

Conclusions Gay men who report early FAI are at higher risk of HIV than those who report later FAI, and are more likely to have recently engaged in risky sexual behaviour. Discussion will focus on explaining these patterns and why health service providers need to pay attention to age at FAI.

P2-S6.13 GAY MEN'S ASSESSMENT OF SEXUAL AND SOCIAL RISKS IN THE CONTEXT OF A RECENT HIV-POSITIVE DIAGNOSIS

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Background Technological innovations in HIV testing that allow for the diagnosis of very recently-acquired HIV infections provide opportunities to understand sexual and social risk perceptions before and after an HIV-positive diagnosis. Longitudinal interviews with a group of gay men who have received an early or acute HIV diagnosis represent an important opportunity to understand risk assessment beyond individual-level paradigms of risk analysis and to broaden our understanding of social and structural risk factors associated with HIV infection, diagnosis and disclosure.

Methods Study recruitment is being conducted through six clinical sites in British Columbia, Canada (April 2009–December 2012) by the CIHR Team in the Study of Acute HIV Infection in Gay Men. Participants (n=12 at time of analysis) completed a series of self-administered questionnaires and semi-structured face-to-face interviews. Baseline qualitative interviews were recorded, transcribed verbatim and analysed. A thematic analysis, informed by a social organization of knowledge perspective, was conducted.

Results Three interrelated domains of risk assessment emerged from the interviews. First, we explicate how men calculated the epidemiological or sexual risks of transmitting HIV before and after their diagnosis, and how such an assessment informed their sexual behaviours. Second, men described a myriad of experienced and perceived social risks, such as stigma and rejection, associated with the disclosure of their HIV-status to their family, friends, colleagues and intimate partners. Third, men identified potential problems with technologies of status notification which create a set of institutional risks related to the processes by which patients learn of their HIV-positive status. The relationship between these textually-mediated fields of risk is examined.

Conclusion A stratified conception of risk allows us to understand the everyday situations in which people assess HIV-related 'dangers' in their social and sexual lives. This formative research has important implications for educational campaigns on HIV transmission risk assessment for both HIV negative and positive gay men. This work can also inform counselling and support services to address how disclosure risks are negotiated during an early or acute HIV diagnosis. Important implications for clinical and public health practices, including how and when people are given their HIV diagnosis, are raised.

P2-S6.14 SEXUAL BEHAVIOUR, VULNERABILITIES AND CLINICAL INTERVENTION AMONG MEN WHO HAVE SEX WITH MEN (MSM) ATTENDING STI CLINIC; STUDY FROM SOUTH INDIA

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Introduction Timely uptake of clinical services by highly mobile MSM is pre-requisite to halt and reverse STI prevalence among

communities in India. It is imperative to understand risk behaviour and vulnerable factors that lead to the spread of STI among communities. A study was undertaken to understand the sexual behaviour, vulnerabilities, among MSM attending STI clinic of the CBO at Kancheepuram District, Tamilnadu, India.

Method In the study 69 (72%) clinic attendees for a period of 9 months were followed up and interviewed at the STI clinic within the project. Consent and commitment was taken from the clinical attendees to be enrolled in the study. The project counsellor administered the questionnaire followed by clinical examination by the project Clinical provider.

Results Among the 69 MSM, 75.3% were 20–30 years & 11% were 31–40 years, 4.3% were above 50 years. Majority were from lower socioeconomic strata of the society and consisted of illiterate people also. 10% were uneducated, 27% Graduates and 44% had 5–10th grade education. About one-third (23.2 %) were married heterosexually. 65% reported travel to other states and 88% reported travel to other districts during the period of study. Among these 70% reported unprotected anal sex with casual partners during travel. Sexual behaviour: During the study period more than two-third (75.3%) had anal sex and all 69 MSM had oral sex. Condom usage, before and after counselling was 6% and 53.6% respectively. 15.9 % had sex with female sex workers and 25% received money for sex. 43% MSM had sex only for pleasure and 32% have sex for both pleasure and money.

Conclusion It is imperative that the project develop specific programs like Partners meet or Lovers meet to introduce their partners to the project and thereby sensitise them on prevention of STI and increase condom use. Programs like "pre-departure counselling" about risks on unprotected casual encounters for MSM planning travel and "post-travel STI screening" should be attempted. Regular and periodic STI screening among MSM and partners may be implemented. This will help the project in addressing the risk of transmission of infections among the partners. Partners meet will be a platform for addressing greater Sexual behavioural issues beyond normative clinical interventions. Early diagnosis and Intervention of anal STI, regular Condom use and repeated Counselling are imperative to halt and reverse the STI epidemic among the MSM community.

P2-S6.15 INVESTIGATING THE CRITICAL PROGRAMME COMPONENTS OF HIV PREVENTION PROGRAMME AMONG MSM-TS IN BANGALORE, KARNATAKA

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Background A number of studies in the context of HIV/STI epidemic and related vulnerability have focused on the risk reduction of HIV/STI prevalence and condom use among female sex workers (FSWs). However, such studies focusing the men having sex with men (MSM) and transgender remains limited. Since the risk reduction of HIV/STI vulnerability among MSM-T are equally important, a systematic study is required to identify the critical programme indicators which increases the condom use and reduces HIV/STI prevalence among MSM-Ts.

Methods Two rounds of IBBA data collected from the urban parts of the Bangalore district are used. Bi-variate analysis is used to cross-classify the outcome measures by those who are exposed to the programme than those who are not, whereas the application of binary logistic regression analysis is done to get the adjusted effect of programme indicators on condom related outcomes (condom breakage in past 1 month, zero unprotected sex acts with commercial clients in past 1 month, condom use at last sex with

occasional clients/ repeat partner/regular partner) and HIV/STI prevalence.

Results The sample includes 1432 MSM-T of which 56% belonged to the baseline while remaining to the follow-up survey. The mean age at sexual debut was lower and weekly client volume was higher among the MSM-Ts interviewed in the first round of survey which has shown a significant shift in positive direction in the second round of the survey. In context of programme exposure, higher percentage of MSM-T (about 75% vs 70%) reported project STI clinic visit, visit to DIC (68% vs 14%) than the baseline survey whereas the peer contact remained around 85% in both the rounds. The increased level of clinic/DIC visit found to be positively associated with higher proportion zero unprotected sex with commercial clients, consistent condom use with commercial clients/ repeat partner and with the regular partners in follow-up survey. The crude and adjusted OR shows a significantly less chances of HIV/STI among those who were contacted by peer (OR=0.78, 95% CI 0.67 to 0.99) and visited to clinic (0.82, 95% CI 0.79 to 0.96) compared to their respective counterparts after adjusting the effects of other confounders in the two rounds of the survey. The prevalence was significantly lower among those MSM-T who used condom with different type of partners at different occasions.

Conclusions The extent of peer-led outreach remain more or less over the period of time, however, a significant improvement in clinic/DIC visit found as the critical component in reducing the HIV/STI prevalence through increased means of condom use with different types of partners.

Social and behavioural aspects of prevention poster session 7: Persons living with HIV/AIDS

P2-S7.01 CONDOM USE AND THE DISPOSITION TO IT AMONG HIV POSITIVE WOMEN ACCESSING CARE AT AN ANTIRETROVIRAL CLINIC IN IBADAN, NIGERIA

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Background Condon use remains one of the ways to prevent sexual transmission of HIV. However, its use among women living with HIV has not been well documented in Nigeria. This study therefore documented the use of condom among women living with HIV attending an ARV clinic in Ibadan, Nigeria.

Method This descriptive study was carried out among 396 consenting HIV positive women selected using a systematic random sampling technique in President Emergency Program For AIDS Relief clinic Ibadan. Data was collected using validated interviewer administered questionnaire and analysed using descriptive and χ^2 statistics.

Result The mean age of the participants was 34.8±9.0 years, 62.6% were currently married. 96 (24.2%) 13.2% were never married and 66.2% had disclosed their status to their partners. Three hundred and fourteen (79.3%) of the respondents reportedly were sexually active, of these 134 (42.7%) reportedly use condom in all sexual intercourse with their partners while 28.0% never used at all. A significant relationship was found between condom use and serostatus disclosure ($p<0.05$). Reported experiences among the 226 (72.0%) who use condom included endurance 115 (50.9%), enjoyment (39.8%), complaint 12 (5.3%), fed up (2.2%) and annoyance (1.8%).

Conclusion Condom use is prevalent among the study group and not many derived enjoyment from it, therefore health promotion strategies such as individual psychotherapy, health education on

proper use of condom and provision of free varieties of condoms should be put in place to encourage its use.

P2-S7.02 EFFECTIVENESS OF COMMUNICATION IN TACKLING STIGMA AND DISCRIMINATION AMONG PEOPLE LIVING WITH HIV AND AIDS AND HEALTHCARE PROVIDERS IN NIGERIA

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HIV and AIDS have spread rapidly since the first case was diagnosed in 1986. HIV and AIDS pandemic the world over is still incurable despite efforts by the local and international community partnerships. Worsening the case still, is epidemic of stigmatisation and discrimination of people living with HIV and AIDS from the general public most especially healthcare providers who render services to people living with HIV and AIDS (PLWHA). Factors reinforcing these behaviours among the healthcare providers have not been adequately investigated. Such cruel behaviours towards persons living with the virus has myriad of negative impacts on their psyche and adjustment pattern and ultimately their health-related quality of life. The study therefore seeks to investigate the pattern and the extent of discrimination and stigmatisation among healthcare providers; experiences of stigma and discrimination by persons living with HIV and AIDS from healthcare providers as well as the socio-cultural factors reinforcing such negative behaviours in Ibadanland. Also the study seeks to explore the effectiveness of messages from the media aimed at reducing discrimination and stigmatisation among healthcare providers. The study was cross-sectional in design. Multistage sampling technique was used to select 225 study respondents comprising of 65 healthcare providers and 160 PLWHA for interview. The instrument for data collection was a pre-tested semi-structured questionnaire. Data were analysed using t-Test, Chi square and descriptive statistics. A majority (71.1%) of the respondents were people living with HIV and AIDS while only 28.9% were healthcare providers. More than half (53.3%) of the respondents were males. Respondents with senior secondary school examination certificate top the list (49.8%). A majority of the respondents (60.0%) were married while about 34.7% were singles. Most of the respondents, 44.0%, were between the ages 26–35 years. Four hypotheses were tested; there was a significant difference in the level of awareness of stigma and discrimination between PLWHA and healthcare providers. This might be due to the fact that the PLWHA feel the impact of the disease condition more than the healthcare providers. The second hypothesis was also rejected as there was significant difference in the perception of PLWHA and healthcare providers in the role of media in reducing stigmatisation and discrimination against PLWHA. However, the third hypothesis was accepted as there was no significant difference between PLWHA and healthcare providers in their perception of the role of workshop and seminar in the reduction of stigma and discrimination towards PLWHA. In addition to this, the fourth hypothesis was accepted. There was no significant difference in the perception of PLWHA and healthcare providers on the role of electronic media and campaign against stigmatisation between PLWHA and health providers. The findings of this study showed that there were variations in the level of awareness and experience of stigma and discrimination, proactive measures should be geared towards prevention and eradication of the epidemic HIV and stigma and discrimination at local, national and international levels. Health education strategies such as sensitisation, workshop and continuing professional education for healthcare providers on issues surrounding HIV and AIDS will go a long way in ameliorating this problem.