Aim To explore the structural and contextual influences on the life course of HIV-affected circular migrant families, focussing on long-term prognosis, and consider implications for programmes.
Methods In-depth interviews with HIV-positive patients at an antiretroviral therapy (ART) centre in northern India. Data were analysed using framework and thematic analysis.
Results 20 men and 13 women were interviewed. Short-term migration to urban areas secured an improved economic livelihood, but HIV diagnosis was often late following a prolonged period of privately-obtained symptomatic treatments. At eventual HIV diagnosis, most participants faced serious debt and physical degradation. They felt conflicted about future migration – their economic liabilities pushed them towards migrant work, but their poor health and strict treatment regime made them reluctant to leave home. Insecure job markets and discriminatory policies attenuated their employment choices while the opportunity costs of monthly ART centre visits and related medical care mounted up. The role reversal from primary earners and carers to needing care and financial support changed household organisation. Temporary care arrangements gave way to shifts in household composition, with gendered effects. Long term adherence to daily antiretroviral medication and the recommended healthy, regular meals could be compromised by the social and economic consequences of becoming positive.
Discussion Migration may increase HIV risk but following infection, HIV regulates future migration. It often increased the need to migrate again and forced some people to make choices that compromised their long-term health. Targeting migrants with prevention, testing and treatment programmes may fail to achieve desired outcomes without the simultaneous implementation of structural interventions.

007.3 A PSYCHOLOGICAL EXPERIMENT TO EXAMINE THE GLOBAL IMPACT OF STIGMA ON INDIVIDUALS DIAGNOSED WITH TYPE 1 HERPES SIMPLEX VIRUS (HSV-1)

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Background HSV-1 causes at least 50% of primary genital herpes infections in Europe, Canada, Australia and the USA. In the UK, rates may be even higher, as the level 3 STI clinic in Southampton observes approximately 80% of primary genital herpes infections in young women are due to HSV-1. Regardless of location, individuals disclosing genital herpes infection may experience enacted stigma associated with negative stereotypes of sexual immorality. Patients may often fear rejection and conceal their HSV status, deleteriously affecting social relationships and self-identity. Our study aimed to assess whether a relationship could be established between female HSV-1 infected status and sexual attractiveness to males, and whether a significant difference existed between male responses to HSV-1 orolabial and genital herpes infection disclosures by females.
Methods The study was a randomised controlled trial of 111 male participants, recruited from university undergraduate students. Participants were randomly allocated to 1 of 3 groups and shown discrete video scenarios of a female actress disclosing HSV-1 infection. Group-specific questionnaires yielded quantitative data from visual analogue scales measuring attractiveness and truthfulness regarding disclosure.
Results Pilot data showed that there may be a significant reduction in female attractiveness to males, associated with HSV-1 genital herpes disclosure, but not following HSV-1 orolabial herpes disclosure. Pilot data showed there may be a significant reduction in male's perceived truthfulness of HSV-1 orolabial herpes disclosure by females, in place of HSV-1 genital herpes. A full complement of results will be available by the ISSTDR/IUSTI conference.
Conclusion Female patients diagnosed with HSV-1 genital herpes are often advised by clinicians that strategic disclosure of orolabial herpes will maintain role relationships with male partners. However, our findings show that orolabial herpes disclosure may negatively affect relationships, as male partners may perceive such disclosure to be significantly less truthful than genital herpes disclosure.

007.4 THE PRICE OF SEX: INSIGHTS INTO THE DETERMINANTS OF THE PRICE OF COMMERCIAL SEX AMONG FEMALE SEX WORKERS IN RURAL ZIMBABWE

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Background Amid overall reduced demand for paid sex it is unclear how the economic organisation of sex work is affected. We explore factors associated with the price of paid sex in rural Eastern Zimbabwe.
Methods We collected and analysed cross-sectional data on 161 women who reported receiving either cash or commodities at their most recent commercial sexual encounter and who were recruited using snowball and location-based methods in October-December 2010. We used linear modelling to assess the impact of social and behavioural variables on payments for sex.
Results Eighty percent of sex workers (SW) were paid in cash; the mean payment was US$11 (95% CI:$9-$13) and amount did not vary by payment type ($p > 0.2$). All acts were penile-vaginal. When clients requested condoms, consistent condom use was more prevalent than in encounters where they did not (82% vs. 38%,$p < 0.01$). Mean payment in 100% protected encounters was $3 lower than when condom use was inconsistent (at least one unprotected act) ($p = 0.03$). Mean payment was higher when encounters were initiated in private locations (SW or client's house) than in bars and public places (e.g. markets): $13, $11 and $8, respectively (trend: $p = 0.003$). Independent factors positively associated with payment were secondary education (vs. no or primary education, $p = 0.013$), a night-long encounter (vs. one act, $p = 0.03$), higher numbers of acts ($p < 0.01$), clients not requesting condoms (vs. requesting condoms, $p < 0.05$); encounters initiated in public (vs. private locations $p < 0.01$) were negatively associated with payment.
Conclusion Clients who did not request protected sex paid more than clients who did, and more educated SW were able to negotiate higher prices. Under extreme macroeconomic pressures SW may be less financially able to refuse unprotected sex. We need to understand better the importance of economics of sex work for HIV/STI epidemics.

007.5 UNPROTECTED SEX AMONG HIGH-RISK PARTNERS: ASSOCIATIONS BETWEEN RELATIONAL CHARACTERISTICS OF LAST SEXUAL PARTNER AND UNPROTECTED ANAL INTERCOURSE (UAI) AMONG MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER WOMEN (TGW) IN LIMA, PERU

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Background Factors influencing condom use among MSM/TW may include partner type and recent STI diagnosis. We examined the association of partner type with UAI among MSM/TW in urban Lima, Peru, recently diagnosed with HIV or STI.