

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

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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 'stealth': 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"

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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

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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

suicide. Among the 234 respondents on ART, median treatment duration was 24 (IQR: 9–39) months. Individuals being treated with ART for 2 years or less were more likely than those not using ART both to register depression on the BDI (AOR = 2.57, 95% CI: 1.08–6.11) and to report suicidal ideation (AOR = 4.08, 95% CI: 1.29–12.85). A history of attempting suicide was correlated with being on ART for more than 2 years (AOR = 3.98, 95% CI: 1.38–11.48).

Conclusion Our study shows that PLWHA treated with ART are more likely to experience depressive symptoms, particularly in the earlier treatment stages. This suggests a critical need for psychological support alongside initiation of treatment. Further work to identify specific patterns and causes of these symptoms and effective ways of managing them is recommended.

P4.150 ELEMENTS OF THE ISEAN-HIVOS MONITORING AND EVALUATION TOOLKIT- RESPONDING TO THE CHALLENGE OF QUALITY M&E SYSTEMS IMPLEMENTATION IN A REGIONAL HIV-PROGRAM CONTEXT

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Introduction In 2010, to address the increased vulnerability of MSMs as well as Transgenders to HIV transmission especially in the context of South East Asia, ISEAN and Hivos, jointly submitted a regional proposal to the Global Fund Round 10. The programme's goal is to reduce the vulnerability and risks of MSM and TG to HIV infection in the island countries of Southeast Asia. This grant was approved and has since then been called, the ISEAN Hivos Program. Part of the challenge of implementing a regional programme is being able to fulfil its monitoring and evaluation requirements. In the initial phase of the ISEAN-Hivos implementation, efforts were undertaken to manualize the Programs M&E Requirements leading to the development of an M&E Toolkit.

Methods This presentation provides a description of the ISEAN-Hivos Toolkit and shares the principles that it followed to come up with a tool that can be applied in implementing an HIV-prevention project, targeting MSMs and TGs in Indonesia, Malaysia, Philippines and Timor Leste. The ISEAN-Hivos M&E Toolkit is comprised of the following:

1. Approved M&E Plan and Performance Framework
2. M&E Reporting Templates and Tools
3. Unique Identifying Code Guidelines
4. ISEAN Hivos Calendar for Reporting

Conclusion The experience of ISEAN-Hivos in fielding its M&E Toolkit provides empirical evidence of the value of manualization of programme management tools and guidelines in coordinating a cross-country regional HIV grant, which can provide learning for similar initiatives in various geographical contexts.

P4.151 OVC STATUS AS PREDICTOR OF POOR OUTCOMES IN CHILDREN; COMBINATION OF HOUSEHOLD POVERTY AND CARING FOR OVC HAS WORSE CHILD OUTCOMES

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According to scientific literature there are various markers of child vulnerability. Among them are: household wealth status, education levels of caregivers, living arrangements, relationship to head of household, Orphanhood, and OVC status. This paper examines specifically the role of orphanhood and OVC status in predicting child outcome in health, education, access to food and nutritional status. The study was conducted in the districts of Marracuene, Katembe, Dondo, and the administrative post of Naticire in Mozambique. We conducted a household survey of 1,759 households with 5,726

children aged 0–17 years. This Abstract focuses on children under the age five years only. We examined shelter, health, food security and nutrition, legal protection, education, and psychosocial outcomes among children and we measured differences in these outcomes based on whether households care for OVC and on poverty status. We disaggregated household level data in order to show the differences between (1) poor households taking care of OVC, (2) poor households not taking care of OVC, (3) non-poor households with OVC, and (4) non-poor households without OVC. This categorization allows us to demonstrate disparities among households and highlights the most vulnerable households.

OVC status was found to be an independent predictor of poor child outcomes in terms of food security, nutritional status, health, psychosocial wellbeing, and education. For example, among children under five years old, poor OVC households were more than twice as likely to have a child go hungry a day and night compared to poor non-OVC households. Among 5–11 year olds, poor OVC were more likely to be behind in grade-for-age compared to poor non-OVC and more than twice as likely compared to non-poor, non-OVC. In logistic regression models, poor OVC were 2.7 times more likely to be out of school compared to non-poor, non-OVC.

P4.152 ASSOCIATION OF SEXUAL BEHAVIOURS, CONDOM USE AND HISTORY OF SEXUALLY TRANSMITTED INFECTIONS AMONG MEDICAL STUDENTS IN CANTON SARAJEVO

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Introduction Sexually transmitted infections (STIs) have become a leading global public healthcare problem. The aim of the study was to determine and evaluate certain aspects of sexual behaviours among medical students in Sarajevo.

Methods The two parts of the survey were cross-sectional analysed among 188 and 220 students by means of valid self - reported questionnaires in 2011/2012 and 2012/2013 at University of Sarajevo, BaH.

Results In the first part of the survey a total of 188 students were observed, out of which in the group 18–21 of age – 35.3% males and 64.7% females and in the group of 22–25 of age – 50.9% males and 49.1% females, respectively. Sexual experience have had 67.5% of students, out of which at the age of ≤ 16–86.9% males and 13.1% females, while at the age of ≥ 17–46.1% males and 53.6% females. In the last 12 months 56.9% males used condom each time during sexual intercourse as well as 41.5% females. In the second part of the survey a total of 220 students were observed, out of which in the group 18–21 of age–31.4% males and 68.6% females; in the group of 22–25 of age–40.5% males and 59.5% females; in the third group ≥ 26 of age–46.0% males and 54.0% females. Sexual experience have had 53.6% of students, out of which at the age of ≤ 16–94.7% males and 0.53% females, while at the age of ≥ 17–47.5% males and 52.5% females, respectively. In the last 12 months 33.8% males used condom each time during sexual intercourse as well as 30.2% females. There was not a significant difference in condom use in relation to students knowledge about STIs (p0.05).

Conclusions Health education of youth improves their knowledge of sexual behaviour, provides support and develops skills needed for avoiding risk-taking behaviour, as well as preventing major STIs.

P.05 - Translational and Implementation Sciences Track

P5.001 THE EFFECT OF ADVANCED PARTNER NOTIFICATION FOR PEOPLE LIVING WITH HIV AND AIDS

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