

occasional clients/ repeat partner/regular partner) and HIV/STI prevalence.

Results The sample includes 1432 MSM-T of which 56% belonged to the baseline while remaining to the follow-up survey. The mean age at sexual debut was lower and weekly client volume was higher among the MSM-Ts interviewed in the first round of survey which has shown a significant shift in positive direction in the second round of the survey. In context of programme exposure, higher percentage of MSM-T (about 75% vs 70%) reported project STI clinic visit, visit to DIC (68% vs 14%) than the baseline survey whereas the peer contact remained around 85% in both the rounds. The increased level of clinic/DIC visit found to be positively associated with higher proportion zero unprotected sex with commercial clients, consistent condom use with commercial clients/ repeat partner and with the regular partners in follow-up survey. The crude and adjusted OR shows a significantly less chances of HIV/STI among those who were contacted by peer (OR=0.78, 95% CI 0.67 to 0.99) and visited to clinic (0.82, 95% CI 0.79 to 0.96) compared to their respective counterparts after adjusting the effects of other confounders in the two rounds of the survey. The prevalence was significantly lower among those MSM-T who used condom with different type of partners at different occasions.

Conclusions The extent of peer-led outreach remain more or less over the period of time, however, a significant improvement in clinic/DIC visit found as the critical component in reducing the HIV/STI prevalence through increased means of condom use with different types of partners.

Social and behavioural aspects of prevention poster session 7: Persons living with HIV/AIDS

P2-S7.01 CONDOM USE AND THE DISPOSITION TO IT AMONG HIV POSITIVE WOMEN ACCESSING CARE AT AN ANTIRETROVIRAL CLINIC IN IBADAN, NIGERIA

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Background Condon use remains one of the ways to prevent sexual transmission of HIV. However, its use among women living with HIV has not been well documented in Nigeria. This study therefore documented the use of condom among women living with HIV attending an ARV clinic in Ibadan, Nigeria.

Method This descriptive study was carried out among 396 consenting HIV positive women selected using a systematic random sampling technique in President Emergency Program For AIDS Relief clinic Ibadan. Data was collected using validated interviewer administered questionnaire and analysed using descriptive and χ^2 statistics.

Result The mean age of the participants was 34.8±9.0 years, 62.6% were currently married. 96 (24.2%) 13.2% were never married and 66.2% had disclosed their status to their partners. Three hundred and fourteen (79.3%) of the respondents reportedly were sexually active, of these 134 (42.7%) reportedly use condom in all sexual intercourse with their partners while 28.0% never used at all. A significant relationship was found between condom use and serostatus disclosure ($p<0.05$). Reported experiences among the 226 (72.0%) who use condom included endurance 115 (50.9%), enjoyment (39.8%), complaint 12 (5.3%), fed up (2.2%) and annoyance (1.8%).

Conclusion Condom use is prevalent among the study group and not many derived enjoyment from it, therefore health promotion strategies such as individual psychotherapy, health education on

proper use of condom and provision of free varieties of condoms should be put in place to encourage its use.

P2-S7.02 EFFECTIVENESS OF COMMUNICATION IN TACKLING STIGMA AND DISCRIMINATION AMONG PEOPLE LIVING WITH HIV AND AIDS AND HEALTHCARE PROVIDERS IN NIGERIA

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HIV and AIDS have spread rapidly since the first case was diagnosed in 1986. HIV and AIDS pandemic the world over is still incurable despite efforts by the local and international community partnerships. Worsening the case still, is epidemic of stigmatisation and discrimination of people living with HIV and AIDS from the general public most especially healthcare providers who render services to people living with HIV and AIDS (PLWHA). Factors reinforcing these behaviours among the healthcare providers have not been adequately investigated. Such cruel behaviours towards persons living with the virus has myriad of negative impacts on their psyche and adjustment pattern and ultimately their health-related quality of life. The study therefore seeks to investigate the pattern and the extent of discrimination and stigmatisation among healthcare providers; experiences of stigma and discrimination by persons living with HIV and AIDS from healthcare providers as well as the socio-cultural factors reinforcing such negative behaviours in Ibadanland. Also the study seeks to explore the effectiveness of messages from the media aimed at reducing discrimination and stigmatisation among healthcare providers. The study was cross-sectional in design. Multistage sampling technique was used to select 225 study respondents comprising of 65 healthcare providers and 160 PLWHA for interview. The instrument for data collection was a pre-tested semi-structured questionnaire. Data were analysed using t-Test, Chi square and descriptive statistics. A majority (71.1%) of the respondents were people living with HIV and AIDS while only 28.9% were healthcare providers. More than half (53.3%) of the respondents were males. Respondents with senior secondary school examination certificate top the list (49.8%). A majority of the respondents (60.0%) were married while about 34.7% were singles. Most of the respondents, 44.0%, were between the ages 26–35 years. Four hypotheses were tested; there was a significant difference in the level of awareness of stigma and discrimination between PLWHA and healthcare providers. This might be due to the fact that the PLWHA feel the impact of the disease condition more than the healthcare providers. The second hypothesis was also rejected as there was significant difference in the perception of PLWHA and healthcare providers in the role of media in reducing stigmatisation and discrimination against PLWHA. However, the third hypothesis was accepted as there was no significant difference between PLWHA and healthcare providers in their perception of the role of workshop and seminar in the reduction of stigma and discrimination towards PLWHA. In addition to this, the fourth hypothesis was accepted. There was no significant difference in the perception of PLWHA and healthcare providers on the role of electronic media and campaign against stigmatisation between PLWHA and health providers. The findings of this study showed that there were variations in the level of awareness and experience of stigma and discrimination, proactive measures should be geared towards prevention and eradication of the epidemic HIV and stigma and discrimination at local, national and international levels. Health education strategies such as sensitisation, workshop and continuing professional education for healthcare providers on issues surrounding HIV and AIDS will go a long way in ameliorating this problem.