reasons and 6.3% tested voluntarily. Testing was conducted at the health facility and laboratories in 11.3% out of the 14.6% of respondents that had been tested. Youths who had at least a secondary school education and use condoms were more likely to have been tested. Majority (78.0%) were willing to be tested among this group, more than a third (36.8%) will prefer to be tested within the community (workplace, school, home or mobile outreach).

Conclusion Rural youths in this study are willing to be tested for HIV. Provision of this service within the community will improve access and uptake.

P17.13 EVALUATING THE IMPLEMENTATION OF COUPLES HIV COUNSELLING AND TESTING (CHCT) AMONG MOST AT RISK POPULATIONS: AN EXPERIENCE FROM BALI, INDONESIA

^{1,2}KA Kartika Sari*, ^{1,2}IN Sutarsa, ^{1,2}NW Septarini, ²E Rowe. ¹Faculty of Medicine Udayana University; ²Kerti Praja Foundation

10.1136/sextrans-2015-052270.591

Introduction A pilot project of couples HIV counselling and testing (CHCT) was conducted among most-at-risk populations (MARPs) in Bali from April to September 2013. The project provided financial incentives for outreach workers and counsellors during the implementation. The study evaluated the process of CHCT program and explored the readiness to continue the program implementation.

Methods A mixed method study conducted in July–December 2013. The number of couples participated during and after the project were compared. Four focus group discussions were conducted with counsellors and outreach workers, while in-depth interviews conducted with 22 couples (men who have sex with men, female sex workers and their partners).

Results There were 100 couples participated during the 6 month project (average: 16–17 couples/month). The number, however, decreased significantly with only 19 couples in the following 5 months (average: 3–4 couples/month). Due to the availability of incentives for staff, they were more active in searching and enrolling clients during the project than after the project. It was revealed that counsellors and outreach workers face more challenges in CHCT than in the individual VCT, particularly the issues of couples' separation, significantly increased workload, and a limited number of trained counsellors. Interviews with couples show the need of better services and supporting facilities such as after-hour services, treatment support system, computerised data management, one day laboratory service, and more friendly staff. Even though the level of knowledge was generally good, there were some misperceptions among couples regarding the natural history of HIV infection, thus complete information during the counselling process is required.

Conclusion CHCT among MARPs in Bali can be sustainable, however, some kind of incentives and training for counsellors are needed to motivate staff, while promotion of CHCT and improved facilities are required to attract couples and to provide better services.

Disclosure of interest statement The study is funded by National AIDS Commission of Indonesia and HIV Corporation Program for Indonesia (HCPI).

P17.14 BARRIERS AND FACILITATORS TO COUPLES HIV TESTING AND COUNSELLING AND VIEWS ON INCENTIVES FOR COUPLES TESTING: A QUALITATIVE STUDY FROM ZIMBABWE

¹EL Sibanda*, ¹M Makamba, ²K Hatzold, ^{1,3}FM Cowan. ¹Centre for Sexual Health and HIV/AIDS Research (CeSHHAR) Zimbabwe, Harare, Zimbabwe; ²Population Services International Zimbabwe (PSI Zimbabwe), Harare, Zimbabwe; ³Department of Infection and Population Health, University College London, London, UK

10.1136/sextrans-2015-052270.592

Introduction Couples HIV testing (CHTC) has greater health impact and is more cost-effective than individual testing. Despite widespread promotion, uptake remains sub-optimal. We explored i) barriers and facilitators to CHTC, ii) anticipated impact of incentives on CHTC uptake and linkage to post-test services, iii) incentives which might stimulate CHTC.

Methods Focus group discussions (FGDs) were held among rural Zimbabweans. FGDs started with role plays depicting couples with differing circumstances to stimulate discussion and were transcribed verbatim and analysed thematically.

Results Four FGDs were held with 17 men and 17 women. Both sexes said men were opposed to CHTC; barriers were more pertinent to men. The main barrier was fear of HIV diagnosis which respondents firmly believed would result in relationship dissolution. Participants understood discordancy as possible but were unaware/had not internalised benefits of discordant couple interventions. Discussions focused on the difficulty of broaching CHTC within a relationship as it raises uncomfortable issues of distrust. Women reportedly broached CHTC if they suspected infidelity, often threatening suicide or relationship dissolution in the event they tested positive. Interventions that took the decision out of the couple's hands e.g. perceived 'mandatory testing' for prevention of mother-to-child-transmission were viewed as facilitators for CHTC. Participants unanimously agreed that incentives would make discussing CHTC easier as the focus would shift to incentives. Participants said small items such as food and soap would stimulate CHTC. Participants were against monetary incentives as these would likely be abused or lead to conflict. Small, fixed incentives were preferred over larger lottery-based incentives. Participants said couples who received incentives to test would be more likely to link to post-test services with expectation of receiving additional rewards.

Conclusion This study suggests that small non-financial incentives may increase uptake of CHTC and subsequent linkage to care. We propose to test this intervention in a cluster randomised trial.

Disclosure of interest statement The study was funded by the Integrated Support Programme and no conflicts of interest are declared.

P17.15 BARRIERS AND FACILITATORS TO UPTAKE OF CERVICAL CANCER SCREENING AMONG CLIENTS ATTENDING INTEGRATED HIV/SEXUAL AND REPRODUCTIVE HEALTH CLINICS IN ZIMBABWE

¹EL Sibanda*, ¹N Ruhode, ¹C Madanhire, ²K Hatzold, ^{1,3}FM Cowan. ¹Centre for Sexual Health and HIV/AIDS Research (CeSHHAR) Zimbabwe, Harare, Zimbabwe; ²Population Services International Zimbabwe (PSI Zimbabwe), Harare, Zimbabwe; ³Department of Infection and Population Health, University College London, London, UK

10.1136/sextrans-2015-052270.593

Introduction Cervical cancer is the commonest cancer among Zimbabwean women; HIV positive women are disproportionately affected. Access to cervical cancer screening (CCS) is sub-optimal. To improve access, PSI-Zimbabwe integrated CCS with HIV testing services from September 2013. We used serial qualitative interviews to explore evolution of client views on service integration and barriers and facilitators to CCS uptake.

Methods In-depth interviews were held with clients at four clinics providing integrated services in November/2013–March/2014 and November/2014–March/2015. Interviews were audio-recorded, transcribed, translated and analysed thematically.

Results 32 and 37 women accessing integrated services were interviewed in Phases 1&2 respectively. Participants (aged 18–52 years) included women who had declined CCS and women who had been screened. Demand increased and views on CCS became more positive over time. In both phases women were positive about services being integrated because it enabled i) access to services under one roof; ii) information to spread (many in Phase 1 had not known about CCS before visiting integrated services for other reasons). Other factors that facilitated CCS uptake were i) knowing someone who have suffered/died of cervical cancer, ii) peers iii) having suspicious symptoms iv) free services. Barriers were the same across phases; i) fear of cancer diagnosis which was greater among HIV positive women ii) concern that CCS is complex, women sometimes called it ‘an operation’ iii) belief that the cervix is very fragile and should not be tampered with, some feared that ‘tampering’ would cause cancer. Low risk perception was common with many believing that i) only old/HIV positive women are affected, ii) absence of signs/symptoms equates with low risk of disease.

Conclusion Integration has increased access to CCS while also facilitating spread of information on CCS, resulting in more positive views over time. Interventions that address myths/misconceptions are likely to improve uptake of CCS.

Disclosure of interest statement The study was funded by the Integrated Support Programme and no conflicts of interest are declared.

P17.16 PERSONAL DECISIONS AROUND ANTI-RETROVIRAL THERAPIES (ART): FINDINGS FROM THE LITERATURE AND FROM A QUALITATIVE LONGITUDINAL STUDY WITH PEOPLE LIVING WITH HIV (PLHIV) IN REGIONAL QUEENSLAND, AUSTRALIA

¹K Bolsewicz*, ¹L Fitzgerald, ²J Debattista, ¹B Gardiner, ³A Whittaker. ¹*School of Population Health, University of Queensland*; ²*Metro North Public Health Unit, Metro North Hospital & Health Service*; ³*Monash University*

10.1136/sextrans-2015-052270.594

Introduction Patient-centred care is cornerstone of effective management of complex illnesses, yet little is known about personal decision processes around ART, especially among PLHIV living in remote areas. This paper examines how PLHIV living in regional Queensland make treatment decisions, and compares it with findings from the literature.

Methods The narratives around ART were elicited as part of a three year qualitative longitudinal study with 69 PLHIV over 35 from regional Queensland, recruited by key HIV organisations. Thematic analysis will continue at each and across time points. A comprehensive literature review (2003–13) on factors impacting people’s decisions around ART in Australia, Canada and the UK is under review [AC-2015–03–0185].

Results Decisions around treatment depended upon a range of psychosocial and structural factors. Some PLHIV discontinued ART and engaged in ‘cleansing’ of the body using natural therapies. ART was also experienced symbolically, as a reminder of one’s HIV status, but also as a means to a full life. The active coping style and treatment adherence of the peer models were seen as expressions of not succumbing to fear and stigma. The constructive and destructive influences of significant others on one’s continuum of care were highlighted. Non-medical advice was often sought when the health system was felt lacking.

Conclusion PLHIV in regional Queensland engage in nuanced analysis of various costs and benefits of ART uptake, in which biomedical concerns play an important yet often minor role. These findings are congruent with the literature: people’s abilities and motivations around ART are influenced by a host of interconnected, broader social factors. Findings have implications for the management of HIV and other complex diseases in that patient-centred care needs to move beyond purely biomedical considerations. This presentation will outline psychosocial factors providers can focus on to effectively address patient’s underlying concerns and support their choices around treatment.

Disclosure of interest statement The Living Positive in Queensland Study is funded by the Australia Research Council as a Linkage Project Grant [LP110200318]. Queensland Positive People, Queensland AIDS Council, and Positive Directions - Anglicare (now closed) were the original partner organisations of the study.

P17.17 ANAL HUMAN PAPILLOMAVIRUS (HPV) INFECTION AND ANAL INTRAEPITHELIAL NEOPLASIA (AIN) AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN KUALA LUMPUR, MALAYSIA

I Azwa*, I Yee, N Hairunisa, CH Tan, S Harun. *Clinical Investigation Centre, University Malaya Medical Centre, Kuala Lumpur*

10.1136/sextrans-2015-052270.595

Introduction MSM in particular HIV positive MSM have an increased risk of anal cancer. There is a paucity of data regarding anal HPV infection and high grade anal intraepithelial neoplasia (HGAIN) among MSM in Malaysia. The study is part of a larger regional collaboration with sites in Bangkok, Bali and Jakarta.

The aims of the study were to determine the prevalence, incidence and risk factors associated with high risk anal HPV infection and HGAIN among a cohort of MSM attending a screening site in Kuala Lumpur.

Methods 3 doctors received training in high resolution anoscopy (HRA). 52 MSM participants, 26 HIV positive and 26 HIV Negative, were enrolled into the study. Participants were screened at 3 time points – at baseline, 6 months and 12 months. Each participant completed a questionnaire on demographics, smoking and sexual history. Anal sample collection was then undertaken for liquid based anal cytology and anal HPV genotyping (Linear Array). This was followed by HRA and biopsy of abnormal areas. Patients with AIN 2 or 3 were offered treatment. Each participant was also screened for syphilis (RPR nad TPPA) at each visit.

Results The baseline results are presented. There were no anal cancers. The most common HPV genotype was HPV 16 in 17/52 (33%) participants. 39 (75%) had at least one high risk HPV infection. 26 (50%) had abnormal cytology. 9/52 (17%) had HGAIN (AIN 2 or 3). HGAIN correlated with high grade anal