Methods In order to reduce stigmatisation and increase uptake of HIV screening and treatment services at three clinics in Northern Nigeria, the MSH PrO-ACT project implemented the following interventions

- Amalgamation of clinic space to ensure that HIV positive clients are attended to at the same clinic as other patients.
- Training of health care providers on patient confidentiality protection.
- Ensured that the same doctor attends to all patients irrespective of their HIV status.
- Blood samples for all patients visiting the laboratory are collected at the same phlebotomy point irrespective of their HIV status.
- Initiated focus group discussions on stigmatisation within the community and health facilities to promote a change in attitude towards PLWHA.
- Initiated support group meetings for PLWHA in order to encourage open discussions on stigma and partner disclosure.

Results At the end of twelve months, 12,436 (Male- 3,616, Female- 8,820) clients were counselled and tested for HIV and the number who accessed laboratory services for CD4 count monitoring increased from 53.8% to 93.3%. The number of partner testing also increased from 35% to 68%. In addition, health worker attitude towards PLWHA improved significantly as workers now report a stronger belief in patient confidentiality protection.

Conclusion Integration of HIV related services into existing health systems has helped reduce stigmatisation of PLWHA. However, a lot more still needs to be done in enlightening and equipping health care providers in the fight against stigma in rural communities.

P4.126 AVAILABILITY OF SERVICES FOR DISCORDANT COUPLES TO PREVENT HIV AND STIS

doi:10.1136/sextrans-2013-051184.1023

J V Godunova. *Non-commercial partnership E.V.A. (Equity. Verity. Advocacy), St.Petersburg, Russian Federation*

Introduction A survey was conducted in the three regions of Russia, Orel, Bryansk and Voronezh from 2008 to 2012. 64 HIV-negative partners living more than a year in a HIV discordant-couple relationship were enrolled in the survey. The main purpose of the survey was to assess the disparities of medical services for discordant couples over a four year period.

Method survey/questionnaire. Participants were collected from a social networking structure and support groups.

Results The majority of the discordant couples did not receive complete health services. 72% of the discordant couples had consultation for prevention of HIV transmission with their gynocologists, but only 38% had consultation about family planning. The medical providers can generally advice on common HIV prevention, but are not equipped with specialty advice and communication tools. For example, 86% of discordant couples tell their gynocologists that they use condoms. When speaking openly with peer-consultants, the expression of condom use decreased to 23%.

Today, 74% of them have ceased to be discordant because the HIV negative partner seroconverted. Out of the 74%, 13% of the relationships ended.

In general the Russian health care system has difficulties training professionals about HIV prevention and treatment. Not only are doctors not trained with comprehensive information, but communication is limited. The average conversation with a doctor is only 12 minutes. Only 47% of discordant couples have the opportunity to go to the doctor for important recommendations once a week. Only 26% of the couples had the possibility to access emergency medical advice. Services are critical at the moment of an immediate engagement with a risk behaviour.

P4.127 RED RIBBON CLUBS (RRCS): A LOW COST COMMUNITY LED STRUCTURAL INTERVENTION TO REACH OUT THE YOUTH TO INITIATE DIALOGUE ON SEX & SEXUALITY & TO CONTROL THE SPREAD STI/HIV AND OTHER COMMUNICABLE DISEASES IN RURAL SETTING

doi:10.1136/sextrans-2013-051184.1024

[1]**B Panda**, [2]R Ishlam, [3]D Khan. *[1]Chandipur Mother & Child Welfare Society, Kolkata, India; [2]Murshidabad District AIDS Prevention & Control Society, Murshidabad, India; [3]Purulia District AIDS Prevention & Control Society, Purulia, India*

The focus on rural areas was on account of many reasons including principally the higher HIV prevalence in rural areas, migration, strong presence of rural sex work and widespread social stigma. Over 57% of the HIV infected persons in India live in the rural areas.

A need was clearly felt to targeting youth and the adolescent. There is robust evidence that nearly one third of new infections are among young people in the ages 15–29. Young people, particularly those in rural areas, stand at persistent risk of contracting HIV due to lack of proper information and social taboos prohibiting discussion on matters of sex and sexual health.

As part of the Link Worker Scheme, young people in the villages have been motivated to form RRC and take lead in creating awareness on HIV/AIDS in the community. Over 400 RRCs are functional and acts as an Information Hub to impart knowledge and skills among the village youth on STI/HIV/AIDS prevention, risk reduction and access to other social security schemes. RRCs are functioning in existing Youth Clubs, local govt. office, Health Centers, Rural Library, Road side hotel in order to sustain awareness and raise demand for services. Series of mid media activities like local folk song, dance, theatre etc. engaging the local youth based on their talents. Over 3600 community volunteers have been identified, mobilised and trained to work as volunteers and become a member of respective RRC and further provide training. RRC members has reached over 240,000 (38% female) vulnerable youth and adolescents including HRGs.

This is a most sustainable model for setting up RRC engaging the youth from villages, who can take lead, exchange information and share ideas to initiate dialogue on sex & sexuality to prevent RTI/STI and other communicable diseases and continue the activities beyond the project period.

P4.128 AMERICAN INDIAN EMERGING ADULTS: PARTNERSHIP FORMATION AND HIV RISK AND PROTECTIVE FACTORS

doi:10.1136/sextrans-2013-051184.1025

[1]**C R Pearson**, [2]S L Cassels. *[1]Indigenous Wellness Research Institute University of Washington, Seattle, WA, United States; [2]Department of Epidemiology & Global Health University of Washington, Seattle, WA, United States*

Multiple challenges such as high rates of discrimination, poverty and traumatic events, expose American Indian (AI) women to high-risk sexual partnerships placing them at an increased risk for HIV/STI. Characterizing sexual partner networks, or who is partnering with whom, and how partnerships change over time, is essential for translating the concept of sexual health beyond the individual to the partnership and the population of connected emerging adults.

We interviewed 129 AI women age 15–35 years residing on a rural reservation with 189 unique partnerships to understand patterns of relationship formation and dissolution and how these partnerships differ in terms of socio-demographic characteristics, sexual risk behaviour within partnerships, and characteristics of place (e.g., where partners met, where they most often have sex, where the partner lives) to inform prevention interventions.

Of the 129 sexually active AI women, 37% reported > 1 partner in the past 6 months. Women reporting one partner (compared to > 1 partner) report lower 12-months binge drinking: 25.9% vs. 58.3%,

p < 0.001) and less alcohol use prior to sex (48.2% vs. 72.9%, p < 0.01). Pertaining to partnership characteristics, the previous partner (P2), placed the participant at higher risk for HIV/STI than the current partner (P1); P2 (as compared to P1) reported higher alcohol use prior to sex (65.0% vs. 51.972.9%, p < 0.05) and partner concurrency (55.0% vs. 17.8%, p < 0.05). Characteristics of place differences: P2 was less likely to live in the same town as the respondent, compared to elsewhere on the reservation or outside the reservation (27.5 vs.42.6, p = 0.06). Lastly, sexual intercourse with P2 (compared to P1) usually took place in "riskier" settings such as a car, bar, or outside (35.0% vs. 10.1%, p < 0.01).

Emerging AI adult women in risky partnerships transitioned to a safer partner overtime. Preventing engagement with risky partners would reduce HIV/AIDS risk.

P4.129 EFFECT OF CHLAMYDIA DIAGNOSIS ON HETEROSEXUAL RELATIONSHIPS

doi:10.1136/sextrans-2013-051184.1026

[1]**N O'Farrell**, [2]H Weiss. *[1]Ealing Hospital, London, UK; [2]London School of Hygiene & Tropical Medicine, London, UK*

Background Physical violence between sexual partners has received increasing attention in the medical literature in recent years. The aim of this study was to compare the prevalence of physical violence amongst STI clinic attenders with and without Chlamydia, and to estimate whether relationships were more likely to dissolve after a chlamydia diagnosis compared with patients without an STI.

Methods This was a retrospective cohort study in which patients diagnosed with Chlamydia at an STI clinic in London, and who had a regular partner at time of diagnosis, were contacted 3–12 months after their diagnosis and asked to complete a questionnaire on relationship history either over the phone or in a face-to face interview. A comparison group of gender-matched STI clinic attenders without a STI who had attended the same clinic were also interviewed.

Results Of 298 subjects enrolled, about half of chlamydia cases and non-cases had broken up with their partner since diagnosis (52% vs 47%; p = 0.42), but cases were more likely to have split up within one week of diagnosis (48% vs 24%; p = 0.003), and somewhat more likely to resume the relationship (24% vs 15%; p = 0.24). The prevalence of reported physical violence in the past year was slightly higher in cases than non cases (9% vs 4%; p = 0.09). The majority of cases saw a health advisor, and these were less likely to report experiencing physical violence than those who had not seen a health advisor (7% vs 12%: p = 0.31).

Conclusion Patients with Chlamydia are more likely to suffer relationship breakup soon after diagnosis than STI clinic attenders without an STI. Improved health advice may be needed for Chlamydia cases, including reassurance to the individual about sexual relationships as well as the need for safer sex with new partners.

P4.130 STRENGTHENING THE CAPACITY OF COMMUNITY BASED ORGANISATIONS TO PROVIDE CARE AND SUPPORT TO VULNERABLE CHILDREN IN SOUTHERN NIGERIA

doi:10.1136/sextrans-2013-051184.1027

A O Hassan. *Association for Reproductive and Family Health, Abuja, Nigeria, Nigeria*

Background Families act as 'safety nets' for vulnerable children. The phenomenal increase of orphans and vulnerable children (OVC) has weakened the traditional system, paving way for Community Based Organizations (CBOs) to mediate using 'pooled resources' to provide care and support to OVC. Experience has shown that trained CBOs provide quality services to OVC in a sustainable manner, within the community standards. This intervention supported CBOs to provide OVC with integrated services from April 2011 to October 2012.

Methods Eighty-five CBOs in southern Nigeria were selected using adapted organisational capacity assessment tool (OCAT) and National selection criteria. They were trained on the skills for delivery of integrated services to OVC, using the National Plan of Action for OVC and Standard Operational Procedures. The CBOs were supported to conduct needs assessment and enrolment of eligible OVC using the Orphans vulnerability index tool. The eligible vulnerable children received integrated services (education, health, nutrition, protection and psychosocial) through the CBOs and Caregivers.

Results Of the 1785 OVC enrolled and served by the CBOs, 1000 (56%) were paternal, 446 (25%)-maternal and 339 (19%) double orphans. The mean age at enrolment was 10 with peak at 6 to 14years (84%). There was un-equal representation, with more females than males (55%:45%). A breakdown of the enrolees on education support, showed that 58.2% were enrolled for primary school education, 39.8% for secondary school and 2% in pre-primary education. Owing to stigma, linked with HIV status disclosures, the status of some OVC could not be ascertained. However, 10% of the 1785 OVC enrolled into the programme were HIV positive.

Conclusion The CBOs have increased access of vulnerable children infected or directly affected by HIV to integrated support services. Investment in the CBOs capacity has promoted community ownership of the project and sustainability.

P4.131 SENSITIZING LOCAL COMMUNITIES TO BASIC INFORMATION ON HIV IN A FAITH BASED COMMUNITY: A CASE STUDY FROM AIZAWL, MIZORAM, NORTH EAST INDIA

doi:10.1136/sextrans-2013-051184.1028

L Ralte, R Sanghluna, R Lalrinzama. *Grace Home, Durtlang Aizawl Mizoram, India*

Background Mizoram shares an international border with Burma and Bangladesh. HIV prevalence rate is 0.81% making it the 3rd highest HIV prevalent area in India. With more than 90% of the 1 million inhabitants Christians, policies of the Presbyterian Church is as important and effective as the local government in fighting HIV. Grace Home is a 30 bedded hospice under the Mizoram Presbyterian Church The first hospice in Mizoram for HIV and palliative care.

Methods A 2 hours programme called 'Friends on Fridays' was initiated in Feb.2011 at Grace Home. Held every alternate Friday, along with local PLHIV networks, old patients, inpatients and NGO's, we invite church leaders especially members of youth fellowships - Presbyterian, Baptist, Salvation Army etc. from different localities of Aizawl. Various issues related to HIV like - ART drugs, adherence, CD4, misconceptions, stigmas and discriminations, palliative care, STI's are addressed. The importance of condom promotion is imparted in a gentle manner. Condom demonstration is also done to reduce stigma. Talks on various STI besides HIV when having unprotected sex.

Results Over a one year period from Feb.2011 to Feb.2012, we were invited at 10 local youth Christian fellowships and 21 women fellowships where various issues related to HIV could be shared in churches all over Aizawl. Feedbacks from such meetings have been encouraging with participants sharing misconceptions being cleared, realising importance of condom, and new level of awareness on various STI beyond HIV etc.

Conclusions Issues related to HIV like STI/Condom is still a challenge in a Church dominated region like Mizoram. Being India's 3rd highest HIV prevalent region coupled with the influx of migrant population, it is crucial that the Church realise the epidemic. Sensitizing key leaders of churches all over Aizawl through 'Friends on Fridays' and subsequently the general population, has been very encouraging.