

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
Refer to specialised clinic	51	59.3
Provide treatment	20	23.3
• 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
Refuse to provide treatment	15	17.4
• 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 in19 central districts of Uganda. It contributed as a partner to MOH review of existing STD training guidelines and treatment algorithms. The revised materials