

Methods An exploratory, descriptive study that surveyed 65 individuals aged 18 or older was conducted. The survey asked questions about users' perceptions of their own feelings, the relationship between their affective state and their ability to navigate, the influence of the interface design, and whether their needs were satisfied by the information retrieved, among others, in order to identify users' affective states while dealing with the interface, to determine the level of satisfaction regarding its emotional design, and to learn what types of information users look for on the Department's home page.

Results Analysis of the data showed that of the users 67% presented a negative affective state in relation to the interface, while 33% were positive; 66.15% stated that their affective state interferes with their ability to navigate (for 33.85% it did not); 81.54% stated positive correlation between affective state and navigability; 80% were satisfied with the search and retrieval of information, 10% were dissatisfied, and 10% did not answer.

Conclusion Based on the principles of emotional design, the results shows that the design of the Department's home page had an impact on users' emotional states, which strengthens its role as an important tool in the prevention, treatment and improvement of the quality of life of the users.

P4.004 ACTOR AND PARTNER EFFECTS OF RELATIONSHIP AND SEXUAL SATISFACTION ON EXTRA-MARITAL PARTNERSHIPS AMONG MARRIED COUPLES IN FISHING COMMUNITIES ON LAKE VICTORIA IN KISUMU COUNTY, KENYA

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Background Extra-marital partnerships have been associated with the spread of STIs including HIV among married couples. We sought to establish the actor and partner effects of relationship and sexual satisfactions on extra-marital partnerships among married couples.

Methods We conducted a cross-sectional survey of 545 couples. We contacted a proportion to size simple random sample of fishermen on each beach as our index participants and asked them to enrol with their spouses. The consenting couples were separated into different private rooms for simultaneous gender-matched interviews. In addition to socio-economic and behavioural data, we collected information on extra-marital sex partners as well as the scores of participants on a 7-item relationship satisfaction scale and 25-item sexual satisfaction scale. We analysed data using multilevel modelling under the framework of actor-partner interdependent model (APIM).

Results Men had a median score of 56 (IQR 52–61) and women 53 (IQR 47–59) on sexual satisfaction scale. Both men and women had same median score of 16 (IQR 14–18) on relationship satisfaction scale. We found a significant partner effect of men's relationship satisfaction on their spouses number extra-marital partnerships such that the more men are satisfied in their relationship the fewer the number of extra-marital partners their spouses report ($B = -0.10$; $p < 0.01$). Similarly, we found a negative effect of men's sexual satisfaction on their own number of extra-marital partners ($B = -0.46$; $p < 0.01$) and negative beta estimates for women ($B = -0.15$; $p < 0.01$) - meaning that if women are sexually satisfied, they report fewer number of extra-marital partnerships. Men's sexual satisfaction had a negative interaction with women's extra-marital partnerships ($B = -0.17$; $p < 0.01$) such that the more sexually satisfied men are, the fewer the number of extra-marital partnerships their spouses report.

Conclusion Inculcating and maintaining good relationship and sexual satisfaction within couples in this community reduces their own and their partners' number of extra-marital partnerships.

P4.005 FROM POLICY TO PRACTICE: UTILIZING A HEALTH IN ALL POLICIES APPROACH TO ENHANCE PUBLIC HEALTH AND PROMOTE SEXUAL HEALTH IN COMMUNITIES AFFECTED BY STRUCTURAL CHANGE AND REDEVELOPMENT

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Background The international framework, Health in All Policies (HiAP), can operationalize approaches to enhancing health by strengthening links between health and policies from non-health sectors (i.e. transportation, land use). Redevelopment can stimulate changes in SDs and health outcomes. From 2010 onward, contiguous projects examined the how structural changes can affect health outcomes and STIs in an area with high STI morbidity.

Methods Fort McPherson, a 488-acre military base in Georgia that closed in 2011, served as the case study. Participatory and community engagement approaches included Health Impact Assessment (HIA), Photovoice, and community ethnographic assessment. First, the inclusion of health as a policy consideration in redevelopment was operationalized and a land zoning HIA was conducted. Project two determined what data, local policy, and sexual health opportunities existed in the "healthy community" conceptualization. Finally, we assessed community and provider perspectives about sexual health services and the potential impact of redevelopment on services.

Results The HIA yielded recommendations that addressed physical changes that would support the adoption of healthy choices, and facilitate social capital and cohesion. Photovoice helped residents recognise community assets that are threatened by SDs. Interactive area maps confirmed comorbidities of SDs and STIs. The ethnographic assessment identified service gaps and community members' perceptions of SD impacts, and recommendations of how community and sexual health can be improved.

Conclusions The projects demonstrated how HiAP can be operationalized to examine SD and health outcomes. Aggregated results determined that: (1) there are discrete "windows of opportunity" for incorporating health considerations into redevelopment decision-making; (2) the use of community and participatory engagement approaches can facilitate the systematic and now longitudinal observation of changing SD impact on STIs, and (3) community-identified assets and policy opportunities can potentially mitigate SD's impact on health.

P4.006 HIV, PSYCHOACTIVE SUBSTANCE USE AND ANXIETY: A STUDY OF THE DISCLOSURE FACTOR

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Background The fear of disclosure remained a significant contribution to psychiatric morbidity among patients with HIV infection. This study aimed to determine which of the close associates did not know of the serostatus of the patients and how it influenced use of psychoactive substance and anxiety.

Method This was a prospective study among 159 patients with HIV infection attending outpatient clinic in of a teaching hospital in sokoto metropolis. They were interviewed using semi structured questionnaires which assessed individuals who were not aware of the serostatus of the patients and who patients would not want to be informed about their serostatus. Anxiety disorder was assessed using anxiety subscale of Hospital Anxiety and Depression Scale while CAGE questionnaire was used to assess for alcohol dependence state. Data obtained was analysed using SPSS for windows version 16.0.

Results Nine (6.9%) reported that their spouses were not aware of their serostatus, 106 (76.8%) reported that their children were not aware of their serostatus while 59 (45.4%) reported that their workmate were not aware of their serostatus. The patients were biased for close relatives such as children and parents as they would not like them to be informed of their serostatus while 6.9% would not want to inform anybody. Anxiety was more prevalent among subjects who reported that their children were not aware of their serostatus. In addition, 5.4% of subjects who were of opinion that their children were not aware had anxiety morbidity, increased use of psychoactive substances and use of alcohol in a manner suggestive of dependence state.

Conclusion There is need for further studies on hesitance of HIV patients to carry along close relatives, as benefits of supports and care are lost.

P4.007 FERTILITY DESIRES AMONG HIV INFECTED ADULTS AT NAIVASHA DISTRICT HOSPITAL

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Background In Kenya, there are over one million adults of reproductive age living with HIV/AIDS. The unmet need for contraceptive use is sixty percent for HIV positive women. Increased availability of HAART has resulted in improved physical and sexual health, resulting in increased risk of intended and unintended pregnancies. Understanding the fertility desires of this vulnerable group becomes paramount.

Methods Eligible HIV infected adults enrolled for care at Naivasha district hospital CCC completed a structured questionnaire after providing written consent. Chi squared tests and T tests were performed to determine predictors of fertility desire.

Results Three hundred men and three hundred women were recruited. Fertility desire was reported by forty-nine (sixteen percent) women and sixty-seven (twenty-four percent) men. HIV positive women were less likely to desire more children compared to HIV males. Among the demographic characteristics only the number of living children and women not on HAART were significantly associated with fertility desire. Among the two hundred and forty-eight women who did not desire fertility, one hundred and eighteen (forty-seven percent) were not using contraception. Overall, eighty-five percent of men and fifty-five percent of women were sexually active. Males (forty-six) were more sexually active than women (one hundred and twelve) among those not desiring fertility and not using contraceptives, seventy-two percent males and fifteen percent women.

Conclusions Only twenty percent of HIV infected adults' desired fertility, with men being pronatalist than women. Only about half of HIV positive women were using contraceptives despite having no fertility desire. This increases the risk of unintended pregnancies. Sexual activity was ongoing with no contraceptive use hence increasing the risks of vertical and horizontal transmission on HIV. Integration of Family planning services in CCC's should be considered.

P4.008 RELATING MULTILEVEL PSYCHOSOCIAL CONSTRUCTS WITH RISKY SEX AMONG MEN WHO HAVE SEX WITH MEN (MSM) AND MALE-TO-FEMALE TRANSGENDER WOMEN (TW) IN PERU

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Background Risk for HIV/STIs is high among gay men (GM) and male-to-female transgender women (TW) and understanding the underlying reasons for risk is essential for planning effective interventions. Few instruments have been developed to examine psychosocial constructs for Spanish-speaking Latin American GM/TW.

Methods We developed scales to measure psychosocial constructs and then conducted a survey to assess their association with risky sex among Peruvian GM/TW (Cronbach alphas ranged from 0.66 to 0.85). We explored constructs at the: (1) individual-level (e.g. experiences of homophobia, belief in one's capability to have safer sex), (2) social-level (e.g. social norms about safer sex, social support) and (3) community level (valuing being a part of the gay/trans community). We used student's t-tests to explore the association between these constructs and risky unprotected anal intercourse (UAI), defined as UAI in the past 2 months with non-primary partners or primary partners who are serodiscordant or serostatus unknown, non-monogamous, or who have been a primary partner for less than 6 months.

Results We surveyed 247 MSM/TW with a mean age of 31.3 (standard deviation 8.2), 200 were GM and 47 were TW. Risky UAI was reported by 18.6% of GM/TW. GM/TW reporting risky UAI also reported significantly lower social support, feeling less capable of having safer sex, having sex in challenging contexts more often, and more experiences of homophobia/transphobia. Each of these constructs were significantly associated with reporting risky UAI with a male partner (all p-values < 0.05). Other scales were not associated with risky UAI.

Conclusions The psychosocial scales performed well among GM/TW and several were significantly associated with risky UAI. Constructs at the individual and social level were associated with risky UAI, suggesting that multilevel HIV/STI prevention interventions with this population may be more valuable than individual-level interventions.

P4.009 DELIVERING HIV/AIDS MESSAGES ON UNPROTECTED SEX AND CONDOMS: THROUGH MOSQUES OF BANGLADESH

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Background Within the context of imam training/orientation in Bangladesh, limited attention has been paid to imam's behaviour change for effective participation in HIV prevention interventions. This study aimed at identifying factors influencing imams in promoting or inhibiting HIV message delivery consistently through mosques.

Method Three imam groups were trained for generating effective participation in HIV prevention in Bangladesh. Both quantitative (survey and exit interview) and qualitative (observation and focus group discussion) methods were conducted among imams, Friday sermon session and mosque attendees.

Results More than 90% imams in three imam groups delivered selected HIV transmission and prevention messages. However, only 11% in Group 1, 3% in Group 2 and none in Group 3 could articulate HIV transmission message consistently. Consistent delivery rate for HIV prevention message was 20% and 8% respectively in the first two groups. Observation and exit interview results were consistent to that of the survey result. All imams related sexual relationships outside marriage with the transmission of HIV as they felt it is consistent with religious doctrine. Despite imams' high knowledge on HIV, they were unwilling to pronounce 'unprotected sex' and 'condom'. Spiritual value of Friday sermon, presence of mixed age group of attendees and perceived reaction by community prohibited the full discussion on HIV prevention by imams.

Conclusion Strategies for generating effective participation by imams in HIV prevention interventions require extensive dialogue