

features a specially-designed website that provides videos, text information and learning evaluations in both English and selected local languages. The website's programme has the capacity to generate unified identification codes for the site's visitors based on a registry system linked to his/her email address, facebook account or twitter. After viewing the videos or reading the texts, a short quiz is provided with "successful reach" defined as getting four out of six questions correctly.

Within the initial launch of the website, inputs and feedback were gathered from local partners and end-users through email exchanges.

The early implementation of the online BCC outreach is effective in reaching local MSM and TG populations that are often difficult to reach using offline outreach. Initial observations include;

1. The online videos are sometimes difficult to access due to limited internet bandwidth;
2. Users are reluctant to log in since registration by email or by social media account is needed;
3. Concerns about the accent of the video voice-overs as well as the appropriateness of images used in the videos.

**Recommendations** by end-users include 1. Providing localised websites for better access, 2. Uploading the videos in youtube to allow access without registration; 3. Creation of a promotional video; 4. Coming up with electronic raffles and other rewards to promote access.

The ISEAN Hivos Program's BCC online intervention for HIV-AIDS targeting MSM and TGs in South East Asia showed initial positive results. Areas for improvement were identified which will guide the site's continuous re-development. This experience provides lessons on how effective HIV-AIDS-related messages can spread en-masse to otherwise "hidden" but "most-at-risk populations" at a regional Asian context, by the use of ICT.

**P5.044 A PROACTIVE APPROACH TO ONLINE CHLAMYDIA SCREENING: QUALITATIVE EXPLORATION OF YOUNG MEN'S PERSPECTIVES OF THE BARRIERS AND FACILITATORS**

doi:10.1136/sextrans-2013-051184.1088

<sup>1</sup>L M McDaid, <sup>2</sup>K Lorimer. <sup>1</sup>Medical Research Council, Glasgow, UK; <sup>2</sup>Glasgow Caledonian University, Glasgow, UK

**Background** Increasing access to sexually transmitted infection (STI) testing among young, heterosexual men is advocated as a means of reducing STI rates in the UK. New mobile, social media platforms, such as 'smart-phones', give unprecedented mobile access to the Internet, and the proliferation of Internet forums and social networking sites offer potential mediums for sexual health promotion. Here, we assess the acceptability and potential barriers and facilitators of these for STI testing among young men in Scotland.

**Methods** Qualitative study including 15 focus group discussions with 60 heterosexual young men (aged 16–24 years) across central Scotland to explore an online approach to proactive screening for Chlamydia trachomatis. Transcripts from audio recordings were analysed with Framework Analysis.

**Results** Participants were favourable of an online approach for accessing postal Chlamydia tests, even if they felt it was not suitable for them. However, some spoke more favourably of attending specialist sexual health clinics for testing, particularly those from areas of higher deprivation, of younger age, and who had previously attended such clinics. We found differing levels of exposure to and practises of (particularly mobile) Internet use by deprivation and age. Despite reporting Internet access, younger men (aged 16–19 years) largely used mobile/cell phones to place and receive calls and to send SMS text messages and they reported fears over the costs, risks of 'smart-phones' being stolen or broken, and a general

disinterest due to a perceived lack of fit with their identities. Conversely, Facebook use was universal.

**Conclusion** Increasing mobile access to the Internet provides opportunities for re-evaluating how we deliver sexual health promotion and engage young men in STI testing and screening. However, our study suggests that such an approach could potentially widen inequalities by age and socio-economic background and future interventions using such technology should consider how best to counter this.

**P5.045 THE FAMILY IN THE HEALTH-DISEASE PROCESS IN AGING WITH HIV/AIDS**

doi:10.1136/sextrans-2013-051184.1089

<sup>1</sup>M Ferreira Lima Neta, E Peters Kahhale. *The Pontifical Catholic University of São Paulo (PUC-SP), São Paulo, Brazil*

Thirty-two years ago society knew of a new sexually-transmitted disease spread by a human immunodeficiency virus, which causes alterations in a person's life as well as in the lives of family members aware of the seropositivity. With the increase in the number of elderly seropositives, this study aims to analyse their family life starting from the disclosure of HIV<sup>+</sup> diagnosis. Both the extended and the nuclear families were considered. The research was held at the Clinic of Infectious and Parasitic Diseases of the Federal University of São Paulo - SP. 24 men and 13 women participated - ranging from 60 to 82 years of age. All patients signed the consent forms, answered questions about family relations, self-care, health, illness background and treatment adherence, having submitted two genograms - family of origin and current one -, specifying relatives aware of their HIV status and also informing whom they live with and the status of their relationship. The results show that the established family relationships as well as the style and behaviour of each family member are responsible for the choice of diagnosis disclosure of the HIV infection: three elderly seropositive participants live isolated from their family; for 26 families, this knowledge is restricted to some members, forming a nucleus of trust within the extended family; in eight families, all members know about the seniors living with HIV. Finally, it is clear that family life with HIV seropositivity can affect dynamics both positively and negatively. The positive changes refer to a greater extent of love and care, whereas the negative ones are related to absenteeism and discrimination. Health care is mostly carried out independently, with no family interference, and includes practises of no smoking and no drinking, eating properly and a good treatment adherence; nevertheless, few people practise physical activities.

**P5.046 HEALTH AND RELIGION: CANDOMBLE PLACES OF WORSHIP (TERREIROS) AS SPACES FOR PROMOTING HEALTH AND STD/AIDS PREVENTION**

doi:10.1136/sextrans-2013-051184.1090

<sup>1</sup>D B Oliveira Neto, <sup>1</sup>B G Barbosa, <sup>1</sup>N Lima, <sup>2</sup>J M da Silva, <sup>1</sup>M Siqueira, <sup>2</sup>V M da Silva, <sup>2</sup>M A C Guimarães, <sup>1</sup>I Brito, <sup>1</sup>G Cassimiro, <sup>1</sup>E Zita. <sup>1</sup>Ministry of Health - Bureau of Health Surveillance - Department of STD/AIDS and Viral Hepatitis, Brasília, Brazil; <sup>2</sup>Rede Nacional de Religião Afro e Saúde, Rio de Janeiro, Brazil

**Background** Demand for producing video materials for Afro-Brazilian religious communities on STD/AIDS prevention actions. For centuries, Afro-Brazilian religious temples have been spaces for inclusion, welcoming hospitality and counselling for historically excluded groups. The ancestry, ritual practises and interpersonal relationships that are constructed in these spaces make possible affective exchange and the production of knowledge, health promotion and disease prevention.

**Methods** Bibliographic Search. A technical meeting with the organisers of the National Afro-Brazilian Religion and Health