

health seeking behavior with those in the highest wealth index being 4.11 times (95% CI: 1.86-9.11; $p < 0.000$) more likely to achieve the recommended level of care and 3.13 times (95% CI: 1.57-6.25; $p < 0.001$) more likely to achieve the middle level than the lowest level.

Interpretation: By determining differences between mothers achieving the full recommended maternal health visits versus those achieving less optimal levels, we recommend that maternal health interventions target multigravida and low-income mothers to achieve the greatest impact in increasing achievement of all recommended maternal health visits along the continuum of care in rural Tanzania.

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Adolescent suicide among the Guarani-Kaiowá in Dourados, Mato Grosso do Sul, Brazil

T. Lazzarini¹, R.M. Rohrbaugh², J. Croda³, C. Gonçalves³, A. Ko⁴, W. Benites⁵, L. Da Silva⁶; ¹Yale School of Medicine, New Haven, CT/US, ²Yale University School of Medicine, New Haven, CT/US, ³Universidade Federal da Grande Dourados Faculdade de Ciências da Saúde, Dourados, Brazil, ⁴Yale School of Public Health, New Haven, CT/US, ⁵Distrito Sanitário Especial Indígena - Polo Base Dourados, Mato Grosso do Sul, Dourados, Brazil, ⁶Distrito Sanitário Especial Indígena - Polo Base Dourados, Mato Grosso do Sul, Dourados, Brazil

Background: Suicide is a major global public health problem, and the burden of suicide is unevenly distributed across societies and ethnic groups; high rates of suicide among indigenous populations and especially among indigenous young adults have been documented in many different societies. Previous studies have demonstrated a very high burden of adolescent suicide among the Guarani-Kaiowá in Mato Grosso do Sul Brazil. The purpose of this study was to establish the current suicide epidemiology, perform in-depth stratified analysis, and to conduct focus group interviews with different segments of the Guarani-Kaiowá community to learn more about possible risk and protective factors.

Methods: The study was conducted in indigenous reservations in Dourados and Itaporã, Mato Grosso do Sul. Two different approaches were taken to further investigate this phenomenon: (1) an epidemiological study of suicide rates in the local indigenous healthcare office catchment area that consisted of village and household-level risk stratification in this population for the first time and (2) a community-based qualitative study consisting of 15 focus group interviews with community health workers, community leaders, and young adults (aged 16-22) designed to develop an understanding of community perceptions of suicide as well as to identify possible risk and protective factors. Community participants were volunteers who fit the following criteria: (1) were identified as a community leader by the village chief; (2) work as a community health agent or health worker; or (3) is a Guarani-Kaiowá adolescent aged 16-22 years. The primary outcome for the epidemiological study was suicide mortality, and stratified analysis was performed based on important demographic variables including age, sex and village of residence. This study was approved by the Yale University IRB, the ethical review board at Universidade Federal da Grande Dourados, and the village chiefs. All participants signed a written consent form and for participants under 18, guardian consent as well as participant assent was required.

Findings: This study confirmed a high rate of overall and adolescent suicide among the Guarani-Kaiowá, and also provided new insight into differential suicide mortality rates among

different neighboring villages, differential age of peak risk between men and women, and a dramatically heightened risk among those living in households with a previous suicide case. Additionally, in the qualitative component, familial dysfunction, marginalization, lack of access to educational and employment opportunities, and alcohol use were identified as possible risk factors, whereas attending school and an intact family structure were identified as possible protective factors.

Interpretation: The results of the study have important public health implications and will be utilized by the local indigenous health care office (DSEI - Polo Base Dourados) to develop and improve targeted suicide intervention and prevention strategies.

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Sexual communication self-efficacy (SCSE) mediates relationship power and consistent condom use among heterosexual couples in Soweto, South Africa

A. Leddy¹, D. Chakravarty², S. Dladla³, L. Darbes⁴; ¹Johns Hopkins Bloomberg School of Public Health, Baltimore, MD/US, ²University of California, San Francisco, Center For AIDS Prevention Studies, San Francisco, CA/US, ³Center for Disease Control and Prevention (CDC), South Africa, Johannesburg, ZA, ⁴University of California, San Francisco, Center For AIDS Prevention Studies, San Francisco, CA/US

Background: Heterosexual couples in primary relationships are one of the most at-risk groups for HIV in South Africa. Evidence suggests that women with greater power in their sexual relationships are more likely to engage in HIV prevention behaviors such as consistent condom use. However, few studies examine the mechanisms through which this occurs. Drawing from the Social Cognitive Theory, we aimed to test the hypothesis that sexual communication self-efficacy (SCSE) mediates the association between relationship power and consistent condom use among couples in Soweto, South Africa.

Methods: Heterosexual couples (N=208) from Soweto, South Africa participated in a cross-sectional study on HIV risk behavior and relationship dynamics. Couples were recruited from community and clinic settings using non-probability, venue-based sampling. Couples were eligible if both partners were 18 years or older, and had been in the relationship for at least three months. Each partner was individually consented, and completed an interviewer-administered survey that assessed condom use, relationship power, and SCSE. The proportion of protected sex acts in the last 30 days was calculated for each partner, scores were averaged to obtain the outcome measure of couple-level consistent condom use. The SCSE scale assessed participants' confidence in their ability to communicate about sex. Partners' scores were averaged to obtain the couple-level SCSE score. The Sexual Relationship Power Scale (SRPS) assessed relationship power among female participants. SRPS scores were trichotomized (0=Low power, 1=Moderate power, 2=High power). Bivariate logistic regressions assessed whether SCSE and relationship power were each associated with consistent condom use (0= < 100% condom use; 1=100% condom use). Binary mediation analysis was conducted to assess whether SCSE mediated the association between relationship power and consistent condom use.

Findings: The average age was 34 years (men) and 31 years (women), and average relationship length was 5.5 years. The majority of couples were unmarried but in a committed relationship (86%). Overall, 37% of the couples reported consistent condom use in the