

Background MSMs and Transgendered persons are often described as difficult to reach. Using a Community Systems Strengthening Framework, the ISEAN-Hivos Program provides regional HIV interventions for MSM and Transgender communities in Malaysia, Indonesia, Philippines and Timor Leste. Aside from capacity building for MSM and TG Community Based Organizations (CBOs), a key initiative of the Program is the allocation of competitive small grants that support local projects of community organisations related to HIV-AIDS prevention.

Methods Through the Stop AIDS Now Fund (SAN Fund), the Program announced an open call for applications. An evaluation was conducted based on the initial response of the communities to the grants process and how it served as another venue for them to learn about improved organisational functions.

Results As a requirement for grant application, they developed their strategic plans and organisational documents. The CBOs also had to develop a feasible proposal that can be implemented within the timeline and budget. The early strategic evaluations of this competitive small grants scheme have shown that:

1. The communities can work together to improve their own organisational structures and functions;
2. Quality proposal may be produced, with some technical assistance;
3. Creativity was encouraged based on the open nature of kind of project to be proposed;
4. Community members learned about fund management at a smaller scale and the requirements for effective management of grants.

Conclusions These results from the early evaluation of the Program's competitive small grants scheme have provided evidence that initial seed funding, once provided in the bigger context of providing technical assistance for organisational/fund management, is a good catalyst for further increasing the participation of MSM and TG communities in their local and national responses to HIV-AIDS. This approach may well lead to improved community participation in working with service providers towards better health outcomes on HIV-AIDS and STI.

P4.136 WOMEN'S SOCIO-DEMOGRAPHIC DRIVERS TO SEXUAL MULTI-PARTNERSHIPS IN RURAL TANZANIA

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Background Indulgence in sexual multi-partnerships (SMP) intensifies risks to sexually transmitted infections including HIV. In Tanzania where HIV/AIDS is more prevalent among women than men and consistent condom use is low, identifying drivers to SMP is pertinent for scheming feasible HIV/AIDS interventions.

Objectives

1. To establish prevalence of SMP and
2. Identify women's socio-demographic characteristics associated with SMP in Rufiji, Kilombero and Ulanga districts in Tanzania.

Methods Data were collected cross-sectionally in Rufiji, Kilombero and Ulanga districts in Tanzania in 2011 on 2,643 sexually active women ages 15+ years. We used Chi-square for testing association between SMP and each of the explanatory variables and finally used logistic regression for multivariate analysis.

Results Number of sexual partners reported ranged from 1 to 7, with 7.8% of the women reporting multiple partners (> 1) in the past year. Sexual multi-partnerships among women was more likely among those ever married than currently married (OR = 2.88, 95% CI 1.75–4.74), single than currently married (OR = 2.28, 95% CI 1.52–3.42) and Muslims than Christians (OR = 1.51, 95% CI 1.04–

2.18). On the other hand, SMP was less likely among women who were older than younger (OR = 0.96, 95% CI 0.94–0.98), educated at primary level than uneducated (OR = 0.64, 95% CI 0.42–0.98) and educated at secondary/higher levels than uneducated (OR = 0.23, 95% CI 0.11–0.47), Ndengereko than Pogoro (OR = 0.43, 95% CI 0.20–0.93) and Ngoni than Pogoro (OR = 0.47, 95% CI 0.23–0.94) ethnic groups. District of residence and socioeconomic status were not significant.

Conclusion Sexual multi-partnerships is an extant risky behaviour among women in rural Tanzania and varies significantly by age, marital status, education, religion and ethnicity. HIV/AIDS control programmes in the country should take these variables into consideration in designing fruit-bearing interventions for a HIV-free world.

P4.137 SOCIAL NETWORK FACTORS AND HIV SEROSTATUS AMONG AFRICAN AMERICAN MEN WHO HAVE SEX WITH MEN

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Background Social network analysis is a useful method to assess infectious disease transmission and the amount, type, and sources of social support. The current study compared social network characteristics of African American men who were HIV positive to those who were negative

Methods Study participants were 229 African American men who have sex with men (MSM) who completed a baseline social network assessment for a pilot intervention in Baltimore, Maryland.

Results Almost half (48%) were HIV positive. Using multiple logistic regression modelling, statistically significant network differences ($p < 0.05$) were found between HIV positive and negative in the number of kin and non-kin who were aware of that they were MSM, injection drug users, network members who use the internet to find sex partners, mean trust in network members, and network members who were full-time students.

Discussion These findings suggest that although there are many similarities between the networks of HIV positive and negative African American MSM, differences do exist in the social and sexual network characteristics. A larger number of HIV positives as compared to negatives know about their same sex behaviour, which may be utilised for providing support; however, positive have more injectors in their network, which could lead to greater HIV transmission.

P4.138 THE INTERNAL CONSISTENCY OF SEXUAL PARTNERSHIP HISTORIES REPORTED BY YOUNG PEOPLE IN RURAL TANZANIA

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Background Detailed sexual partnership histories are frequently collected, yet data quality is rarely reported. We present data on internal consistency of partnership reports among youth in Tanzania, and assess the usefulness of specific questions.

Methods In 2007/8, sexual behaviour and biological samples for STIs were collected from 13,814 15–30 year olds in 20 communities, in Mwanza, Tanzania. Using a face-to-face questionnaire, participants were asked: number of sexual partners (ever, last year, last 4 weeks); new partners in the past year; detailed questions about last 3 partners in the past year, including dates of first and last intercourse. We examined response consistency and, using STI and pregnancy results, assessed the validity of the question 'Have you ever had sex?'

Abstract P4.138 Table 1

Unmarried participants' reports of relationships that are ongoing & would make love again

Months since last intercourse	All partners		Regular partners		Casual partners	
	Male % (N = 2309)	Female % (N = 1675)	Male % (N = 1264)	Female % (N = 1203)	Male % (N = 1029)	Female % (N = 471)
< 1	65.5	55.0	59.7	51.1	72.4	65.0
1–3	25.1	28.8	29.6	30.9	19.7	23.4
4–6	6.4	10.0	7.0	10.8	5.7	7.9
7–9	2.0	4.4	2.6	4.9	1.1	3.0
10–11	1.1	1.9	1.1	2.2	1.1	0.9

Results Of 1108 self-reported virgins, 12.8% had biological results indicative of sexual activity, with misreporting more common among males and younger participants. Within a time period (e.g. 1 year, 4 weeks), inconsistencies between reported number of partners and number calculated from intercourse dates were more common when partnerships began at the start of the reference period. For example, of the 7.5% of participants with inconsistent reports of number of new partners in the last year, 43% had a partnership with a start date reported as 'exactly' 1 year ago. The proportion of partnerships reported as ongoing was higher for more stable relationship categories and where last sex was more recent. Among unmarried participants, for example, last intercourse was reported as within the last 4 months in 91% and 84% of ongoing partnerships among males and females, respectively (Table).

Conclusions Internal consistency was good overall. Inclusion of STI testing, and questions on number of partnerships and timing of intercourse allowed the identification of reporting biases. Reports of relationship status were plausible and ongoing status may be a reasonable proxy for recency of sex.

P4.139 EFFICACY OF A PEER EDUCATION PROGRAMME FOR HIV/AIDS PREVENTION IN ADULTS AND ELDERLY

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In Portugal, we can see an increasing trend of HIV/AIDS linked to the population over 50 years and the main form of transmission is through unsafe sexual contact. On the other hand, peer education has been one of the privileged methods in changing and reducing sexual risk behaviours, attitudes and beliefs related to HIV/AIDS. Based on these assumptions, the Portuguese League Against AIDS tested the efficacy of a Peer Education Program, targeting adults older than 45 years, carried out over three years. A sample composed of 193 participants was studied, 111 males and 82 females, aged 45–80 years (M = 58; SD = 8,593). A self-report was administered in two different moments, pre and post-intervention, to measure HIV/AIDS-related knowledge, risk perception and sexual risk behaviours. During the intervention, the participants were exposed in a weekly basis to a set of activities which involved information dissemination and a variety of proactive empowerment activities to motivate and involve the target group. The obtained results have shown that, after the intervention programme, participants reported having more HIV/AIDS knowledge, higher risk perception and more condoms use. Comparisons between who reported having done HIV test before and who reported never having done HIV test have shown a significant interaction effect in HIV/AIDS knowledge and risk perception: participants that have never done the HIV test reported more HIV/AIDS knowledge and higher risk perception after the intervention programme, compared to participants who have had the test and to pre-intervention, showing that the programme produced important effects on awareness level and condoms use. Results were discussed according to literature and their

relevance to the development and implementation of specific prevention strategies targeting this age group, allowing them to participate in the development process, in spite of the myths about HIV/AIDS and beliefs about the sexuality of the elderly.

P4.140 WITHDRAWN BY AUTHOR

P4.141 PREDICTORS OF INCIDENT AND PERSISTENT COMMON MENTAL DISORDER (CMD) IN PEOPLE LIVING WITH HIV (PLHIV)- A LONGITUDINAL FOLLOW UP STUDY IN GOA, INDIA

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Common mental disorders (CMD) are common in people with HIV. Depression adds to the burden of disease experienced, contributes to difficulties with medication adherence as well as self care skills; and increases the risks of morbidity and mortality. In this paper we have tried to determine risk factors for incident and persistent CMD in people living with HIV (PLHIV) in developing countries.

This was a one year longitudinal study of PLHIV who agreed to participate in the ASHA community based intervention programme in Goa, India. Data was collected at baseline and after the participants had received the intervention for at least 12 months. Data was collected on sociodemographic factors, HIV related health (e.g. CD4 count), HIV related care (satisfaction with care), attendance at support groups and mental health. Multivariate analyses were undertaken to examine the predictors of persistent CMD and incident CMD. Of the 162 participants eligible for the end-line assessment at one year, 102 (63%) agreed to participate. 21.6% had incident CMD and 23.5% had persistent CMD. On multivariate analyses, the statistically significant predictors of incident CMD were requiring ART (RR 2.82; 95% CI 1.11–7.15), female gender (RR 11.79; 95% CI 2.34–59.23) and unemployment (RR 4.29; 95% CI 1.62–11.35). On multivariate analyses, the statistically significant predictors of persistent CMD were lack of satisfaction with care (RR 5.06; 95% CI 1.79–14.28) and female gender (RR 6.47; 95% CI 2.09–19.99). Certain sub groups of PLHIV are at an increased risk of new and persistent depression and consequently would benefit from more intensive mental health input. Mental health care must be integrated into HIV and AIDS care programme in low-income countries and delivered by non-specialist health workers in low-resource settings.

P4.142 'THERE IS NO CHOICE IN THIS AREA'. NURSE COUNSELLING IN PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT) PROGRAMMES IN TANZANIA

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