

better engage with the clients, ensure regular use of services and gain new clients.

**Methods** 80 NEP users were recruited and equally divided into two groups, the experimental and control one. Implementation phase was followed by: Development of CM protocol, identification of the desired behaviours that an IDU client should change and maintain, establishment of the reward mechanism and monitoring and evaluating outcomes.

**Results** In comparison with control group clients, participants of the CM group had higher rates (up to three fold) of daily attendance of NEP services. All of them have been tested for HIV and HVC in comparison with 35% of control groups, and one third of them brought their sexual partners to be tested. 15% have invited programme team (home visits) to discuss with their sexual partner/family members. In addition, was significantly increased the number of female IDUs who have been introduced to NEP by CM participants.

**Conclusions** CM approach indicates the need for using innovative interventions to attract and motivate IDUs clients in using on regular basis HR programmes, especially for hard to reach subgroups of IDUs, such as female drug users or IDUs sexual partners. Regular uptake of HR services implies reductions in injection-related drug-taking behaviours and therefore lesser risks for getting or transmitting HIV/HVB&C.

**P4.103 ASSESSING INTENTIONS OF DENTISTS FOR PROVISION OF DENTAL TREATMENT TO THE PATIENTS LIVING WITH HIV/AIDS (PLWHAS) IN PAKISTAN**

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A cross-sectional survey was carried out in Balochistan province in Pakistan to assess the intentions of dentists to provide dental treatment to the patients living with HIV/AIDS. All dentists of Balochistan province, registered by Pakistan Medical & Dental council (PMDC) were the population of this study and all the dentists either working in government sector, private sector or both were included.

Data collection was done by using mailed questionnaire among 115 dentists and 86 questionnaires were received with a response rate of 74.8%.

On statistical analysis, it was revealed that only 25% of the dentists expressed their willingness to provide dental treatment to the

**Abstract P4.103 Table 1** Intentions of the 86 dentists to provide treatment to PLWHAs

Intentions to provide treatment	Number	Percent
<b>Refer to specialised clinic</b>	<b>51</b>	<b>59.3</b>
<b>Provide treatment</b>	<b>20</b>	<b>23.3</b>
• Treat him/her as a normal patient	9	10.5
• Only conduct procedures which do not involve blood	4	4.7
• Charge more for the disposables	3	3.5
• If the patients general health is good	2	2.3
• Treat in government hospital but not in clinic	1	1.2
• Only treat if mode of transmission is not sexual	1	1.2
<b>Refuse to provide treatment</b>	<b>15</b>	<b>17.4</b>
• Lack of proper equipments	6	7.0
• Fear; because HIV has no cure	4	4.7
• Very inconvenient (Safety precaution)	3	3.5
• No experience; not sure how to treat	2	2.3

patients living with HIV/AIDS. On the other hand 17% of the dentists would refuse to provide dental treatment to PLWHAs.

Of those who intent to provide treatment; 10% of the 86 dentists will treat such patients as a normal patient. Those dentists who would prefer to refuse the PLWHAs; 7% of 86 dentists will refuse due to lack of proper instruments and sterilisation equipments and around 5% will refuse because of fear, as HIV has no cure.

Our results revealed that the dentists had a false sense of contraction of HIV because of lack of knowledge and social myths. According to the previous studies risk of contraction of HIV in dentistry is very low (0.3%). Our results also revealed that the main reason for denial to provide treatment to PLWHAs was lack of proper instruments and equipment.

**P4.104 IMPACT OF BEHAVIORAL CHANGE COMMUNICATION AMONG MSM OF HYDERABAD, PAKISTAN**

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**BCC result** After the BCC in the city Hyderabad, Pakistan of almost 4000 MSM results shows, the average age of MSM was 26 years old, around 40% of them are uneducated and 60% had primary or secondary education, and 63% was unmarried. Anal intercourse, masturbating each other and blow job were the main sexual behaviours. The awareness rate of AIDS/STD-related knowledge was not more than 15%. The infection rate of HIV is 2% and STI is 43% respectively.

**Suggestion** The results suggest that HIV transmission control, effective education and behaviour intervention should be strengthened. A detailed BCC strategy should be plan based on the information from mapping of behaviours, practises and attitudes of MSMs, and their clients and partners.

**Conclusion** The BCC needs of the MSM community with regard to STD/HIV/AIDS intervention programme and suggest the communication needs of the population, especially the high vulnerability groups, which would aid in designing communication programmes that focus on the BCC component of the HIV/AIDS prevention strategy including planning, formative research, message development, material design, pre-testing, dissemination, implementation and monitoring.

**P4.105 INTERGRATING HIV COUNSELLING AND TESTING ACTIVITIES WITH STI SERVICES INCREASES ACCESS AND UTILISATION TO HIV/AIDS CARE AND SUPPORT SERVICES**

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**Background** STIs and HIV are both mainly sexually transmitted. They share the same behaviour and sexual risk factors. Studies have shown that STDs enhance the sexual transmission of HIV and on the other hand.HIV/AIDS alters the clinical course of most STIs and related complications have consistently ranked among the leading causes of outpatient consultations in public health facilities accounting for about 20% of adult out patients' consultations. Health workers have continued to manage STD patients at all levels without referring them for an HIV test. Those referrals that do take place are often undocumented, because many health workers do not feel confident enough to discuss HIV/AIDS with their clients and may not see the importance of linking the two together. Description: MU-JHU supported HIV interventions in 19 central districts of Uganda. It contributed as a partner to MOH review of existing STD training guidelines and treatment algorithms. The revised materials

emphasise the relationship between HIV and other STIs and the importance of having health workers counsel their STD patients and their sexual partners on the need for an HIV test. MU-JHU supported districts health workers by training them.

**Results** Between July 2010 and Dec 2011 over 350 health workers in 19 central districts were trained in syndromic management of STDs with an emphasis on counselling patients and referring them for HIV testing. Over 17,613 clients with STDs have since undergone HIV testing in those facilities; over 18,000 clients with STDs have been referred for HIV testing to outside facilities that did not have testing services. HIV rates in STD patients average 18%.

**Conclusion** Operational level health workers handling STD patients need basic counselling training to discuss HIV/AIDS with their clients. Targeting STD patients for routine HIV counselling and testing this is essential to reach more people infected with HIV.

#### P4.106 NIGHT HARM REDUCTION SERVICES ACCESSIBILITY FOR PREVENTION: A MODEL OF SUCCESS

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**Background** There are lots of interventions among men who have sex with men Cross River, new evidence suggests that many recent HIV infections are connected with the use of Meth-am-phet-a-mine (C10H15N) among bisexual HIV testers in the state last year (IBBS 2007). HIV incidence among MA users was 3.3% compared to 1.1% among non-MA users.

**Methods** The purpose of the night harm reduction services was to ascertain the feasibility and uptake of harm reduction services by a late night population of MSM. The night services included: needle exchange, harm reduction information, oral HIV testing, and urine based sexually transmitted infection (STI) testing accompanied by counselling and consent procedures. The study had two components: harm reduction outreach and a behavioural survey. For 2 months in the year 2008, we provided mobile base harm reduction services in three neighbourhoods in Calabar - Cross River State from evening till midnight fall.

**Results** We exchanged 1090 needles in 121 needle exchange visits, distributed 3200 condoms for both male and provided 18 HIV tests and 8 opportunistic infections tests. About 45 MSM and lesbian friends 25 of them enrolled in the study conducted. The study population of MSM was characterised by low levels of income, stigma and discrimination. The level of education whose ages ranged from 18 – 55. Fifty percent used MA in the last 3 months before; almost 15% used MA every day in the same time frame contracting deadly infections.

**Conclusion** It is fair to believe night work services can only be acceptable to our MSMs whose lives the government has put in danger over their sexual rights and orientation. Harm reduction: the next generation is possible only if there is a conducive atmosphere for them and services provided affordably and comprehensively.

#### P4.107 PARENTS CHILD COMMUNICATION IMPROVEMENT AMONG HIV INFECTED & AFFECTED CHILDREN

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One of the major impacts of the HIV & AIDS epidemic on global society is seen in the increase number of children being infected & affected by AIDS. There is a need for one programme to addressing these issues to support of those children & their parents who are suffering from AIDS. CINI was working on 300 children & their parents of IICCHAA project since 2006. The memory work sessions taught the parents and children to accept reality and cope to live in their own surrounding by using their creative minds to open up

opportunities of self-discovery and self-sustaining. In these sessions, children and parents started to share by transparent communication with families, providing care and support, unified planning for future by taking everybody's opinion and views according to their needs.

CINI assessed this programme in two levels -Developing the resilience of the Children and Empowerment of the children. 300 children & their parents/family members were empowered through memory work sessions.

A comparative analysis of the current situation shows that:

- The ratio of Communication skill has been increased from 17.3% to 80.5%
- The leadership qualities boosted from 12% to 72%
- The Children developed themselves for taking care of parents, earlier the ratio was 9% which is raises up to 57%
- Parents are becoming empowered to disclose their status. Presently the percentage increases from 15 to 90
- Earlier the Parents were not able to prepare any succession plan for safe guard of their children. At present it is developed up to 97%

The PLHIVs can improve the quality of their lives, if IICCHAA will include in the national programme.

#### P4.108 WITH WHOM DID YOU HAVE SEX? EVALUATION OF A PARTNER NOTIFICATION TRAINING FOR STI PROFESSIONALS USING MOTIVATIONAL INTERVIEWING

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**Objective** To enhance partner notification (PN) practises in STI clinics a newly developed PN training based on motivational interviewing (MI) was offered to STI professionals and evaluated.

**Methods** The effectiveness of PN training on the professionals' attitude, self-efficacy, and behaviour toward PN was examined with a within-subject and between-subject comparison. Just before and three months after delivery of the training, a questionnaire with 7-point Likert scales was completed by the intervention group (n = 54). To rule out that any effects could be caused by population trends or questionnaire completion, a non-randomly selected sample of controls (n = 37) also completed the questionnaires. Questionnaire items were examined separately and grouped into constructs of attitude, self-efficacy and behaviour.

**Results** In the within-subject (pre-post) comparison, positive changes were observed in 9/30 of the items, as well as in the overall constructs Self-efficacy, Skills: Implementation PN protocol, and Skills: coping with client resistance. In the control group no significant changes were observed. However, comparing the change scores between the intervention and control group, 5 items and the construct Self-efficacy were no longer significant.

**Conclusions** Despite that the PN training for STI professionals had no effect on attitudes or self-efficacy, significant improvements were observed in the most important outcome variables, namely those on skills. In studies were cluster randomised controlled studies are not feasible, selecting a convenient control sample seems to offer a more rigorous test of hypotheses than pre-post evaluations, presumably by controlling for population trends and mere measurement effects.

#### P4.109 IMPACT OF PEER EDUCATORS TRAINING EX FIGHTERS BURUNDI AS A STRATEGY TO REDUCE RISK BEHAVIOURS FAVORING THE TRANSMISSION OF HIV/AIDS

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