

between policy makers and religious scholars. Dialogue on removing the discrepancies between risk awareness and actual knowledge in light with Quaran is likely to be more effective.

**P4.010 DETERMINING THE PATTERNS AND UPTAKE OF HIV TESTING AMONG YOUNG WOMEN IN TRINIDAD AND TOBAGO: IMPLICATIONS FOR HIV/AIDS POLICY**

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**Background** In the Caribbean, young women are particularly at risk of being infected with HIV due to social, economic and behavioural vulnerabilities. However despite these vulnerabilities, few female young adults have been tested for HIV and know their status. Moreover there is a general paucity of studies examining the HIV testing behaviours, preferences and barriers faced among Caribbean youth. This study explores the patterns and factors associated with HIV testing behaviours among female youth aged 15–24 in three Caribbean countries: Guyana, Dominican Republic, and Haiti. The analysis is guided by Andersen's Behavioural Model.

**Methods** Data from population based surveys such as the Demographic and Health Surveys, the AIDS Indicator Survey are used to explore the determinants of HIV testing behaviour among young women. Independent variables were classified according to Andersen's Behavioural Model and includes: traditional predisposing variables (age, educational attainment, region of residence), vulnerable predisposing factors (age at first sex, recent sexual activity, lifetime partners, condom use, consistent condom use), predisposing variables (HIV knowledge, personal stigma attitudes, knowledge of persons living with HIV/AIDS) and enabling factors (socioeconomic status, exposure to print and non-print media, history of an STI). Statistical methods include bivariate analysis using chi-square and stepwise logistic regression modelling.

**Results** Proportion of youth ever tested was 17% in Haiti, 37% in Guyana and 48% in Dominican Republic. Factors associated with HIV testing were marital status, residence, age at first sex, socioeconomic status. Rural, poorer and unmarried young women were less likely to report that they were tested for HIV.

**Conclusion** Policies and programmes should address the structural, economic and other barriers to HIV testing faced by young women who reside in rural areas, and are poor. Messages promoting the benefits of HIV testing should target these women who are more vulnerable to HIV infection.

**P4.011 KNOWLEDGE OF HIV TRANSMISSION IN MALDIVIAN WOMEN: WHAT ARE ITS DETERMINANTS?**

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Maldives is a middle income country with a very low HIV prevalence. While the government has done a good job of raising awareness about AIDS in general, the level of appropriate HIV/AIDS related knowledge is low. The 2009 Demographic and Health Survey (DHS), which is a nationally representative survey of 7131 women, reported that while 97% of women had heard of AIDS, only 42% had a comprehensive knowledge about the disease. The level of HIV-related knowledge is a key factor in the spread of AIDS; we used the 2009 Maldives DHS to understand its determinants in women aged 15–49. Responses to questions assessing correct knowledge about modes of transmission (during pregnancy, delivery, breastfeeding, sexual intercourse, single partner, condom use, mosquito bites, and sharing food) were used to create a score, which was dichotomized by a median split to create a binary 'knowledge'

(poor/good) variable. Poor/good knowledge was modelled as a function of socio-demographic (age, region, educational status, wealth, employment, and number of children), media (media exposure, internet use) and health/health system factors (use of family planning (FP), FP worker visit, health facility visit). On unadjusted analysis, older age, living in Male, being employed, number of children, media exposure, use of FP, and health facility visit were associated with having good knowledge of transmission modes. In the multivariate logistic regression, age (OR = 1.04), higher educational level (OR = 1.51), greater media exposure (OR = 1.09), having a smaller number of children (OR = 0.94), being employed (OR = 1.12), FP use (OR = 1.56) and health facility visit (OR = 1.39) were statistically significant predictors of good knowledge of transmission modes. Our analysis indicates that while there are no regional or wealth related differences in level of knowledge about HIV transmission, the media and health facility visits can be used as vehicles to improve the knowledge level about HIV transmission in adult Maldivian women.

**P4.012 THE IMPACT OF STIGMA AND DISCRIMINATION IN MSM HIV-POSITIVE**

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**Background** Since its beginning, the Aids epidemic has established a series of social representations which impacted the daily life of men who have sex with men (MSM) living with HIV, who see themselves as doubly stigmatised due to their sexual orientation.

**Methods** The main objective of this study is observing the impact of stigma and discrimination in MSM living with HIV, while it specifically sets out an investigation on the possible implications HIV may bring to HIV-positive individuals as regards their perception of the disease, themselves as infected persons, their social circle and their sexual orientation, as well as the situations of vulnerability involved. The final objective is observing the different experiences of those infected before and after antiretrovirals (ARVs). This study is based on the theory of social representations, and the essentially qualitative-quantitative method used is the Discourse of the Collective Subject. The 33 participants, ranging from 20 to 60 years of age, were selected at a Centre for HIV/AIDS Treatment.

**Results** The results point to high rates of internalised stigma evidenced by feelings of fear, rejection, a constant state of alertness, and guilt. This perception was reflected in increased vulnerability, non-use of condoms and social isolation.

**Conclusion** The conclusion strongly recommends an investigation on the social, affective and sexual contexts where these individuals are inserted, while rethinking new ways of intervening in the prevention and treatment of people who live with HIV (PLWHIV).

**P4.013 PERCEPTIONS OF LIFE QUALITY OF PEOPLE WITH HIV/AIDS**

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A qualitative exploratory-descriptive objective "Identify the elements that influence the perception of quality of life (QOL) of people living with HIV/AIDS". Semi-structured interviews with 14 people have been carried out. The analysis resulted in four categories Quality of life: subjectivity and multidimensionality. Living with HIV/AIDS and the quality of life. Care for the living quality. Health services as enhancers of QOL. There are several factors that interfere on the QOL of those people such as: physical aspects caused by the disease, the continuation of the treatment and the

usage of antiretroviral medications. As social aspects, we have identified the presence of prejudice and discrimination. The acceptance of the treatment by antiretroviral medications considerably improves QOL. The identification of the factors that interfere on QOL will be able to contribute to the more humanised service provided to people who live with HIV/Aids, leading the care beyond the clinical aspects, instrumentalizing those people towards a living with more life quality.

**P4.014 WITHDRAWN BY AUTHOR**

**P4.015 SOCIO-DEMOGRAPHIC FACTORS OF NON-FATAL OVERDOSE AMONG INJECTION DRUG USERS IN UKRAINE**

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**Background** Opiate overdoses constitute one of the leading causes of avoidable deaths among people aged 20–40 years old in EU countries. This study aimed to estimate factors associated with ever in life having overdose among injection drug users in Ukraine.

**Methods** Secondary data analysis was performed with the 2007 dataset of peer-driven intervention among IDUs, who were not involved in harm reduction programmes earlier; recruiting was performed with respondent driven sampling methodology. Subsample of 6902 opiate users was considered. To reveal relationships between OD ever in life, and characteristics of IDUs, binary logistic regression analysis was performed. The study was approved by Ethical Review Board of Ukrainian Sociological Association and Institute of epidemiology and infectious diseases named after L. V. Gromashevskyi.

**Results** Men-IDUs more likely (35%) suffered overdose (OR = 1.4(1.2–1.7)) than women (23%). Ever use of heroine (OR = 1.7(1.3–2.09)), home-prepared stimulants (OR = 1.4(1.2–1.8)), tramal/tramadol (OR = 1.2(1.0–1.5)), tranquilizers (OR = 1.45(1.1–1.7)), and alcohol (OR = 1.6 (1.3–2.0)) were associated with OD. Those with less than secondary education had higher risk of overdose (OR = 1.3(1.0–1.6)) than all other more educated IDUs. Those divorced, separated, and widowed had higher risk of overdose (OR = 1.4(1.1–1.9)). The probability of having experienced overdose steadily increased with the duration of drug use and reached maximum at the level on 51% among those who have been using drugs for about 20–22 years. In IDUs with longer duration, the probability of overdose was lower.

**Conclusions** Poly-drug users are at increased risk of having opiate overdose. Those who have not acquired secondary education are at increased risk of overdose as well. Increased risk of overdose in men is partly explained by their more likely use of opiate drugs.

**P4.016 PROMOTION OF SUSTAINABLE LIVELIHOOD PROGRAMMING (SLP) IS A PROVEN APPROACH TO POVERTY AND HUNGER ALLEVIATION AMONG PEOPLE LIVING WITH HIV/AIDS (PLHIV) IN RURAL UGANDA: TASO JINJA EXPERIENCE**

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**Background** HIV/AIDS continues to deplete family resources leading to absolute poverty among PLHIV as the majority of our clientele in the rural Uganda earn less than US\$1 per day. This is as a result of disease burden on bread winners; high treatment costs; unemployment; malnutrition; disability e.tc. Consequently, the above result into loss of property, child headed families, orphans, all of which make families experience extreme poverty.

**Program description** Since 2002, the health of TASO clients has significantly improved due to ART programme (**TASO Silver Jubilee booklet 2012**), hence prompting a paradigm shift to focus on alleviating poverty and hunger due to the direct impact they have on drug adherence and positive living in general. In mitigating the effects of social economic challenges faced by PLHIV, in 2006 TASO Uganda rolled out Sustainable Livelihood Programming through training in food security, income generation, Energy Saving Technology, promotion of good hygiene and capacity building in business skills and management. Projects such as goat rearing, bee keeping, horticulture, food production and processing have successfully reduced poverty and hunger levels among PLHIV, hence improved standards of living.

**Lessons learnt**

- i. Sustainable Livelihood Programming ensures food security and income generation.
- ii. SLPs use small land for high productivity
- iii. SLPs can be practised alongside other income generating activities
- iv. The market for the produce is readily available
- v. There is reduced malnutrition levels

**Challenges**

- The majority of our clients are tenants.
- Inadequate funding.
- Modern agricultural technology is expensive to apply.

**Conclusion** SLP helps to alleviate poverty, hunger and promote positive living among PLHIV, hence meet MDG 1&6.

**P4.017 BACTERIAL STD RATES AND PREFERRED METHODS OF STD SERVICE DELIVERY AMONG A SAMPLE OF UNDERSERVED MIDWESTERN MEN**

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**Background** Asymptomatic sexually transmitted infections remain a significant public health concern as treatment is frequently not sought by individuals who are not experiencing symptoms. Few studies have utilised social networks as a means for recruiting participants to explore novel approaches to STD testing, service delivery, and prevention information.

**Methods** As part of a larger study, a diverse sample of 25 men (10 Black, 10 White, 5 Latino), between the ages of 18 and 54 (M = 30.1, SD = 12.7) who primarily identified as heterosexual (n = 23), were recruited within a large underserved urban area in the Midwestern United States. Semi-structured interviews were completed to elicit items and themes around preferred methods of STD services delivery and STD information. To identify rates of common bacterial infections among our sample, participants were screened for gonorrhoea, chlamydia, and trichomonas.

**Results** Of our sample, 16% (n = 4) tested positive for a bacterial STI, with 8% (n = 2) testing positive for chlamydia and 8% (n = 2) testing positive for trichomonas. A number of themes emerged from the data in regards to preferred STD delivery services and STD information gathering, including: (1) perceived stigma from their social networks, (2) potential financial costs incurred, and (3) perceived barriers to accessing STD screening venues. Seeking out STD screening was mitigated by two factors: (1) a lack of perceived sexual risk and (2) lack of potential STD symptoms. Participants acquired and preferred to access sexual health information via internet resources and their own social networks.