**P4.034** EFFECTS OF PARTNER DISCLOSURE ON CLINICAL OUTCOMES AMONG HIV INFECTED ADULT INITIATING ART


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Background Disclosure of HIV status can influence clinical outcomes. Disclosure leads to social support, improved adherence and positive living which may affect immune reconstitution. Data on the effect of disclosure on immune reconstitution is limited. The objective of this study was to assess the effect of partner disclosure at ART initiation on immune reconstitution.

Methods A retrospective cohort study was done among adults with a spouse/steady partner, initiating ART within 3 months of enrollment at Coptic Hope Center between January 2009 and June 2010. Immune reconstitution was defined as 30% increase in CD4 count (cells/mm³) following ART, and disclosure as self-reported disclosure of HIV status to spouse/steady partner at ART initiation. Data was obtained from patient records collected routinely for clinical care. The association between disclosure and immune reconstitution was assessed using Kaplan-Meier survival curve and multivariate Cox proportional hazards model adjusted for covariates univariately associated with immune reconstitution (P ≤ 0.10).

Results Among 543 clients initiating ART within 3 months of enrollment, 467 (86%) had disclosed their status to their spouses/ steady partner. Median CD4 count at disclosure was 143 cells/mm³. At month 12, 68% of those who had disclosed had attained immune reconstitution compared to 48% of those who had not disclosed. By 24 months, 80% of adults in the disclosed group had reconstituted their immune status compared to 60% of those who had not disclosed. Adults with higher baseline CD4 count were less likely to attain immune reconstitution while adults who had disclosed their status to their spouse/steady partner were 63% more likely to attain immune reconstitution compared to those who had not disclosed (P < 0.05). There was a trend that higher education was associated with immune reconstitution.

Conclusions Disclosure at ART was significantly associated with immune reconstitution. HIV disclosure status may be essential in improving the clinical outcomes of clients.

**P4.035** DRUG USE AND STI IN A DUTCH COHORT OF SWINGERS


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Background Recently, swingers are classified as an emerging high-risk group for STI. A well excepted explanation is that swingers who use multiple drugs. Whether drug use is associated with immune reconstitution (p = 0.05). There was a trend that higher education was associated with immune reconstitution.

Conclusions Disclosure at ART was significantly associated with immune reconstitution. HIV disclosure status may be essential in improving the clinical outcomes of clients.

**P4.036** CONDOM USE AMONG FEMALE SEX WORKERS (FSWs) INCREASED THROUGH DROP IN CENTER (DIC) BASED SERVICE DELIVERY APPROACH IN BANGLADESH


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Background The HIV prevalence in Bangladesh remains low (< 1%) among FSWs. Since June 2008, with the funding supports from the Global Fund, the Save the Children gradually scaled up essential services for approximately 28,600 FSWs in 51 districts through 100 Drop in Centers and 10 outreach offices. DICs provide FSWs with behavioural change education, free condoms, STI & general health service and effective referral services including voluntary counselling and testing (VCT) and maternal & child health (MCH) services. Through the programme, a total of 28,712,708 condoms were distributed among FSWs for free and 37,318,497 condoms were purchased by FSWs through social marketing.

Methods The Midterm Survey, 2012, a cross sectional study was conducted using robust multifarious analytical tools (both advanced quantitative and qualitative techniques) to assess the progress made by the Rolling Continuation Channel (RCC), Phase-I (Dec’09-Nov’12) implemented by Save the Children. A total of 1,729 FSWs (street, hotel and residence based) were interviewed for the survey.

Results Overall, 85% FSWs had regular clients during the most recent week. Among them, 93% reported condom use during the last sex act with the client. On the other hand 77% of had new clients in last week among them, 93% reported use of condom during the last sex act with their new client. Combining all together, condom use rate has increased from 66.7% (Source: UNGASS Country Progress Report, 2008) to 95.5% in the Midterm Survey, 2012.

Conclusion Condom use is vital to prevent HIV among FSWs. Although condom use rate is high among the FSWs, strong motivational activities including peer education should be continued for the FSWs to keep the current condom use rate.

**P4.037** USE OF CELL PHONE DIARIES TO UNDERSTAND RISK CONTEXTS OF SEXUAL EVENTS AMONG FEMALE SEX WORKERS


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Background Data collection using mobile technologies, such as cell phones, allows more frequent and real-time data collection and is less prone to recall bias. We describe the feasibility of using twice daily cell
phone diaries to capture contextual features of STI/HIV-risk that could impact disease acquisition among female sex workers (FSW).

**Methods**

Women engaging in transactional sex in the prior 90 days were recruited utilising incentivized snowball sampling. Participants completed STI testing and baseline/exit surveys. Over 4-weeks, they completed twice-daily electronic diaries assessing event-level sexual behaviour, condom use, and drug use. Weekly in-person interviews used open-ended questions to explore geographical characteristics of sexual encounter locations as well as acceptability of event-level monitoring.

**Results**

25/26 participants (median age 43.5 years) completed the 4-week study. At baseline, 27% tested positive for a STI. Participants completed 84.5% of 1,518 expected surveys and 95% of 106 expected interviews. Patterns of diary compliance were stable over time. Partnered sexual activity was captured in 21.4% of diaries. At the participant-level, most reported giving oral sex (84.7%) or vaginal sex (96.1%); fewer (19.2%) reported engaging in anal sex. Among women reporting partnered sexual behaviour with any partner type (i.e., new/regular customers, romantic partners), using condoms was reported 59.2%, 45.5% and 85.3% of the time for giving oral sex, vaginal sex, and anal sex respectively. At the event-level, the frequency of giving oral sex, vaginal sex or anal sex did not significantly change over time.

**Conclusions**

It is feasible to engage and retain FSW in a technologically-advanced study to characterise risk contexts of sexual events. Adherence to study protocol was high indicating event-level monitoring using cell phone based diaries is acceptable. These data can be utilised to improve our understanding of the individual, relational and environmental factors that influence STI/HIV acquisition among FSW.

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**Poster presentations**

**P4.038**

**AN ENVIRONMENTAL AND POLITICAL ECONOMIC PERSPECTIVE ON SEXUAL RISK: TEAHOUSES, FEMALE SEX WORK AND PEER ETHNOGRAPHY IN ZIGONG, SOUTH WEST CHINA**


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**Background**

In Sichuan province, the criminalised status of female sex work, coupled with the mobility of female sex workers (FSWs), poses major challenges to gathering information about the organisation of the sex trade.

**Objectives**

This study has 2 main objectives: (1) To document the environmental risk factors in sex work venues; (2) To describe the sex trade industry in relation to political economic factors, including broader economic transformations.

**Methods**

We trained 3 FSWs to conduct participant observation and ethnographic field note writing, including “thick descriptions” (the pealing back of multiple layers of meaning during observations of social scenes). These observations were conducted in 9 sex work venues representing previously mapped FSW venues. Findings were contextualised with secondary historical sources.

**Findings**

Participant observation revealed that FSWs were independent when choosing where they worked and when they shifted to another work site. However, gender power inequalities between sex workers and their clients were also described. These power relationships are tied to structural factors that converge in small urban spaces. Teahouses, for example, have a long history that brings together entertainment, leisure, business and politics. In recent decades, there has been a resurgence of leisure and entertainment venues in Sichuan province in the Dengist era of economic liberalisation. Teahouses, are therefore part of a wider proliferation of small leisure spaces in urban milieus that allow (mostly) men from a variety of backgrounds to enjoy pleasure and “recapture” ideas of freedom that were suppressed under the Maoist regime. For women working in these spaces, however, the unequal social relations they encounter reflect the limited opportunities that women more generally encounter in post-socialist China.

**Conclusion**

Any intervention that seeks to reduce risk behaviours in sex work venues must account for how sexual risk practices and vulnerabilities are rooted in larger political economic realities.

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**P4.039**

**HIV-POSITIVE CLIENT REPRODUCTIVE DESIRES AND HEALTH CARE PROVIDER PERSPECTIVES OF PREGNANCY IN HIV-POSITIVE WOMEN IN ETHEKWINI DISTRICT, KWAZULU-NATAL, SOUTH AFRICA**


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**Background**

The Province of KwaZulu-Natal, South Africa has among the highest concentrations of people living with HIV However, with improved access to ARVs and PMTCT, PLHIV are now able to have children with minimal risk. There is therefore a need to explore current fertility and contraceptive desires of this population to ensure appropriate and accessible sexual and reproductive health (SRH) counselling.

**Methods**

Baseline and Endline surveys were conducted in 2009 and 2011 with providers and clients at seven healthcare facilities, before and after the implementation of a SRH service integration model, in eThekwini District. HIV-positive clients’ fertility intentions, contraceptive use and providers’ perceptions of pregnancies among HIV-positive women were explored. Descriptive statistics were generated using SPSS.

**Results**

At baseline 46 providers and 86 HIV-positive clients (14 male, 72 female) and at endline 44 providers and 144 HIV-positive clients (45 male, 101 female) were interviewed. 18.6% and 38% of clients at baseline and endline, respectively, wanted more children. At baseline and endline, females with HIV-positive partners were less likely than those with HIV-negative partners to want more children. Concerns about the health of the baby and self were common reasons for not wanting more children. At baseline, of those who wanted children, half the women and all men were using contraception. At endline, 80% of women and 72% of men who wanted children were using contraception. Male condoms were the most common contraceptive used. At baseline, 43% of providers thought healthy HIV-positive women could consider having children, compared with 66% at endline.

**Conclusion**

There is a need for reproductive choices and family planning to be integrated with HIV services. Comprehensive policies and programmes should be developed to address SRH counselling needs of HIV-positive men and women, and address the values and training needs of providers.

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**P4.040**

**STUDY TO EXPLORE THE SEXUAL BEHAVIOUR AND PRACTISES, AND DRUG USE PATTERN AMONG FEMALE INJECTING DRUG USERS IN SIKKIM**


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**Background**

North East of India is a hub of Drug Use activities (NACO 2007). Although the government has specific programme to reduce the risks and vulnerabilities of Injecting Drug Users and cater to their health needs, it focuses on the male IDUs, ignoring the vulnerabilities of Female Injecting Drug Users; not recognising their importance.

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**P4.041**

**PREDICTORS FOR HIV-POSITIVE,HIV-NEGATIVE AND UNTESTED NURSES IN A TERTIARY HOSPITAL IN HILL STATIONS, KERALA**


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**Background**

The Hill Stations of Kerala state is a tourist hub with multi-ethnic population and is a major expansion of HIV epidemic in India. The institute of higher learning is an important component of the tourism industry.

**Objectives**

To determine the predictors for HIV-positive, HIV-negative and untested nurses in a tertiary hospital in a hill station in Kerala.

**Methods**

Using a data from nurse staff working in a tertiary hospital in a hill station in Kerala, socio-demographic information, knowledge and practice of HIV were collected from 600 nurses. Chi-square analysis was applied and P < 0.05 was considered statistically significant.

**Results**

The overall knowledge of nurses about HIV was 75.5%. More than half (58.3%) of nurses had knowledge about risk factors of HIV i.e., unprotected sexual intercourse (85.1%), extra-marital affairs (60.0%) and transfusion of blood products (57.0%). Only 17.5% of nurses stated that the only safe sexual practices included using a condom. Only 3.3% of nurses were aware of the vertical transmission of HIV and 65.0% of nurses were aware of the treatment of HIV infected mothers. More than half (59.5%) of nurses practiced non-paternal child care and 73.3% of nurses practiced unsafe blood donation practices. Less than 20% nurses practiced safe sexual practices. More than half (68.0%) of nurses did not practice safe sex even after knowing the risk factors of HIV. Of the nurses, 13.0% practiced extra-marital affairs and 21.0% practiced the use of other drugs. The knowledge about testing options and HIV education was very low. Only 20.0% of nurses were aware of the testing options i.e., oral self test kits, and 5.0% were aware of the HIV education through the internet. Only 4.0% of nurses had undergone HIV testing.

**Conclusion**

Health education services for promoting safe sexual practices are recommended to the nurses.