reporting not testing or avoiding/delaying testing. Our study highlights the potential for an internet-based testing programme for HIV and STI under development in BC to reach men facing current barriers to HIV and STI testing.

P3.426  **THE NEED AND OPPORTUNITY TO PROMOTE COMBINATION PREVENTION IN HIV POSITIVE MEN WHO HAVE SEX WITH MEN ATTENDING CLINICS**


**Background** In 2010 recent HIV diagnoses increased in the UK despite 80% of diagnosed HIV+ MSM being on antiretroviral treatment (ART) with undetectable viral load. While undiagnosed HIV infections are thought to account for high proportion of these transmissions; a significant proportion is attributed to diagnosed HIV. We examine factors associated with unprotected anal intercourse with non-concordant partners (ncUAI) among HIV+ MSM and potential for HIV prevention.

**Methods** HIV+ MSM attending a central London HIV clinic completed a computer-assisted survey (May-September 2010). Multivariate logistic regression analyses were conducted.

**Results** Median age of 429 men was 43 years. 81% of them were on ART. 17% of men had missed ≥ 1 ART doses in the last two weeks. One in five men believed that being on ART with an undetectable viral load eliminates risk of HIV transmission. 380 men had been sexually active in the last year; 20% of whom had not tested for STI. 25% of those tested had been diagnosed with ≥ 1 STI. 50% of men had a non-concordant primary partner. 50% of men’s most recent sex partner was a non-primary non-concordant partner. The prevalence of ncUAI with primary and the most recent non-primary partner was 18% and 16.9 respectively. Duration of partnership, recreational drug use during sex, belief that undetectable viral load eliminates the risk of HIV transmission were all independently associated with ncUAI with a primary partner. Disclosure of HIV status and recreational drug use during sex were independently associated with ncUAI with a primary partner. Disclosure of HIV status and recreational drug use during sex were independently associated with ncUAI with the most recent non-primary partner. Viral load status was not associated with ncUAI.

**Conclusions** HIV+ MSM attending HIV clinic reported high transmission risk behaviours. Engaging them in combination prevention interventions addressing recreational drug use, adherence to ART, attitudes towards ART for HIV prevention and STI testing during clinic visits provide vital opportunity for HIV/STI prevention.

P3.428  **FAMILIAL AND SOCIAL FACTORS INFLUENCING HIV/AIDS INTERVENTIONS IN RAWALPINDI, PAKISTAN**


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**Background** There are significant numbers of MSM in different parts of Islamic Republic of Pakistan including Rawalpindi. Religion and social norms do not promote/encourage acceptance of MSM at individual, familial and community level. MSMs generally face severe torture, neglect and deprivations associated to sexual identity. This study aims to provide insight to socio-familial factors that can affect HIV/AIDS related interventions by NHMA which is implementing GFATM’s Regional Grant R-9.

**Methodology** Using snow-ball sampling technique and consent based inclusion the thirty participants were interviewed to get their case-study and FGD was conducted by 03 researchers included 02 self-identified MSMs from Rawalpindi and a clinical psychologist. NHMA’s research-ethical standards were met with.

**Results** Almost every participant reported physical abuse by family members and deprivation from family property associated to disclosure of sexual identity. Undue psychological stresses caused due to family pressures to live in “rightly manner” and to “get married” which can lead to leaving home and living in sub-standard conditions resulting in health hazards. Educational and vocational activities are usually discontinued and most of the boys start living with friends with same sexual identity and engage in sex-work. Condom/lubricant knowledge and practise in very low. Harassment and abuse and exploitation (physical/psychological/financial) by police and “network operators” is common. Condom use with wives is for contraception. Fear of being rejected/and from home is a barriers to disclosure to wives.

**Conclusion** Inclusion of family and PPTCT interventions along with socio-economic empowerment activities can be supportive in developing a rights based HIV prevention programme for MSMs in Rawalpindi. Further studies and a community lead programme and outreach strategy is highly recommended to support empowerment and building self-esteem.