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Background: In addition to the economic benefits of asset transfer programs evidence suggests that it is an effective vehicle for improving health; however, evidence is mixed on the impact of economic programs on gender equity outcomes, as measured here by male violence against their intimate female partner.

Methods: The team evaluated the effectiveness of a livestock asset transfer intervention—Pigs for Peace (PFP)—on economic, health and intimate partner violence (IPV) outcomes with participants in households in 10 villages in Eastern Democratic Republic of Congo (DRC). Residual change analysis was used to examine the amount of change from baseline to 18 months between intervention and delayed control groups, controlling for baseline scores.

Findings: The majority of the 833 household participants were women (84%), 25 years of age or older, married, had on average three children, and had never attended school. At 18 months post-baseline, participants in the PFP households were significantly less likely to have outstanding credit/loans compared to households in the control group ($p=.028$), and reported significantly improved general health ($p=.026$), reduced symptoms of anxiety ($p=.020$), and post-traumatic stress disorder ($p<.001$). Further, the intervention group had a significantly greater decline in the frequency of IPV ($p=.028$).

Interpretation: The findings support evidence about the importance of livestock as productive assets to households but expand on previous research by demonstrating improved general and mental health and reduction of IPV among participants living in a conflict-affected setting.

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Communities Care: Evaluation of a community led intervention to change social norms that sustain violence against women and girls in Somalia

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Background: The goal of Communities Care is to create safer communities for women and girls by transforming harmful social norms that contribute to gender based violence (GBV) into social norms that uphold equality, safety and dignity. The prevention intervention provides information, resources and materials to achieve the local community engagement and action for prevention and response for social norms change in humanitarian settings.

Methods: Our evaluation of Communities Care compared changes in community behavior and social norms between the intervention and matched control sites in Mogadishu, Somalia. To evaluate change in behavior and norms, 200 men and women were randomly sampled from each of the intervention and control sites and followed by skilled research assistants from baseline to 24 months.

Findings: Participants in the intervention site had significantly greater improvement than the control site in response to GBV ($p<.001$, e.g. less blaming woman/girl for rape), protecting women safety over family dignity/honor ($p<.001$), and husbands not using violence against their wives ($p<.001$). There was also a positive shift in social norms (e.g. what a person thinks influential others expect them to do) with the intervention sites displaying more positive norms than the control sites in response to GBV ($p=.007$, for example, less likely to agree with blaming survivor), protecting family dignity/honor ($p<.001$, less likely to agree with protecting family dignity over safety), gender equality ($p=.023$, more likely to agree with girls and boys going to school), and husbands' use of violence against his wife ($p<.001$, less likely to agree with use of violence against wife).

Interpretation: Evidence suggests that UNICEF's Communities Care intervention is a successful model for community engagement in a complex humanitarian setting (Somalia). In Somalia, social norms support a husband's right to use violence to discipline wife, prioritizing the dignity/honor of the family over the safety of the woman/girl, and men's control of women's behaviors. The intervention initiates a process of positive change in existing social norms that leads to improvement in community's behavior.

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Characterization of Emergency Care-seeking Patterns for Nontraumatic Conditions in Pregnant Women in the East African Setting, a Pilot Study

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Background: Many of the conditions contributing to maternal morbidity and mortality present as emergency conditions during and directly after pregnancy. The emergency care seeking patterns of pregnant women in low-resource settings, such as Uganda, are not well-characterized but could provide insight into opportunities to reduce maternal morbidity and mortality. We aimed to identify the most common emergency conditions among pregnant and postpartum women who present at the Obstetrics and Gynaecology Ward at Mulago National Referral Hospital (MNRH) in Kampala, Uganda.

Methods: We conducted a retrospective chart review at MNRH, which is the main referral hospital for Uganda and also serves the Kampala metropolitan area. Records were eligible if the patient was a pregnant or postpartum women, 18 years or older, who presented with an emergency condition between January and June of 2016. We used descriptive statistics to compare common health conditions that required emergency medical care during pregnancy.

Findings: A total of 1,172 women sought emergency care within the 6-month time period (7.4% of all Obstetrics and Gynecology-related visits). A preliminary analysis of data abstracted from the first 100 records suggests that the leading medically-attended emergency