

programmes among these vulnerable people so that they can embrace safe and healthy behaviour, such as consistent use of condoms anytime they want to have sex

**P4.092 BARRIERS TO ANTIRETROVIRAL TREATMENT FOR HIV PREVENTION AMONG HIV+ MEN WHO HAVE SEX WITH MEN IN THE UK: A QUALITATIVE STUDY**

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**Background** UK and USA guidelines recommend offering antiretroviral treatment (ART) for HIV prevention to patients at risk of sexually transmitting HIV irrespective of CD4 cell count. We explored the attitudes of HIV+ men who have sex with men (MSM) towards use of ART, and ART for HIV prevention.

**Methods** 24 men (16 on ART and 8 not on ART) attending an HIV clinic in central London, UK participated in semi-structured interviews (May 2010-February 2011). Thematic analysis was conducted.

**Results** Era of HIV diagnosis, and meanings ascribed to CD4 cell count and ART influenced men's attitudes towards starting ART. Men diagnosed with HIV before 2001 considered themselves to be fortunate to be on ART; while those diagnosed later were more likely to have fatalistic attitudes and perceived starting ART as resigning to "popping pills for life" and "getting closer to death". They also experienced resentment and lack of control over their health if they felt physically well but were told to start ART due to low CD4 cell count. Most men believed being on ART with undetectable viral load reduces but does not eliminate HIV infectivity, so engaging in unprotected anal intercourse with non-concordant partners (ncUAI) was considered as reckless. However, some men believed that ART reliably prevents HIV transmission and engaged in ncUAI. Men usually discussed their ART/viral load status with partners prior to engaging in ncUAI but some considered this unnecessary due to the reduced risk of HIV transmission. Engaging in UAI with HIV+ men with undetectable viral load was also perceived to reduce the risk of HIV super-infection.

**Conclusions** Health promotion among HIV+ MSM should address fatalistic attitudes towards ART, and negative effects of low CD4 cell count and delaying ART. The limited effectiveness of ART for HIV prevention also needs to be emphasised, along with STI risk.

**P4.093 HIV/AIDS RISK REDUCTION AND PREVENTION AMONG DRUG USERS THROUGH BEHAVIOURAL INTERVENTIONS IN AN URBAN SETTING**

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Drug use is a major risk factor in spreading HIV infection. Drug users (DUs) might trade sex for drugs or for money to buy drugs and/or vice versa. Drug use can reduce a person's commitment to use condoms and practise safer sex. Often, substance users have multiple sexual partners. This increases their risk of becoming infected with HIV or another STI. Therefore, changing drug-related behaviours contributes to eradication of transmission of HIV.

A behaviour change (BC) model, which directly address BCs than merely conducting awareness/training workshops was implemented in Negombo, a tourist destination located in west coast of Sri Lanka where dwellers are vulnerable for drug use and sex trade. BC intervention tools used included low-cost community camps, group, ex-user and one-to-one discussions, brainstorming sessions to demystify myths about drug use and HIV while strengthening target groups. Conducted a rapid situation and response analysis, prior to commencing interventions. Interventions concentrated

more on 10 specific spots in Negombo. 350 DUs, their families, peers, 170 regular sex partners (RSP) including commercial sex workers (CSW), and neighbours were targeted through interventions.

As a result, of BC model 80 quitted drug use, 59 reduced use, 29 changed their behaviours, 21 work as peer educators, 37 directed to STD clinics. 59 relapsed. The interventions with RSP resulted in following; 32 supported DUs to quit, 35 were educated on safer sex practises, 13 requested for condoms.

BC model resulted in BCs in DUs, RSP, families and in their localities going beyond awareness and education. DUs and RSPs reduced individual risk behaviours, promoted and practised safer sex practises (ex: condom use), motivated to get medical assistance for symptoms and suspected exposure to STDs and if engaged in risky behaviour, to be tested. Changing behaviours related to drug use itself results in HIV risk reduction and prevention.

**P4.094 RELATIONSHIP BETWEEN SOCIAL COGNITIVE THEORY CONSTRUCTS AND SELF-REPORTED CONDOM USE: THE SAFE IN THE CITY TRIAL**

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**Background** Previous studies have found Social Cognitive Theory (SCT)-framed interventions successful for improving condom use and reducing STIs. We conducted a secondary analysis of behavioural data from the *Safe in The City* trial to investigate the influence of social cognitive theory constructs on study participants' self-reported use of condoms at last intercourse.

**Methods** The main trial was conducted (2003–2005) at three public U.S. sexually-transmitted infection (STI) clinics. Patients (n = 38,635) were either shown a safer sex video in the waiting room, or received the standard waiting room experience, based on their visit date. A nested behavioural assessment was administered to a subsample following their index clinic visit (n = 1,609) and at three months follow-up (n = 1,392). We used multivariable modified Poisson models to examine social cognitive theory constructs (sexual self-efficacy, self-control self-efficacy, self-efficacy with most recent partner, hedonistic outcome expectancies, and partner expected outcomes) and individual characteristics with self-reported condom use at last sex act.

**Results** Of 1252 participants included in analysis, 39% reported using a condom. Male gender, homosexual orientation and single status were significant predictors of condom use. Both unadjusted and adjusted [for demographic variables and study intervention (RR: 95% CI)] models indicate that sexual self-efficacy (1.50: 1.23–1.84), self-control self-efficacy (1.67: 1.37–2.04), self-efficacy with most recent partner (2.56: 2.01–3.27), more favourable hedonistic outcome expectancies (1.83: 1.54–2.17), and more favourable partner expected outcomes (9.74: 3.21–29.57) were significantly ( $p \leq 0.001$ ) associated with condom use at last sex act.

**Conclusions** Social cognitive theory constructs were significantly associated with condom use at last sex act, independent of the video intervention. Social cognitive skills, such as self-efficacy and partner expected outcomes, are an important aspect of condom use behaviour.

**P4.095 YOUNG PEOPLE'S KNOWLEDGE, ATTITUDE, AND BEHAVIOUR REGARDING REPRODUCTIVE HEALTH IN THE CONTEXT OF TIRANA, ALBANIA**

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