

Knowledge and Perception on HIV Discordance, Transmission and Prevention among Couples in Durban, South Africa

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highlighted. Higher report of anal sex by FSWs who accessed STI treatment emphasises need for doctors and nurses to openly discuss anal sex and treat anal STIs. Life-skill training sessions aimed at empowering FSWs could be designed as a platform for safe anal sex messages as indicated by higher reporting of HAS by those with greater sense of empowerment. Focused service delivery and structural intervention through trained NGOs working with the core group will help in addressing HIV transmission through HAS. Findings also stress the need for rectal microbicide for women too.

P48.02 Knowledge and Perception on HIV Discordance, Transmission and Prevention among Couples in Durban, South Africa

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Background: Most incident HIV infection in sub-Saharan Africa occurs in cohabiting discordant heterosexual couples. Though Couples Voluntary Counseling and Testing (CVCT) is an effective, well studied intervention in Africa, <10% of couples have been jointly tested.

Methods: As part of a 2013 pilot project to expand CVCT in Durban, South Africa, a survey was conducted pre and post-CVCT intervention to assess change in knowledge on HIV discordance, HIV transmission and prevention. Partners of a couple were interviewed separately using true/false responses to statements. The McNemar Chi-square test using STATA 11 was applied to assess change in knowledge from baseline to post-CVCT for each statement.

Results: This study included 318 couples (636 individuals), all black South African; mostly Zulu ethnicity (86%), Christian (84%) and at least secondary level educated (76%). The mean age and range for men and women was 31 (17 - 59) and 29 (16 - 59) respectively. There was low level knowledge of possibility of HIV discordant results for a couple; only 195 individuals (31%) thought this was possible at pre-CVCT compared to 578 (91%) at post-test. The survey also assessed knowledge on the benefit of CVCT; 208 (33%) thought there was at least one benefit at pre-CVCT and this increased to 572 (90%) at post-CVCT. Overall, there were statistically significant positive changes in knowledge on HIV transmission and prevention. In comparison between pre and post CVCT responses, most people thought that all HIV positive mothers give birth to babies with AIDS (63% and 58%; $p=0.002$). Most people also thought that Male circumcision does not protect HIV negative men against HIV (70% and 66%; $p=0.05$).

Conclusions: Though the respondents had a positive attitude towards CVCT, the majority were initially unaware of the possibility of HIV discordance and there were misconceptions about HIV prevention and transmission. Future messages should target gaps in knowledge and provide information about CVCT services.

P48.03 The Resonance Project: How Canadian Gay Men Understand, View and Incorporate Biomedical Knowledge of HIV into their Sexual Practices

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Background: In the last 10 years, our biomedical knowledge of HIV prevention has grown tremendously and several new prevention tools are now at our disposal. Historically, gay men have been early adopters of risk reduction strategies, such as condoms. The Resonance Project is a 3-year community-based research project, funded by the Canadian Institutes of Health Research, seeking to understand how biomedical HIV knowledge is entering the discourses, prevention strategies and folk wisdom of gay men and their service providers.

Methods: Using 'vignettes' of typical online profiles and dating scenarios, we conducted 12 semi-structured focus groups with 86 gay men in Montreal, Toronto and Vancouver. The focus groups included 4 categories:

- 1) gay men connected to the HIV sector (other than employment),
- 2) HIV+ and - gay men in serodiscordant relationships,
- 3) HIV+ men who are sexually active, and
- 4) HIV- men who are sexually active and at high risk.

We then conducted additional in-depth individual interviews with 10 of the gay men. Topics we explored included: seroadaptive behaviours, rapid and home-based testing, acute HIV infection, ARV-based prevention options, vaccines, and cures. The audio recordings were transcribed, coded, and analyzed using Interpretive Description (Thorne, 2008).

Results: Gay men who participated reflected diverse attitudes, perspectives and backgrounds, based on ethnocultural origins, age, serostatus, relationship status, and city location. Depending on the extent to which the new biomedical knowledge had resonated with them, they demonstrated different levels of uptake of the information and resulting personal calculations of risk.

Conclusions: Effective HIV prevention interventions need to enable gay men to develop their own risk management strategies in ways that resonate with their sexual lives. They must also take into account the ways in which gay men's biomedical knowledge of HIV can be at once sophisticated and incomplete, innovative and inaccurate, complementary and contradictory.

P48.04 Mobility Patterns and Concurrent Sexual Relationships among Fisher Folk along Lake Victoria, Kenya

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