

Results Nine (6.9%) reported that their spouses were not aware of their serostatus, 106 (76.8%) reported that their children were not aware of their serostatus while 59 (45.4%) reported that their workmate were not aware of their serostatus. The patients were biased for close relatives such as children and parents as they would not like them to be informed of their serostatus while 6.9% would not want to inform anybody. Anxiety was more prevalent among subjects who reported that their children were not aware of their serostatus. In addition, 5.4% of subjects who were of opinion that their children were not aware had anxiety morbidity, increased use of psychoactive substances and use of alcohol in a manner suggestive of dependence state.

Conclusion There is need for further studies on hesitance of HIV patients to carry along close relatives, as benefits of supports and care are lost.

P4.007 FERTILITY DESIRES AMONG HIV INFECTED ADULTS AT NAIVASHA DISTRICT HOSPITAL

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Background In Kenya, there are over one million adults of reproductive age living with HIV/AIDS. The unmet need for contraceptive use is sixty percent for HIV positive women. Increased availability of HAART has resulted in improved physical and sexual health, resulting in increased of risk of intended and unintended pregnancies. Understanding the fertility desires of this vulnerable group becomes paramount.

Methods Eligible HIV infected adults enrolled for care at Naivasha district hospital CCC completed a structured questionnaire after providing written consent. Chi squared tests and T tests were performed to determine predictors of fertility desire.

Results Three hundred men and three hundred women were recruited. Fertility desire was reported by forty-nine (sixteen percent) women and sixty-seven (twenty-four percent) men. HIV positive women were less likely to desire more children compared to HIV males. Among the demographic characteristics only the number of living children and women not on HAART were significantly associated with fertility desire. Among the two hundred and forty-eight women who did not desire fertility, one hundred and eighteen (forty-seven percent) were not using contraception. Overall, eighty-five percent of men and fifty-five percent of women were sexually active. Males (forty-six) were more sexually active than women (one hundred and twelve) among those not desiring fertility and not using contraceptives, seventy-two percent males and fifteen percent women.

Conclusions Only twenty percent of HIV infected adults' desired fertility, with men being pronatalist than women. Only about half of HIV positive women were using contraceptives despite having no fertility desire. This increases the risk of unintended pregnancies. Sexual activity was ongoing with no contraceptive use hence increasing the risks of vertical and horizontal transmission on HIV. Integration of Family planning services in CCC's should be considered.

P4.008 RELATING MULTILEVEL PSYCHOSOCIAL CONSTRUCTS WITH RISKY SEX AMONG MEN WHO HAVE SEX WITH MEN (MSM) AND MALE-TO-FEMALE TRANSGENDER WOMEN (TW) IN PERU

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Background Risk for HIV/STIs is high among gay men (GM) and male-to-female transgender women (TW) and understanding the underlying reasons for risk is essential for planning effective interventions. Few instruments have been developed to examine psychosocial constructs for Spanish-speaking Latin American GM/TW.

Methods We developed scales to measure psychosocial constructs and then conducted a survey to assess their association with risky sex among Peruvian GM/TW (Cronbach alphas ranged from 0.66 to 0.85). We explored constructs at the: (1) individual-level (e.g. experiences of homophobia, belief in one's capability to have safer sex), (2) social-level (e.g. social norms about safer sex, social support) and (3) community level (valuing being a part of the gay/trans community). We used student's t-tests to explore the association between these constructs and risky unprotected anal intercourse (UAI), defined as UAI in the past 2 months with non-primary partners or primary partners who are serodiscordant or serostatus unknown, non-monogamous, or who have been a primary partner for less than 6 months.

Results We surveyed 247 MSM/TW with a mean age of 31.3 (standard deviation 8.2), 200 were GM and 47 were TW. Risky UAI was reported by 18.6% of GM/TW. GM/TW reporting risky UAI also reported significantly lower social support, feeling less capable of having safer sex, having sex in challenging contexts more often, and more experiences of homophobia/transphobia. Each of these constructs were significantly associated with reporting risky UAI with a male partner (all p-values < 0.05). Other scales were not associated with risky UAI.

Conclusions The psychosocial scales performed well among GM/TW and several were significantly associated with risky UAI. Constructs at the individual and social level were associated with risky UAI, suggesting that multilevel HIV/STI prevention interventions with this population may be more valuable than individual-level interventions.

P4.009 DELIVERING HIV/AIDS MESSAGES ON UNPROTECTED SEX AND CONDOMS: THROUGH MOSQUES OF BANGLADESH

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Background Within the context of imam training/orientation in Bangladesh, limited attention has been paid to imam's behaviour change for effective participation in HIV prevention interventions. This study aimed at identifying factors influencing imams in promoting or inhibiting HIV message delivery consistently through mosques.

Method Three imam groups were trained for generating effective participation in HIV prevention in Bangladesh. Both quantitative (survey and exit interview) and qualitative (observation and focus group discussion) methods were conducted among imams, Friday sermon session and mosque attendees.

Results More than 90% imams in three imam groups delivered selected HIV transmission and prevention messages. However, only 11% in Group 1, 3% in Group 2 and none in Group 3 could articulate HIV transmission message consistently. Consistent delivery rate for HIV prevention message was 20% and 8% respectively in the first two groups. Observation and exit interview results were consistent to that of the survey result. All imams related sexual relationships outside marriage with the transmission of HIV as they felt it is consistent with religious doctrine. Despite imams' high knowledge on HIV, they were unwilling to pronounce 'unprotected sex' and 'condom'. Spiritual value of Friday sermon, presence of mixed age group of attendees and perceived reaction by community prohibited the full discussion on HIV prevention by imams.

Conclusion Strategies for generating effective participation by imams in HIV prevention interventions require extensive dialogue