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.

PS045 THE FAMILY IN THE HEALTH-DISEASE PROCESS IN AGING WITH HIV/AIDS

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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 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 15 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.

PS046 HEALTH AND RELIGION: CANDIDATE PLACES OF WORSHIP (TERREIROS) AS SPACES FOR PROMOTING HEALTH AND STD/AIDS PREVENTION

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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