

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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Background A growing emphasis on patient involvement in health care decisions has brought 'patient participation' and 'informed choice' to the core of the debates. Health care decisions, based on interpersonal relationships between the health worker and the patient, may be viewed along a continuum from paternalistic approaches to approaches emphasising counselling, patient involvement and patient choice. A key question is how the new models are implemented and experienced in diverging cultural contexts. Infant feeding by HIV positive women in low income contexts is challenging in terms of health care decisions, and rapidly changing guidelines complicate the picture. The present study explored experiences with different approaches to health care decisions within infant feeding counselling in 'prevention of mother-to-child transmission of HIV' (PMTCT) programmes.

Methods 9 months of ethnographic fieldwork were conducted in two hospitals in rural and semi-urban areas of Tanzania. Core informants were nurses and HIV positive women.

Results Hospital A presented no informed patient choice in infant feeding counselling - emphasising exclusive breastfeeding. The programme adapted their approach to what seemed realistic in terms of conditions of little or no actual choices. HIV positive women in hospital A communicated a clear understanding of the 'instructions' given. Hospital B expressed that they followed the national guidelines emphasising patient choice. The women enrolled in this programme experienced confusing messages. Findings show that in none of the hospitals counselling and choice principles were implemented as presented in the literature, as they were not found feasible.

Conclusion In health care systems which have been dominated by paternalistic interactions, partly due to the knowledge gap between the health workers and patients, the introduction of concepts such as counselling and patient choice are challenged both by culturally constituted notions of decision making and by patient groups with limited knowledge and with no actual feeding choices.

P4.143 THE RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE AND MENTAL HEALTH WITH HIV-RELATED HIGH RISK BEHAVIOURS AMONG FEMALE SEX WORKERS IN SHIRAZ - IRAN

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Background Psychological problems have significant associations with HIV-related high-risk behaviours among female sex workers (FSW). The present study aimed to investigate emotional intelligence and mental health and their relationships with high-risk behaviours among FSW in Shiraz, Iran.

Methods This cross-sectional study, conducted from October 2011 to May 2012, was based on a convenience sampling method used to recruit 125 FSW and 125 control women. After providing informed consent, each woman completed validated questionnaires (SCL-90-R, Bar-On Emotional Quotient [EQ] Inventory and high-risk behaviours).

Results In comparison to the control group, the mean age at first sexual relationship was lower among sex workers, and most of them (80.4%) had not used condoms in their most recent sexual intercourse. FSW showed lower EQ scores and more psychological symptoms in all dimensions ($P < 0.003$). A significant inverse relationship was found between global severity indexes (GSR) scores and use of a condom in the most recent sexual intercourse. According to EQ scores, significant relationships were observed for interpersonal skills and stress management with the number of sexual

partners during the previous week and condom use in the most recent sexual intercourse ($P < 0.05$).

Discussion Considering the relationship of high-risk behaviours with lower emotional intelligence and mental health among FSW, psychological interventions are needed in order to prevent high-risk behaviours and HIV transmission.

P4.144 WITHDRAWN BY AUTHOR

P4.145 HEALTH PROMOTION STRATEGIES FOR DEVELOPING LIFE SKILLS TO FIGHT AGAINST HIV/AIDS AMONG SCHOOL CHILDREN

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Introduction Sri Lankan schools setup makes every effort to improve wellbeing of school children. One objective is develop life skills to promote sexual well being. Advocacy, skill building of education officer and school teachers were carried out using health promotion strategies with participatory approach. Health promoting schools were established and concept were introduced to achieve in which the school community for developing life skills.

Objective To assess the usefulness of Health promotion strategies for developing life skills to fight against HIV/AIDS among school children

Methodology Audit and check list methods were used to assess the application of some health promotion strategies. Altogether 20 pre and post focus group discussions (FGDs) were conducted, with school teachers before and after establishing the health promoting schools to assess the knowledge on HIV/AIDS. Content analysis was used. A quantitative post intervention survey were carried out to assess knowledge and attitudes among school children using a scientific sampling technique in three consecutive years

Results Audit and check list methods revealed that more than 80% of schools were implemented health promotion strategies in related to HIV/AIDS prevention by adopting various strategies including the relevant policies.

FGDs revealed that the majority of teachers had poor knowledge on transmission and prevention of HIV/AIDS and post intervention FGDs revealed that majority had improved the knowledge up to satisfactory level on transmission and prevention.

Quantitative survey among school children showed more than 80% of school children ranked the knowledge on transmission, prevention and misconception of HIV/AIDS during year 2009 and 90% and 89% in year 2010 and 2012 respectively.

Conclusions Skill based education via school teachers is a successful method to improve knowledge and attitude among school children on HIV prevention. Health promotion strategies were useful for developing life skills to fight against HIV/AIDS among school children

P4.146 DISCLOSING GENITAL HERPES: PERCEPTIONS OF MOTIVATION, LOGISTICS AND TIMING

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Objective The aim of the study was to evaluate the lay public's portrayal of disclosure of Herpes simplex virus (HSV) infection.

Methods The Australian Herpes Management Forum and Novartis Pharmaceuticals organised an on-line contest in 2011, challenging