

## Abstract P4.138 Table 1

## Unmarried participants' reports of relationships that are ongoing &amp; 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**

doi:10.1136/sextrans-2013-051184.1036

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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**

doi:10.1136/sextrans-2013-051184.1037

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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**

doi:10.1136/sextrans-2013-051184.1038

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