contestants to develop 30-second videos addressing *'how you tell a partner you have HSV'* given that *'for many people shame and stigma are so overwhelming that they don't feel comfortable talking about it.'*

Results Sixty-three videos were analysed for the following thematic content regarding disclosure: motivation, strategies/logistics and timing/context. The portrayed motivations included: no reason not to disclose, given the ease of disease management; to be consistent with values (e.g., respect, honesty); or to avoid the risk of accidental 'outing'. Other videos only commanded disclosure without providing a rationale. With regards to strategies and logistics, most disclosures occurred in a private or semi-private setting, often of a romantic/intimate nature and in a direct manner. However, some used an indirect/non-verbal approach (e.g., giving a pamphlet or as part of a game). A few showed consideration of the partner's need for time to respond. A few showed the individual practising disclosure. The timing and context of disclosure varied and was often unclear; however, some videos demonstrated disclosure occurring post-coitally.

Conclusions Some video creators viewed disclosure as occurring in romantic settings, post-coitally, and in a non-direct manner, all of which are not consistent with traditional counselling messages. Disclosing in a romantic setting and in non-direct ways may be reasonable; it would still be desirable for disclosure to occur pre-coitally. Understanding these differences may help develop counselling messages that resonate with patient expectations and are more effective in promoting disclosure. Future research should collect patient experiences and perceived outcomes of disclosure in terms of the setting, method, and timing of disclosure.

P4.147 'NO RESPECT, NO GOOD SEX': SEXUAL ETHICS IN BAREBACKING PRACTICES

doi:10.1136/sextrans-2013-051184.1042

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Research on 'bugchasing' or intentional seroconversion generally focuses on the psychosocial motivations for why gay and other homosexually active men engage in such practises, but fails to attend to the question of ethics. Conversely, studies on barebacking rarely consider how sexual ethics are shaped and entangled with other knowledge practises. This paper explores how issues of responsibility and consent (as sexual ethics) are conceptualised and practised in an online forum on barebacking. In particular, I focus on 'stealthing': broadly defined as barebacking practise involving the deliberate non-disclosure of HIV-status to intentionally infect or become infected with HIV. Using online ethnography, I explore the relational ties between biomedical practises (e.g. testing regimes, knowledge of viral load, etc), legal apparatuses and normative ethics that frame ethical debates on stealthing, bugchasing and barebacking. I argue that men in the forum construct responsibility as polysemic: some men uphold self-protection; some believe HIV-positive men must take responsibility to protect their partners; while others emphasise shared responsibility by appealing to ideas of community. However, they almost universally draw on notions of consent and choice shaping barebacking and bugchasing as consensual, while regarding stealthing as morally unacceptable. This study aims to attend to the complex and multiple processes that shape decision making in regard to unsafe sexual practises.

P4.148 SEXUAL PRACTISE AND HIV IN UGANDA: THE SEARCH FOR "LIVE SEX"

doi:10.1136/sextrans-2013-051184.1043

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Background Across Sub-Saharan Africa, HIV is still predominantly spread via heterosexual intercourse. Understanding sexuality in this region and its relationship with HIV is, therefore, a vital aspect of understanding the disease. Anthropology has offered many perspectives trying to better understand the social and cultures aspects of HIV as a sexually transmitted infection. This contribution aims to explore the complexity of the symbol of "live sex" (sex without a condom) as an endorsement of risky sexual behaviour.

Methods This is a personal ethnographic account of the discourse surrounding HIV and sexual practise amongst young educated Ugandans.

Results HIV has become embedded into the discourse surrounding sexual practise of young educated professionals in Uganda. Traditions of polygamy in East Africa battle with strong Christian morals. HIV has become inextricably linked to this discussion. It is not only seen as a sexually transmitted infection, but as an integral part of decisions regarding sexual practise. I found two common perspectives. Firstly, participating in "live sex" is used as a deep symbol of trust between partners when embarking on a new monogamous relationship. Secondly, "live sex" is a symbol of romance, of natural pleasure, and a reflection of one's true masculinity. A consistent opinion was; "if you are going to catch it, at least catch it in a moment of ecstasy".

Conclusion For young educated Ugandans, HIV is not just a risk associated with unprotected sexual intercourse, but it has developed additional symbolic meaning to sexual relationships. Despite high levels of understanding regarding HIV and its mode of transmission, educated individuals still engage in risky behaviour. Does this undermine our focus on education in terms of combating spread? This contribution suggests we need to understand more about HIV as a symbol in a complex social and cultural context, and not just as a medically-defined disease.

P4.149 ANTIRETROVIRAL THERAPY AS A RISK FACTOR FOR DEPRESSION, SUICIDAL IDEATION, AND SUICIDE ATTEMPTS AMONG PEOPLE LIVING WITH HIV/AIDS IN THE KATHMANDU VALLEY, NEPAL

doi:10.1136/sextrans-2013-051184.1044

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Background Although antiretroviral therapy (ART) has significantly slowed disease progression and increased longevity among people living with HIV/AIDS (PLWHA), the potential impact on psychological variables is yet poorly understood. Profound changes in the lived experience and perception of illness resulting from ART introduction could potentially influence development of depression, an especially common (25–40%) and consequential condition in PLWHA. Left untreated, depression contributes to treatment non-adherence and poorer clinical outcomes. This study thus sought to measure the association of ART with depressive symptoms among PLWHA in the Kathmandu Valley, Nepal.

Methods In this cross-sectional study, we surveyed a community-based sample of 321 PLWHA residing in the Kathmandu Valley, Nepal, using a structured, pre-tested Nepali language questionnaire with face-to-face interviews. The 21-item Beck Depression Inventory (BDI), Nepali version, was used to assess depression in participants. Data were analysed using multiple logistic regression models to examine factors associated with depression, suicidal ideation, and history of suicide attempts, adjusting for potential confounders.

Results Overall, 26% of participants had depressive symptoms, 14% reported suicidal thoughts or wishes, and 17% had ever attempted