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O07.6 ROLE OF MINORITY STRESS IN HEALTH-RISK BEHAVIOURS AMONG YOUNG MSM AND TGS IN INDIA

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Introduction Literature shows MSM and TGs face exorbitant levels of minority stress. Moreover, health-risk behaviours in young MSM and TG have not been comprehensively studied in all parts of India. Therefore, an insight into the potential role of minority stress in mental health of young MSM and TGs, and further health-risk behaviours is essential. The study explored the pathways and mechanisms of engagement in health risk behaviours among young MSM and TGs using minority stress perspective.

Methods A mixed method approach (Qual-Quant-Qual) was adopted to examine how minority stress predicts poor mental health, and the role of mental health as a mediator variable in health-risk behaviours. 6 FGDs of 5 participants each were followed by a focused questionnaire development building on the insights from the FGDs. After field pilot, collection of Quant Data from 220 young MSM and TGs (18–30 years), using TSS was performed. In-depth Interviews on a focused and smaller yet representative sample of 32 was conducted.

Results This study establishes that components and associates of minority stress (internalised homophobia, perceived and actual discrimination, gender non-conformity stigma, non-acceptance of sexual/social identity, experiences of violence and impact of criminalization of Homosexuality) significantly predict poor mental health outcomes among young MSM and TGs (e.g. anxiety and depression). This establishes Meyer's Minority stress perspective and its cross-cultural validity in Indian context for the first time. This study also significantly suggests role of mental health as mediator variable in influencing health-risk behaviours including sexual risk-taking and alcohol and drug abuse.

Conclusion Health-risk behaviours are a byproduct of the interaction between socio-cultural contexts, person's social and community identity, sexual identity acceptance by self and others (e.g. criminalization in Indian context). Insights of the study will inform policy makers to assess LGBT rights and health policies and create increased sensitivity in the mainstream society.

Disclosure of interest statement This study was funded by AusAID as an Australian Leadership Award Scholarship to the Researcher. *No pharmaceutical or other grants were received in the development of this study.*

O08 - Violations of human rights in relation to STI and HIV

O08.1 HOW FAR VIOLATION OF BODILY RIGHTS OF WOMEN IS LINKED TO SEXUAL AND REPRODUCTIVE MORBIDITIES? A STUDY OF INDIA AND SELECT STATES AND DISTRICTS

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Introduction This paper aims to link violation of bodily (sexual and reproductive) rights of women with sexual and reproductive morbidities in India and specifically in states of Bihar, Uttar Pradesh, Andhra Pradesh, Karnataka and four select districts from each state namely Kishenganj, Kanpur, Guntur and Bellary.

Methods National Family Health Survey-3 and CHARCA data has been used for this research. Bivariate and multivariate analyses have been done for analysis.

Results More than two-fifths of women in India experiencing sexual violence suffered abnormal genital discharge, 5 percent suffered genital sore or ulcer against 9 percent and 2 percent women respectively who did not experience sexual violence. Women experiencing forced sex/sexual act are three times more likely to have STD ($p < 0.01$) in India, 5 times more likely to get genital ulcer/sore and 8 times more likely to have STD ($p < 0.01$) in Karnataka. Genital discharge is the most common morbidity found among women in India who experienced forced sex. Other common morbidities are pain in lower abdomen not related to menses, low back ache, frequent urination and pain during urination. More than one-forth women in Bellary and one-tenth in Kanpur who experienced sexual violence had miscarriages in pregnancy. These morbidities are least prevalent in Guntur, since the experience of sexual violence ('often') is far less among women in this district than the other districts.

Conclusion The occurrence of sexual and reproductive morbidities in last twelve months was more prevalent among women experiencing forced sex in India and the select states/districts. The prevalence of these morbidities is least found among women of the southern states since less women in these states experience sexual violence perpetuated by their husbands. Specifically, in the districts, women whose bodily rights were violated experienced more miscarriages than women who did not experience sexual violence.

Disclosure of interest statement Not applicable.

O08.2 STIGMA PREDICTS SEVERITY OF MAJOR DEPRESSIVE DISORDER IN WOMEN LIVING WITH HIV IN RURAL INDIA

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Educational objectives There is paucity of data on mental health risk factors among women living with HIV in rural settings in low income countries. This study explores comorbid mental health risk factors among this vulnerable group. Purpose: To