

# P4.021 ASSESSMENT OF STIGMA AMONG PATIENTS OF HEPATITIS B AND C

doi:10.1136/sextrans-2013-051184.0919

<sup>1</sup>I Rafique, <sup>1</sup>M A N Saqib, <sup>2</sup>S Siddiqui, <sup>1</sup>M A Munir, <sup>3</sup>N Javed, <sup>3</sup>S Naz, <sup>4</sup>I Z Tirmizi, <sup>1</sup>H Qureshi. <sup>1</sup>Pakistan Medical Research Council, Islamabad, Pakistan; <sup>2</sup>Pakistan Institute of Medical Sciences, Islamabad, Pakistan; <sup>3</sup>Central Research Center, PMRC, NIH, Islamabad, Pakistan; <sup>4</sup>Federal Government Services Hospital, Islamabad, Pakistan

**Background** Stigma has negative effects on self-esteem resulting in decreased quality of life in affected individuals and is a major obstruction in the testing, management and treatment. This study was conducted to assess stigma among hepatitis B and C patients in our society.

**Methods** A total of 140 indoor and outpatient hepatitis B/C positive patients were enrolled from tertiary care hospitals of Islamabad and Rawalpindi, Pakistan. Semi-structured questionnaire was used for interview and focus group discussions (FGD's) with patients and their relatives were also conducted.

**Results** Majority of patients (81%) were HCV. When patients were asked how they got hepatitis, about 58% had no idea. Similarly 59% patients got information about hepatitis after getting diagnosed. Majority (83%) was worried and in 74%, life style was affected due to weakness and emotional disturbances. Martial relationship was affected in about half of the cases.

About 66% patients had fear of disease transmission to others and among them 64% believed that this can be transmitted by sharing eating utensils. When participants were asked about sharing of utensils and towels, eating, sitting and shaking hand, it was found that family members, relatives and friend were hesitant and in some cases, patients were ignored.

During focus group discussions, it was found that in Pakistan, hepatitis B and C patients had variety of stigmas such as fear of transmission of disease, social isolation, and discrimination in getting job, break up of engagement, divorce. Similarly patients were having different conceptions about disease treatment as one quarter was taking medication other than allopathic.

**Conclusion** This study showed the presences of misconception and stigma in society which need to be addressed by public awareness programmes.

# P4.022 A SEXUAL AFFILIATION NETWORK OF SWINGERS AND THE SPREAD OF STI, A TWO-MODE NETWORK APPROACH

doi:10.1136/sextrans-2013-051184.0920

<sup>1,2</sup>A M Niekamp, <sup>1,2</sup>C J P A Hoebe, <sup>2</sup>L A G Mercken, <sup>1,2</sup>N H T M Dukers-Muijers. <sup>1</sup>Public Health Service South Limburg, Geleen, The Netherlands; <sup>2</sup>School of Public Health and Primary Care (CAPHRI), Maastricht University, Maastricht, The Netherlands

**Background** An increasing body of evidence indicates venues where people recruit sex partners have a role in spread of STIs. Swingers recruit their sex partners by physical venues (clubs) and virtual venues (websites), forming so-called sexual affiliation networks. Objective of the present paper is to examine how these sexual affiliation networks of swingers can be relevant for STI prevention.

**Methods** Participants of our swinger's cohort were followed using questionnaires. We used both conventional epidemiological and social network methods (descriptive and Exponential Random Graph Models (ERGM)) for the analysis. Because couples swing together, they were found equal in their choices of venues and taken as a swing unit (SU).

**Results** The 57 SU frequented 13 (33.3%) clubs and 26 (66.7%) websites; 59.6% (n = 34) of the SU frequented both websites and clubs, 36.8% (n = 21) frequented only websites and 2(3.5%) solely clubs.

The network formed only one component (fragmentation = 0): all SU and venues in the network were interconnected. The sexual affiliation network has a clear core-periphery structure, with a core of highly connected SU (n = 16) and venues (n = 7).

SU characteristics were generally not statistically significantly associated with the number of websites or clubs frequented, except for the following three: swinging years, group sex, and drug use.

Drug users had a significant stronger tendency to visit websites than non-drug users, and also had a strong tendency to frequent websites more than clubs.

**Conclusions** The analysis of sexual affiliation networks has an important added value to conventional STI epidemiology, because the last does not assess the direct relations between actors and mechanisms of clustering. Furthermore our results show that all swingers in the network were interconnected through their affiliations and therefore STI can eventually reach everyone. Interventions that focus on the prevention of drug use should be directed to visitors of websites instead of clubs.

# P4.023 FACTORS CONTRIBUTING TO HIV SEROCONVERSION AMONG WOMEN IN PRIMARY RELATIONSHIPS IN UGANDA - THE WOMEN'S PERSPECTIVE

doi:10.1136/sextrans-2013-051184.0921

B Mpairwe. Joint Clinical Research Centre, Kampala, Uganda

**Background** This study describes the existing socio-economic and behavioural factors that contributed to the risk of HIV seroconversion among women in the HC-HIV study in Uganda.

**Methods** It was a descriptive cross sectional study looking at socio-economic and behavioural factors that contributed to HIV seroconversion among women. The study used both qualitative and quantitative data collection methods.

**Results** Almost a third of these women had separated within six months to seroconversion. Twenty nine women (30.21%, n = 96) seroconverted after separating and picking on a new sexual partner within six months to seroconversion. Polygamy accounted for almost a third (31.25%) of marriages. In total (42.71%, n = 96) of the women reported having multiple sexual partners at the time of seroconversion. Twenty three women said that existing financial pressures influenced their decisions on how to get additional financial support and (73.91%, n = 23) of these women say they picked on a new sexual partner for financial support. Having more than one sexual partner, mean age 25 yrs (Standard deviation 5.02), having one sexual partner, mean age 28yrs (Standard deviation 5.60). P = 0.0043. A third of women with no education had more than one sexual partner, 57.78% for those with primary education, 30% for those with secondary education and 25% for those with tertiary education. P = 0.035. Women not employed and were housewives were 51% less likely to have multiple sexual partners (OR 0.5101449, CI 0.1911013 – 1.323363, P = 0.139).

**Conclusions** There was a close relationship and inter linkage between the factors. In low income countries like Uganda, where education and economic empowerment is still low, and financial as well as cultural dependence of women on their partners is the norm, some women would rather risk seroconversion than loose their only available socio-economic security/their spouses.

# P4.024 DO NEW MEDIA AFFECT ADOLESCENT SEXUAL ATTITUDES AND BEHAVIOURS? A SYSTEMATIC REVIEW

doi:10.1136/sextrans-2013-051184.0922

<sup>1</sup>L Watchirs Smith, <sup>1</sup>R Guy, <sup>2</sup>L Degenhardt, <sup>3</sup>J Richters, <sup>4</sup>S Robbins, <sup>1</sup>J Kaldor, <sup>5</sup>C Lumby, <sup>6</sup>R Skinner, <sup>1</sup>B Liu. <sup>1</sup>Kirby Institute, UNSW, Sydney, Australia; <sup>2</sup>National Drug and Alcohol Research Centre, UNSW, Sydney, Australia; <sup>3</sup>School of Public Health and Community Medicine, UNSW, Sydney, Australia; <sup>4</sup>Western Sydney Sexual Health