

P4.69 HEALTH CARE SEEKING BEHAVIOUR FOR SYMPTOMS OF STI/HIV AMONG THE TRANSGENDER IN MUMBAI, INDIA

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Introduction Health of the transgender is as important as any other population sub-groups. However, little is known about the issues of health problems and health seeking behaviour of transgender in India. One of the major risk factors for acquisition of HIV and other STIs for MTF transgender persons is Commercial sex workers (CSW). As with HIV infection in this population, it is difficult to ascertain the exact prevalence of CSW in MTF transgender persons. This study is an attempt to assess the health care seeking behaviour of women reporting STIs/HIV symptoms in Mumbai, India and to examine the association of background sociodemographic characteristics with Health care seeking behaviour.

Methodology The study used the primary survey data conducted in Mumbai city among the transgender community with a total sample of 120. Both qualitative and quantitative data was collected on demographic and socio-economic characteristic, sexual health problems and health seeking behaviour among transgender.

Results Among the transgender, the prevalence of sexual health is very high. In this community 28% and 21.7% of the transgender are suffered from STI and HIV respectively. Among those who suffered from any sexual health problems, 7% of the transgender do not take any treatment. Those who seek treatment for sexual health problems most of them go to government medical institution because of low treatment cost compared to a private institution. On the other hand, those who don't seek treatment revealed that they don't prefer to take treatment because of their personal problem or due to shame, high medicine cost and few believe in yoga.

Conclusion Though the majority of transgender heard about STI, the correct knowledge of sexual health transmission is lacking among the transgender. There is a need for increasing awareness regarding STI/HIV and their sequelae. Targeted health education programmes should be necessary to improve health care seeking among transgender.

P4.70 AVERTING AN IMPENDING HIV EPIDEMIC: MASSIVE INTERVENTIONS NEEDED FOR INJECTING DRUG USERS (IDUS) IN BANGLADESH

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Introduction Far from being an isolated population, injectors are intimately connected with others. They are linked with the rest of society – they have regular sex partners, they buy sex from women, as well as other men, they sell blood, and they also move between cities and inject. As long as HIV prevention through safe behaviour is not norm, the rest society is at risk from this virus. This study aims to collect information on IDUs and their health seeking behaviour in Bangladesh.

Methods A cross-sectional study was conducted among 120 IDUs attending a drug rehabilitation centre in Rajshahi, Bangladesh. Data were collected on socio-demographics, drug use,

health seeking behaviour, knowledge of injecting drugs, and sexual behaviour.

Results The mean \pm SD and median (IQR) age of the participants were 32.5 ± 21.3 and 33 (27-38) years, respectively, with only 9.2% females. Injection buprenorphine was the drug of choice for 40% of participants, and 58% of the participants first started drug use with smoking cannabis. 73.3% of participants shared needles sometimes and 57.5% were willing to use the needle exchange programs. 60% of the participants had no knowledge about the diseases spread by injection. Condom use during the last intercourse with regular partners was 11.7% and with any partners 15.8%.

Conclusion IDUs in Bangladesh are a high-risk group for HIV/AIDS due to lack of knowledge and risky behaviour. Bangladesh must immediately make it high priority to scale up interventions massively and stop further spread of HIV among drug injectors and other vulnerable people. And Bangladesh must act rapidly and decisively to avert the impending HIV epidemic or it will be too late.

P4.71 THE POWER OF PEOPLE LIVING WITH HIV (PLHIV) IN STIGMA REDUCTION

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This paper briefly reflects the fact that People living with HIV/AIDS (PLHIV) can be potential resources for HIV-related stigma reduction, the paper shares the experience of Sudanese People living With HIV/AIDS Care Association (SPCA) on reducing self-stigma among the PLHIV themselves and on the other hand reducing the stigma among health service providers and the general population. In the near past, Stigma was the major challenge constraining HIV intervention efforts in Sudan where the social context is one of the generating factor for the stigma and discrimination, the type of stigma in Sudan was the most furious one which influence PLHIV and their families, it was a complex model of stigma that deny PLHIV to even access care and treatment. The efforts made to empower PLHIV were a breakthrough towards better PLHIV-friendly environment free of stigma and discrimination. This paper focuses on the impact of the PLHIV efforts in the stigma reduction, which has contributed to put PLHIV and AIDS issues in the primary agenda of the government commitment and helped to advocate for supporting the overall intervention of AIDS in the country. The paper also shows how far the role of other sectors contributed to empower PLHIV and helped the national AIDS Programme to apply mature strategies on stigma reduction and comprehensive programming for HIV response.

P4.72 STIGMA AND DISCRIMINATION EXPERIENCED BY YOUNG MEN WHO HAVE SEX WITH MEN IN LARGE CITIES OF MYANMAR

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Introduction Young men who have sex with men (YMSM) are experiencing stigma and discrimination (S and D) resulting in social exclusion with adverse consequences. Therefore, a study