

in total number of both sexual partners overall and with sexual partners who did not use condoms. In contrast, HIV status, education, number of immediate family members and levels of alcohol consumption were non-significant factors for both regression analyses.

Conclusion Results suggest that female sex workers' romantic partners act as more than sources of possible HIV infection; rather, romantic partners appear to have an important positive impact on health. We discuss this finding in light of possible harm-reduction programmes focusing on female sex workers and their romantic partners.

P3.171 MALE SPOUSE PERPETRATED PSYCHOLOGICAL AND SEXUAL ABUSE AMONG PREGNANT WOMEN IN NAIROBI, KENYA

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Introduction The purpose of this comparative retrospective study was to evaluate the nature of male spouseperpetrated gender based violence (GBV) during pregnancy. The objective was to establish whether diagnosis of HIV infection during pregnancy mitigates or exacerbates male spouse perpetrated psychological and sexual abuse during pregnancy.

Methods Case group comprising 96 HIV infected pregnant women, and comparison group (96 uninfected), all in their third trimester of pregnancy were interviewed upon consenting. A modified Conflict Tactics Scale 2 was administered to compare the two groups in terms of psychological aggression and sexual coercion.

Results Results indicated prevalence and severity of male spouse perpetrated abuse to be higher for case group than comparison group across both psychological aggression and sexual coercion subscales. The odds of male spouse perpetrated violence was 6.64-fold higher in HIV positive pregnant women compared to HIV negative pregnant women (OR=6.64, 95% CI 1.56–28.27, $p=0.010$). Thus, diagnosis of pregnancy and absence of HIV infection was associated with mitigated occurrence and severity of male spouse perpetrated abuse, while diagnosis of HIV infection during pregnancy exacerbated the same.

Conclusion The investigator recommends immediate sensitisation of health and social workers attending to pregnant women on the escalative effect of HIV positive diagnosis on male-spouse perpetrated violence. Intensive couple counselling and follow up care need to be specially designed and implemented for such couple whether they are concordant positive or discordant.

P3.172 BACTERIAL VAGINOSIS: RISK FACTORS AMONG KENYAN WOMEN AND THEIR MALE PARTNERS

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Introduction To simultaneously examine associations of bacterial vaginosis (BV) with potential risk factors in both the female and her male partner.

Methods We recruited women 18–45 years of age and their male partners from clinics in Nairobi, Kenya. All underwent face-to-face standardised interview physical examination, human immunodeficiency virus (HIV)–1 and syphilis serologic testing, endocervical cultures for *Neisseria gonorrhoeae*, and vaginal swabs for diagnosis of BV by Gram stain and trichomoniasis by culture.

Results Of 219 women, 97 (44%) had BV. BV was significantly associated by univariate analyses with women's own risk factors (young age, being unmarried, early sexual debut, more than 1 sexual partner, lifetime, rectal sex, trichomoniasis, HIV infection, and by principal components analysis, with low socioeconomic status [SES]) and also with male partners' characteristics (HIV infection, and by principal components analysis, low SES, and poor hygiene). In multivariate analysis including risk factors from both genders, the odds of having BV was 5.7 times higher if either partner was HIV seropositive, 13.2 times higher if the female had trichomoniasis, 2.5 times higher if the female had more than 1 sex partner ever, and decreased with increasing age of the female.

Conclusion In this population, characteristics of males and of females were independently associated with BV. Close association of male hygiene and male HIV status precluded distinguishing the influence of male hygiene on partner's BV.

P3.173 TRIPLE-ANTIRETROVIRAL PROPHYLAXIS TO PREVENT MOTHER-TO-CHILD HIV TRANSMISSION THROUGH BREASTFEEDING—THE KISUMU BREASTFEEDING STUDY, KENYA: A CLINICAL TRIAL

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Introduction Effective strategies are needed for the prevention of mother-to-child HIV transmission (PMTCT) in resource-limited settings. The Kisumu Breastfeeding Study was a single-arm open label trial conducted between July 2003 and February 2009. The overall aim was to investigate whether a maternal triple-antiretroviral regimen that was designed to maximally suppress viral load in late pregnancy and the first 6 months of lactation was a safe, well-tolerated, and effective PMTCT intervention.

Methods and findings HIV-infected pregnant women took zidovudine, lamivudine, and either nevirapine or nelfinavir from 34–36 weeks' gestation to 6 months post partum. Infants received single-dose nevirapine at birth. Using Kaplan-Meier methods we estimated HIV-transmission and death rates from delivery to 24 months. We compared HIV-transmission rates among subgroups defined by maternal risk factors, including baseline CD4 cell count and viral load. Among 487 live-born, singleton, or first-born infants, cumulative HIV-transmission rates at birth, 6 weeks, and 6, 12, and 24 mo were 2.5%, 4.2%, 5.0%, 5.7%, and 7.0%, respectively. The 24-mo HIV-transmission rates stratified by baseline maternal CD4 cell count <500 and ≥ 500 cells/mm³ were 8.4% (95% confidence interval [CI] 5.8%–12.0%) and 4.1% (1.8%–8.8%), respectively ($p=0.06$); the corresponding rates stratified by baseline maternal viral load $<10\,000$ and $\geq 10\,000$ copies/ml were