

$p < 0.001$) 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

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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

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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 enrollees 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

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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.