monthly average household income of participants whereas religion of did not show a significant association.

Conclusion

Family planning utilization habit of women was strongly associated with their awareness, attitude, and family size. Hence, every health worker should teach the community on family planning holistically to increase the awareness of the community and to influence their attitude on family planning positively. Health centers in the area collaborating with Woreda health office shall teach on modern long-term FP methods.

P-43 - Postabortion Contraception: A Systematic Literature Review on a Critical Intervention for Maternal and Reproductive Health

Poster

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1. *University of North Carolina*

Background

Postabortion contraception is one of the most effective interventions for preventing unintended pregnancies and subsequent abortions. Despite the fact that unsafe abortion continues to be a leading cause of maternal morbidity and mortality in many parts of the world, postabortion contraception is often inaccurately framed as only a reproductive health issue, rather than a relevant issue in both maternal and reproductive health. The prevention of unintended pregnancies and unsafe abortion, as well as the promotion of birth spacing, makes postabortion contraception a highly effective tool for improving reproductive, maternal, newborn, and child health outcomes.

Method

This literature search was conducted in August 2018 using MEDLINE, EBSCOHost Global Health, and LILACS. The index term “post-abortion contraception” was used to identify relevant publications. Articles in English and Spanish published between 2008 and 2018 were included. The search yielded 94 publications; 34 were selected for their relevance to the topic of postabortion contraception.

Results

The literature review includes the following sections: prevalence of postabortion contraceptive uptake in selected contexts, characteristics associated with postabortion contraceptive uptake, discussion of various contraceptive methods in the postabortion context, role of health workers in postabortion contraception, and promising approaches in service delivery .

Conclusion

Postabortion contraceptive counseling and service provision are key functions of both reproductive and maternal health care. Investing in the research and effective implementation of immediate postabortion contraception, particularly with modern and long-acting methods, is critical to improving health outcomes across the lifespan. As one of the most cost-effective interventions in preventing both unintended pregnancies and repeat abortions, postabortion contraception is an underutilized and understudied public health intervention. In order to decrease the burden of unsafe abortion and associated maternal morbidity and mortality, and to allow all people to recognize their human rights, postabortion contraception must be accessible and available to all, and prioritized for vulnerable populations.

P-44 - Applying the Concept and Measurements of Respectful Maternity Care in Family Planning and Abortion Care Settings: Evidence from a Specialized Teaching Hospital in Ethiopia

Poster

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Background

Complaints related to service providers is one among the key reasons for high unmet need for family planning in Ethiopia. However, there is still a gap in the provision of respectful family planning and abortion care services, which plays a pivotal role in attracting women to health institutions.

Method

A facility-based study was conducted in “Michu” Clinic of Saint Paul’s Hospital Millennium Medical College. The assessment recruited 195 women to assess the level of disrespect and abuse (D&A) during family planning and abortion services. A total of 18 verification criteria under six categories of D&A were used to assess whether clients faced D&A during their visit. The criteria were developed in a form of question with “Yes” or “No” responses to identify reported events of D&A. A woman was labelled as “disrespected and abused in the respective category” if she reported “Yes” to at least one of the criteria. If a mother was identified as having faced D&A in at least one of the six categories, she was considered disrespected and abused.

Results

Nearly one-third of respondents were in the age group 25-29 years whereas close to 60% were housewives. The reasons for clinic visit were to receive family planning (34.9%), abortion (35.4%), and postnatal (26.7%) care services. 31% of respondents have visited other departments/units in located outside the vicinity of Michu Clinic. Among implant and IUCD users (98), 6.2% were denied pain relief measures. Level of failure to seek client’s consent before any procedure was 23.6%. Additionally, 4.6% reported lack of visual privacy. One respondent was disrespected based her personal attribute. Overall, 46.5% of respondents were identified to have faced at least one form of D&A.

Conclusion

The concepts of respectful maternity care can be applied in reproductive health care settings to track and address problems related to the D&A of clients.

P-46 - Prioritizing of Domestic Funding over Donor Reliance for Scale Up of Family Planning

Poster

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Background

Family planning is considered to be a principal element of Kenya's reproductive health agenda and a strategy towards economic stability. It is a strategy geared towards controlling growth of population where families are able to decide the number of children they want, allowing their advancement and development. Provision of Family Planning commodities has been hugely reliant on donor funding, but with the decreased donor aid, the country experiences challenges in stocking and supply of commodities.

Method

Objective

To increase allocation for family planning in the county health budgets by initiating Family Planning- specific budget lines and building partnerships with the private sectors for commodity provision and security.

Methodologies

Advocating for pool funding from various sectors both at national and county level.

Establish a monitoring and evaluation system for invested Family Planning funds usage on commodities and programs.

Results

The contraceptive prevalence rate among married women has increased from 54% in 2014 to more than 58% in 2018, exceeding the year 2020 target. This has led to upward revision of CPR to 66% by 2030.

The Total Fertility Rate has reduced from 4.6 showed in 2008/9 survey to 3.85 in 2016, this has been attributed to use of contraceptives.

The various policies formulated and implemented by the government has seen provision of information on the different types of contraceptives also access to the commodities. Additionally, counties have allocated funds for family planning in their health budgets

Conclusion

In order to mitigate unmet need for contraceptives, the government through the counties should allocate for Family Planning commodities in recurrent budgets and clearly outline private sector Family Planning financing. To achieve the highest level of health for her population, Kenya needs to prioritize provision of high quality family planning. All stakeholders are also to participate actively in effort tracking and coordination of linkages.

P-47 - Involving Policymakers in Advocacy as a Way of Ensuring Allocation to Family Planning: Kisumu County, Kenya

Poster

Ms. Olivia Otieno¹, Ms. Faith Abala¹

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Background

ISSUES: Since devolution, the county government has been tasked with budget allocation especially for health, which is to be allocated at least 15% according to the Abuja declaration. A quick analysis of most county budgets reveal that most have not allocated significant resources into youth and adolescent health, reproductive health, family planning among other essential services

Method

NAYA Kenya acknowledging the added value of public private partnerships anchored in the public private partnership framework, Members of county assembly champions network was formed in 2016, to advocate for the issues of adolescent and sexual reproductive health with regard to budgetary allocation to health, provide oversight to ensure effective and efficient utilization of public resources, develop and fast track enactment of Reproductive Health Bill, oversee implementation of respective health activities as per the respective budgets and update NAYA on relevant parliamentary proceedings that affect Reproductive Health.

Results

Lessons Learnt: Having effective partnerships with the public sectors and involving them in issues concerning sexual reproductive health and rights of young people can lead to improvement and increased health financing, Policy makers need their capacity on health issues to be built to be better advocates, young people need to be empowered to present their issues to the policy makers.

Successes: Kisumu County: Increased budgetary allocation for health from 15% to 33% for financial year 2018/2019, family planning was allocated Ksh 46,167,393 in the same financial year. Implementation of community health workers bill, they are now receiving stipends. Having two youth friendly centers that meet the national guidelines on provision for youth friendly services.

Conclusion

Civil society organizations need to continue sensitizing, training and strengthening capacity of policy makers within the various countries on health so as to become champions for health within the various countries, conduct public training and civic education to the citizens .

P-48 - Assimilation of Contraception into Universal Health Coverage

Poster

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Background

Several countries globally have gradually intensified their quests for Universal Health Coverage for their citizens for one main reason; to ensure that quality health services are accessible on demand by everybody without financial constraint. It attempts to reduce out-of-pocket expenditures, founded on the universality & importance of health, including reproductive health as a human right.

UHC success has been tipped to emerge from preventive health services above curative. Recent abortion statistics indicate every year approximately 22 million women procure unsafe abortions, with 98% of this in developing countries. In Kenya, 2012, 464,000 induced abortions occurred, and are assumed to have increased over the years, squarely why the unmet need for emergency contraception, unsafe abortion and family planning fall widely here.

Method

Objectives:

To streamline contraception into mainstream health services for UHC.

Methodologies:

- Insurance:

Government- sponsored insurance in ways like:

1. Subsidies/vouchers to help cover the poor and specific target groups
2. Partnership packages with private firms e.g. commodity stocks, quality.
3. Capitation.

- Budgetary shift focus from curative services to preventive, including contraception.

Public funds and health financing should be able to facilitate this strategy.

Results

- More people access contraceptive health services including emergency contraception, CAC and PAC.
- The importance of contraception is highlighted, myths demystified and uptake increased.
- Unmet need for contraception is reduced, leads to a drop in unwanted pregnancies and reduced unsafe abortions. safe and legal abortions are available on demand.

Conclusion

A streamlined system of contraceptive health into primary healthcare adds up to preventive health. By this, the growing demand for contraception meets access and reproductive health is promoted.

In order to have this provision, contraceptive health should be assimilated and provision of services on demand should be available out-of-pocket and/or with insurance for an all inclusive citizens health.

P-49 - Role of Young People in Ensuring Social Accountability: Kisumu County, Kenya

Poster

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1. Network for Adolescent and Youths of Africa (NAYA Kenya)

Background

Young people have been empowered with skills, information and knowledge to be able to put leaders to task and ensure social accountability. Empowering young people to become meaningful participants in Sexual Reproductive and Health Rights policies and service delivery by increasing their advocacy capacity through equipping them with skills on how to come up with advocacy messages and presenting them, media advocacy and budgetary advocacy. Participation prevents local elites and opinion leaders from imposing their ideas and value on ordinary citizens thus ensuring that the unheard voices of the youths are involved.

Method

Youth advocates in Kisumu county involvement in promoting governance among local leaders in the county has been done through use of media, where youths share stories on SRHR issues are shared on platforms like twitter and Facebook and using them to bring that nation wide attention to an issue and holding responsible leaders accountable to answer to certain issues that are not being addressed. Involvement of youths during public participation, submissions being presented to policy makers. Youth advocates presenting their issues to the Members of County assembly on current issues affecting young people, the roles and responsibility of the policy makers and how they can help improve the policies around health.

Results

Increased budgetary allocation for health in Kisumu County from 15% to 33% for financial year 2018/2019, family planning was allocated Ksh 46,167,393 in the same financial year. Implementation of community health workers bill, they are now receiving stipends. Having two youth friendly centers that meet the national guidelines on provision for youth friendly services.

Conclusion

Empowering young people to become meaningful participants in SRHR policies can help increasing social accountability. The attention that contraception deserves and budgetary allocation to family planning and increased focus on sexual reproductive health in general.

P-50 - The Law and Comprehensive Abortion Care Services in Kenya

Poster

Mr. Michael Oliech¹

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Background

Unsafe abortion is among the big five leading causes of maternal deaths in Kenya. approximately 7 women die everyday in Kenya as a result of unsafe abortion. comprehensive abortion care aims to reduce mortality and morbidity from unsafe abortion by treating incomplete abortion, preventing unwanted pregnancy, addressing abortion stigma, offering safe abortion services, offering contraceptives, linkage to other services and championing for advocacy and policy reforms. In this article I draw data from comprehensive abortion care providers from the public and private sector and patients to show how the quality of comprehensive abortion care services has been affected by the law.

Method

Compressive interviews were conducted to to collect data(qualitative data) from both comprehensive abortion care services providers and seekers and five health facilities.

Results

Provision of comprehensive abortion care services in public hospitals is still very low and poor. Abortion stigma and legal restrictions on abortion promotes unsafe abortion.

Conclusion

More effort should be placed on the prevention of unsafe abortion and improved access to comprehensive abortion care services in all health care facilities in Kenya and also there is a need for standard and guidelines on provision for comprehensive abortion care to be in place.

P-51 - Outcomes of Second Trimester Surgical Abortion: The Experience of a Tertiary Health Facility in Ethiopia

Poster

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Background

Abortion is defined as expulsion or extraction of a fetus before fetal viability. It is a very common occurrence globally (40-50 million per annum). A procedure for safer termination of pregnancy should be adopted. There is an increasing evidence to suggest that dilation and evacuation (D&E) leads to fewer complications than medical abortion for second semester termination of pregnancy. However, there is no recent documentation of the outcome of such a method in Ethiopia. Hence the aim of this study is to document the outcome of second trimester D&E performed at St Paul Hospital and Millennium Medical College (SPHMMC).

Method

A retrospective cross-sectional study design was employed to review all cases of dilation and evacuation performed in the six months' period from January 1, 2018- July 30, 2018. A structured questionnaire was used to collect selected socio-demographic data, clinical characteristics and acute complications. Data was entered and analyzed using IBM SPSS Statistics, version 20.0 (IBM Corp, Released 2011).

Results

A total of 43 client records were reviewed and used for this analysis. The median (IQR) age of the study participants was 24 (20,26), with age range of 16 to 34 years old. The average gestational age is 16 weeks + 2 days (ranging from 13 weeks + 1 day to 20 weeks + 6 days). All women received doxycycline prior to performing D&E. No ultrasound was used during all the procedures. Over all complication rate is 2.3%, with 1 case of uterine perforation. The contraceptive uptake rate was 88.4% (38/43).

Conclusion

Our analysis demonstrated that D&E is safe after applying recommended procedures in a tertiary health facility in Ethiopia. Further analysis using larger sample should be undertaken and comparison should be made with medical induction in order to establish the safety and effectiveness of second trimester surgical abortion.

P-53 - Knowledge and Practice towards Modern Contraception among First Year Female Students in University of Rwanda College of Business and Economics, Gikondo Campus

Poster

Mrs. Alice Muhayimana¹, Mr. Emmanuel Ndayambaje¹

1. University of Rwanda

Background

Modern contraceptive use has dramatically increased where 57.4% worldwide use modern contraception, 28.5% in Africa and 47.5% in Rwanda. Therefore the prevalence of unwanted pregnancies stays high, globally, women aged 20-29 years old experience 10% unintended pregnancy due to under use of modern contraception. Rwanda estimates 47% of unwanted pregnancy.

Method

A cross sectional design with quantitative approach was followed to assess knowledge and practice towards modern contraception among first year female students in University of Rwanda, College of Business and Economics, Gikondo campus. By using Taro Yamane formula, the sample size 201 first year female students was obtained. The simple random sampling strategy was followed to reach the participants. Female students studying in 1st year CBE were recruited into study irrespective of their marital status and religion. Ethical clearance was obtained from IRB/CMHS, hence ethics in research involving humans were also considered. The data were recorded and analyzed using SPSS 20. Description statistics were used, tables, percentages, frequencies, mean and stand deviation were used to present data.

Results

In 201 female students participated in the study, majority were in age group of 20-22, 103 had moderate level of knowledge which corresponds to level three level of knowledge and almost all have heard about modern contraception 99.5% and among 201 first year female students enrolled in this study 29.4% had used modern contraception where 69.9% of them used condom followed by Students who used emergency contraceptive pills (11.0%). Factors that encouraging to use modern contraception were: prevention of unwanted pregnancy and obtaining desired number of children who were 98 and 75 students respectively.

Conclusion

This study revealed that almost of these students had heard information but they had moderate knowledge and low practice. This study discovered that hearing of information about modern contraception does not mean having adequate knowledge.

P-54 - Acceptance of Intrauterine Contraceptive Device and Associated Factors among Family Planning Users at Metehara Health Center, East Shoa Zone, Oromia Region, Ethiopia

Poster

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Background

The Intrauterine Contraceptive Device (IUCD) is a long-term reversible contraceptive method that is suitable for women of all reproductive ages. Despite being one of the first modern methods with many advantages the use of the intrauterine contraceptive device in relation to other contraceptive methods, it is reported to be either stagnated or declined in a number of developing countries including Ethiopia. The aim of this study was to assess acceptance of intrauterine contraceptive device and associated factors among family planning users at Metehara Health Center, Ethiopia.

Method

An institutional based cross-sectional study design was conducted from October 2018 to May 2018. The data were collected from 384 family planning users who came to health center during data collection period. Women who were willing to participate were included until the required sample size was obtained. P value less than 0.05 considered to decide statistical significance and bivariate logistic regression was used to check the association between individual variables. Moreover, multivariate logistic regression analysis were employed to control confounders.

Results

A total of 384 women were participated in the study with the mean age of $29.7 \pm (7.6)$. From the total study participants only 17 (4.7%) women accepted IUCD as a family planning method. Obtaining adequate counselling from health care worker was independently associated with IUCD acceptance 4.2 [CI 95% = 1.4-12.4]. Other variables such as age, marital status, educational level, occupation did not show any association with IUCD acceptance.

Conclusion

This study revealed that small proportion of women accepted IUCD and obtaining adequate counselling was the most significant factor affecting acceptance of IUCD at Metehara health center. Further activities have to be done to provide appropriate counselling to women in order to increase IUCD acceptance at Metahara health center.

P-55 - Assessing Client's Preference: Medical versus Surgical Abortion in Jimma Model Clinic, Southwest Area Office, Ethiopia, 2017

Poster

Mr. Ketema Lema¹, Mr. Dassalegn Workineh¹

1. Family Guidance Association of Ethiopia/IPPF

Background

Globally unsafe abortion accounts for 13% maternal death, for 70,000 women death each year and for a 20.6 million deaths in developing countries like sub-Saharan Africa. In Ethiopia all most similarly finding were their which unsafe abortion were contributing to maternal morbidity and mortality. Increasing access to safe abortion services is the most effective way of preventing the burden of unsafe abortion, which is achieved by increasing safe choices for pregnancy termination. Medical abortion for termination of early abortion is said to safe, effective, and acceptable to women in several countries. For this reason it is important to assess women's preferences and the acceptability of medical abortion and manual vacuum aspiration (MVA) in the early first trimester pregnancy termination.

Method

A prospective or cross-sectional assessments was conducted in Jimma model clinic from August 1-30, 2017.

Results

17 subjects received mifepristone and misoprostol and 7 subjects received MVA. Type of method used i.e MA or MVA they were directly related to type of post abortion family planning and Place of residence was associated with method choice. From a total who got CAC service 70% get the service by MA and 30% by MVA. 96% of women who took abortion service they get method availability (PAFP). Lastly all clients who got CAC service 100% get family planning service and they think the service were friendly.

Conclusion

The choice of medical abortion was associated with level of education, occupation and place of residence. Most women were satisfied by both methods. In order to increase up take of long acting family planning particularly IUCD we better to focus on MVA rather than MA.

Effective counseling about the benefits of MVA over that of MA and ensure that women have higher knowledge and positive attitude towards termination of pregnancy by manual vacuum aspiration.

P-56 - Consistent and Correct Condom Utilization as a Family Planning Purpose and Associated Factors among Sexually Active Female Anti-retro Viral Treatment Users in Finoteselam District Hospital, North West Ethiopia, 2016

Poster

Mr. Getie Aynalem¹, Mr. Kiber Temesgen¹, Mr. Miteku Limenih¹, Mrs. Marta Berta¹, Mr. Abayneh Akililu¹

1. University of Gondar

Background

From the globe, Sub-Saharan Africa countries account for 66% of new HIV infections. Pregnancies are likely to be unintended among HIV positive childbearing mothers. From 30 to 64% of pregnancies among HIV positives are unintended globally. Studies show this number of unintended pregnancies increase in middle and low income countries including Ethiopia. Consistent and correct utilization of condom as a family planning purpose is a cost effective intervention for PMTCT of HIV and maternal morbidity and mortality from unintended pregnancies. There are limited articles on consistent condom utilization among HIV positives and as to our search, no an article is found on both consistent and correct condom utilization as a family planning purpose among sexually active childbearing women.

Method

Institutional based cross-sectional study was conducted among sexually active female ART users from June to August, 2016. A single population proportion formula was used to determine the sample size of 400. Data were collected using systematic random sampling technique through interviewing by using pretested semi-structured questionnaire. Epi-info version 7 and SPSS version 20 were used for data entry and analysis respectively. Logistic regression was used to identify the effect of independent variables on the outcome variable.

Results

Response rate was 100%.The study revealed that 137(34.2%) with (95% CI= 30%, 39.3%) women were using condom, of whom 81 (20.2%) with (95% CI= 20.03%, 20.4%) used this condom consistently and correctly as a family planning purpose. Maternal age group from 21-30 (AOR =4.4, 95% CI =1.1, 8.4), Counselling women (ARO =9.5, 95% CI =4.4, 7.3) and husbands' educational status "diploma and above" (AOR =3.7, 95% CI =1.1, 3.3) were positively associated with the outcome variable.

Conclusion

This study indicates that the magnitude of consistent and correct condom utilization among female ART users in Finoteselam district Hospital is low.

P-58 - IN THEIR HANDS Project Presentation Kenya

Poster

Mr. Bruce Njuguna¹

1. Family Health Options Kenya

Background

In regards to high rate of truancy in Kenya due to un planned pregnancies, I saw an urgency of creating a platform where adolescent can access contraceptive service without being judged by creating a safe space. I implemented this project to carb the problem where adolescent can't access ASRH services and as a result suffer from unsafe abortion and other related SRH complications.

I came up with the name In their hands so as the adolescents can and will take action on their own hands once the power of decision making is on their hands.

Method

Facilitating on Comprehensive Sexuality education through Journey 4 Life manual from Dance 4 Life, a franchise of Family Health Options Kenya. Through this education adolescents interact with each other thus creating a safe space where they can share and exchange ideas and learn more about their sexual reproductive health and rights, leadership skills, decision decision-making skills and gender.

Refer the Agents for change for contraceptive services in the participating clinics. Once we have taken the adolescents through comprehensive sexuality education we refer them to go and access contraceptive services in the participating service providers at their own convenient the without being coerced.

Results

The uptake of contraceptive services increased from 10% to 50% in six months and I I'm looking forward to see this number increasing drastically.

Through comprehensive sexuality education the incidences of unsafe abortion related cases decreased tremendously since the adolescents learn more about contraceptive and how to prevent unplanned pregnancies

Conclusion

Since I started implementing the In Their hands project the uptake of contraceptives increased from 10% -50% among the Kenya's adolescents. Thus reducing the number of unwanted pregnancies from 60%- 10% therefore reducing the incidences of unsafe abortion and it's complications.

P-59 - Level of Utilization and Associated Factors of Reproductive, Maternal and Neonatal Health Services among Women from Pastoralist Communities of Afar Region, Northern Ethiopia

Poster

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1. Mekelle University

Background

The provision of quality and improved uptake of reproductive, maternal and neonatal health services is key to prevent complications during and following pregnancy and childbirth. However, the uptake of the reproductive, maternal and neonatal health services in the Afar region of Ethiopia has been low.

Method

A community-based cross-sectional study was conducted among 1978 women with 0 to 24 months old children. Multistage sampling technique was employed to recruit the study participants. Multivariate logistic regression analysis was used to identify the effect of independent predictors on utilization of Reproductive, Maternal and Neonatal Health services.

Results

The utilization of four and above antenatal care visits, institutional delivery, postnatal visits within 7 days, and current use of family planning was 443(22.4%), 322(16.7%), 61(3.1%) and 107(5.5%, respectively). About one third, 686(34.7%) of the women had good Reproductive, Maternal and Neonatal Health services utilization. The odds of Reproductive, Maternal and Neonatal Health service utilization was 2.8 times (AOR = 2.8; 95%CI: 2.0, 3.9) higher among educated women. Women with non-pastoralist husband occupation and women living within walking distance of less than 30 minutes from the nearby health facilities were 2.1 (AOR = 2.1; 95%CI: 1.6, 2.9) and 2.6 times (AOR = 2.6; 95%CI: 2.1, 3.3) more likely to utilize the services than their counterparts, respectively.

Conclusion

The overall Reproductive Maternal and Neonatal Health service utilization was low. Lack of awareness about the importance of Reproductive Maternal and Neonatal Health service utilization was deeply rooted in the study participants for its low coverage. Reproductive Maternal and Neonatal Health service utilization was not uniform across all zones of the region and it becomes different in education status of women, husband occupation and distance. Empowering women on making decision making is crucial for increasing RMNH service utilization.

P-60 - Perceived Male Involvement of Family Planning Improved Intention to Use among Women of Pastoralist Communities in Ethiopia: Ordinal Logistic Regression Analysis

Poster

Mr. Mussie Alemayehu¹, Dr. Araya Medhanyie¹, Dr. Afework Mulugeta¹

1. Mekelle University

Background

Intention to use of family planning (FP) predicts the behavior which leads to actual use of FP. Information about intention of married women to use FP in the future is important for program managers and implementer. Male involvement in FP would bring a significant change in intention to use of FP. However, there is a scarcity of evidence on the role of perceived male involvement on intention to use FP methods in Pastoralist community.

Method

A community based cross-sectional study was conducted from August 8-29, 2017. A cluster sampling technique was employed to select 891 women of reproductive age. Partial proportional odds model of ordinal logistic regression analysis with R software version 3.5.1 was used. A Vector Generalized Additive Model (VGAM) package with `vglm` function was used to run the model. Assumptions of ordinal logistic regression was checked. A p-value <0.05 was used to declare statistical significance.

Results

464 (52%) of the respondents had high intention to use family planning (FP) methods. The odds of high versus the combined categories: moderate and mild intention to use of FP for high perceived male involvement (OR = 3.2; 95% CI: 2.21 – 4.68), moderate perceived male involvement (OR = 2.4; 95% CI: 1.51 – 4.04), increasing attitude (OR=1.09; (95% CI: 1.01 - 1.12), perceived behavioral control (OR = 1.09; 95% CI: 1.02 – 1.16), being polygamous women (OR = 1.4; 95% CI: 1.1 – 1.97), and having home delivery (OR = 0.68; 95% CI: 0.48 - 0.98). Besides, the predictors for the odds of high and moderate versus mild intention to use: subjective norm, having abortion and perceived behavioral control, increasing attitude, and high and moderate perceived male involvement to FP

Conclusion

Perceived male involvement was the strongest predictor of improved intention to use FP.

P-61 - Advocating for Increase of Finances in the Health Sector for More Contraceptives: A Case of Youth Advisory Council Mombasa County

Poster

Ms. Juliet Akumu¹

1. Youth Advisory Council

Background

The Youth Advisory Council was formed on the 3rd of March 2017 with an objective of making sure that youths are meaningfully engaged. The Youth Advisory Council has been more vibrant on advocacy issues. 15 members of the Youth Advisory Council joined hands in advocating for increase of finances in the health department so the money can be used to buy family planning commodities. This is because of the high rate of teenage pregnancies in Mombasa County. The youths have been attending public participations, writing memorandum and also doing online campaigns targeting county officials. As a success all the issues addressed by the youths were kept in consideration, now the money allocated to the department of health is Khs 3.2billion from Khs 2.5billion.

Method

Methods used by the Youth Advisory Council are:-

1. Attending public participation
2. Writing memorandums
3. Online campaigns
4. Meeting with the county health committee

Results

As per now the health budget of Mombasa County has increased from Khs 2.5 billion to Khs 3.2 billion.

Conclusion

In conclusion, the Youth Advisory Council has now taken the lead in offering civic education to the society and citizens of Kenya, so that they can join hands in doing this.

P-62 - Counseling Strategy and Uptake of Post Abortion Long Acting Contraceptives Methods in Low Resource Setting Facilities in Kenya

Poster

Ms. Caroline Nyandat¹, Dr. Monica Oguttu¹

1. KMET

Background

Utilization of contraceptives is a person's choice. Studies shows that long acting contraceptives are safe and highly effective for all women. Conversely, many barriers prevent widespread utilization of LARC, a case in Kenya with utilization of IUCD at 0.3% and implants of 10% (KDHS 2014). A bid to increase uptake of LARC, a counseling strategy of 70:30 percent time allocation on LARC and short term methods was adopted by KMET through a project dubbed closing the gap. The objective was to increase awareness of, access to, and use of quality contraceptive and comprehensive abortion care (CAC) services in three high need communities by increasing uptake of post-abortion contraception. The program explored service providers counseling technique on improving uptake post abortion contraceptive LARC.

Method

KMET trained 66 providers on CAC and post abortion contraception with focus on LARC methods. Twenty two facilities were upgraded based on the results of the needs assessment. The facilities were refurbished to have both counseling and procedure rooms with start-up kits, job aids and equipment for effective provision of post abortion contraceptives. Mentorship and support supervision led the trained providers to build their confidence and competencies on provision of post abortion LARC. Supportive supervisions were conducted to assess providers' progress on balanced counseling before, during and after abortion services.

Results

In 2015 the uptake of post abortion contraception was at 88% with post abortion contraception LARC being at 66%. In 2017 there was 94% achievement with post abortion contraception LARC being at 90%.

Conclusion

Using balance strategy approach by providers built their counseling skills and with mentorship their confidence were increased in provision of post abortion contraception especially LARC.

P-63 - Utilization of Long Acting Reversible Contraceptive Methods and Associated Factor among Women who Came for Family Planning Service in Bahir Dar City Public Health Facility, Northwest Ethiopia: Institutional Based Cross Sectional Study

Poster

Ms. Asteray Ayenew¹, Mr. Amlaku Awoke¹

1. Bahir Dar University

Background

Long acting reversible contraceptive method provides uninterrupted protection to women for 3 to 12 years. By far the most effective and very safe methods, when removed, return to fertility is prompt. Utilization of family planning method is a human right, central to gender equality and women's empowerment which is a key factor for reducing poverty, for the health of child and women and for the development of the country, but utilization is still slanted to short acting methods.

Method

Institutional based cross-sectional study was conducted from public health facility in Bahir Dar City from April 1 to 30, 2018. systematic sampling technique was used to select study participants and allocated proportionally. Data entry and analysis was made by using Epi info version 7 and SPSS versions 23 respectively. The association between the independent and outcome variables was first computed using bivariate analysis and p value ≤ 0.25 was included into multivariable analysis. Finally, multivariable analyses were carried out with p-value ≤ 0.05 .

Results

The overall utilization of Long-Acting Reversible Contraceptive methods was 18.4%. Having good knowledge [AOR=3.95%CI (1.52-5.9)], desired number of children [AOR=2.4:95%CI:1.22-4.8 and having favorable attitude (AOR=4.9:95%CI:2.26-10.6 were predictors of utilization.

Conclusion

In this study utilization of LARC is found to be low. Desired number of children, knowledge and attitude were found to be the predictors of utilization. To scale up the utilization health education, adequate counseling, mass education should be considered to increase level of awareness, changing the attitude of the reproductive age women and to minimize myth and misconception to enhance the uptake.

P-64 - Emergency Contraception: Knowledge and Practice among Female Students in Dilla University, Southern Ethiopia, 2017

Poster

Mr. Abebe Alemu¹, Mr. Gedefa Amanu², Mr. Daniel Kebede²

1. Wachamo University, 2. Dilla University

Background

Globally, despite the availability of effective contraception methods, the number of unintended pregnancy is high among adolescents that lead to a higher risk of morbidity and mortality. Taking emergency contraceptive within the recommended time it is highly effective to prevent unintended pregnancy. In Ethiopia, the high rate of unwanted pregnancy among female students at universities is a community and government concern. Thus, this study was aimed to determine the level of knowledge and practice of emergency contraceptives among female students in Dilla University, Southern Ethiopia, 2017.

Method

Descriptive cross-sectional quantitative study was conducted and multistage sampling technique was employed to enroll a total of 672 study participants. A systematic simple random sampling was used to enroll study units. Data was collected using structured self-administered questionnaires. The data was analyzed using the SPSS-20 software.

Results

From the total respondents (n=600, 372(29.4% were sexually active, 84(22.5% had a history of unintended pregnancy and 80 (95.2% of pregnancy were end in abortion. However, only 150(40.3% had used emergency contraceptives after having unprotected sexual intercourse.

Conclusion

The findings show that the utilization of emergency contraceptives after unprotected sexual practice was low among female students in the university. Therefore, more efforts needed to access emergency contraceptives in the universities, mainstreaming reproductive and sexual right issues in all sectors and community awareness on adolescents' reproductive and sexual right may alleviate this burdened health risk of female students in the universities.

P-65 - Advancing Adolescents Family Planning through Values Clarification

Poster

Dr. Dismas Damian¹

1. Marie Stopes Tanzania

Background

Statistics shows that teenage births are still a major concern, especially in sub-Saharan Africa, and young people continue to be at risk for HIV infection, especially adolescent girls. 'Values Clarification' interventions are designed to help individuals increase awareness of their own values which may impact their life, work, or actions. Since 2015, Marie Stopes Tanzania (MST) has been using Values Clarification interventions intended to improve customer care and the services relating to the provision of post-abortion care services. Positive impacts of this intervention were observed, leading to the application of intervention on other service delivery facing stigma-related barriers, such as provision of family planning (FP) to adolescents.

Method

MST conducted a 1-day VCAT with essential government managers responsible for youth affairs, 86 officials were guided through exercises. To evaluate the impact of the VCAT, managers' attitudes were assessed through 1. focused group discussion. 2 Part of the VCAT intervention was a "presentation" exercise,. 3 A structured questionnaire

Results

In nearly every indicator we explored pre-and post VCAT, a positive change was observed. The proportion of participants who felt FP services to youths and adolescent were important rose from 64% to 87%. 100% of the participants felt that FP access and use among girls under 18 was important in their lives. The proportion of participants who supported the statement that all FP methods should be made available to youth increased from 33% to 79%.

Conclusion

Supporting youth friendly policies and training of health service providers are two common approaches used to improve SRH services for adolescents. There is need to address the cultural, religious and traditional value systems that prevent supporting and providing good quality and comprehensive SRH services to young people. VCAT can be utilized to evaluate to transform their attitude towards adolescent use of FP.

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