

## HIV

Chairpersons: MA St John, G Beneby

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**Fear of violence increases risk behaviours of persons living with HIV in Guyana***K Gordon-Boyle, JP Figueroa**Doctoral Programme in Public Health, Department of Community Health and Psychiatry, The University of the West Indies, Kingston, Jamaica**E-mail: kareng328@yahoo.com*

**Objective:** To assess if fear of violence among people living with HIV (PLHIV) in Guyana affects sexual risk behaviours.

**Design and Methods:** In 2011, a cross-sectional survey was conducted of the sexual risk behaviours of 271 PLHIV enrolled in a prevention with positives (PwP) project promoting risk reduction behaviours at seven non-governmental organizations (NGOs). Quantitative data were analysed using Stata. Seventeen PLHIV and partners were interviewed using a semi-structured guide. Transcripts were analysed for themes and data triangulated to understand the prevalence of risk behaviours and the barriers to risk reduction among PLHIV.

**Results:** Domestic violence was experienced by 25.9% of enrollees. HIV-positive women were more likely to have fears of violence (OR 3.6; 95% CI 0.58, 5.48) and to be in a sexual relationship with an HIV negative partner (OR 4.1; 95% CI 0.5, 49.4) than males, though these were not statistically significant when adjusted for disclosure and having sex for things. People living with HIV who were not afraid of violence were more likely to disclose ( $p = 0.03$ , Fisher exact). When controlling for gender, having sex for things and HIV status of partner, PLHIV who were not afraid of violence were significantly more likely to use family planning (OR 10.7; 95%CI 1.9, 61.4). HIV-positive women experienced discrimination when seeking social services.

**Conclusion:** Fear of violence was a barrier to disclosure and use of family planning. Gender differences in experiences of violence should be catered for and discrimination against PLHIV by staff at social services addressed.

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**Expressed and unexpressed factors related to condom use in the Turks and Caicos Islands***S Malcolm, A Robinson, H Henry**National Epidemiology and Research Unit; National AIDS Program, Ministry of Health, Grand Turk, Turks and Caicos Islands**E-mail: shandmal@gmail.com*

**Objective:** The objective of the study was to examine the extent of, and factors related to, condom use in Turks and Caicos Islands (TCI).

**Design and Methods:** The study was based on secondary analysis of 775 sexually active respondents who completed the interviewer administered Knowledge, Attitudes, Practices and Beliefs survey in 2011. Condom use at last sex was modelled in logistic regression with demographics, HIV awareness, condom use self-efficacy (CUSE), sexual behaviours and substance use as predictors. Moderation between self-efficacy and age of sexual partner was also assessed in the model. Finally, the frequency of reasons expressed for non-condom use was explored.

**Results:** Most (54%) respondents did not use condoms at last sexual intercourse. Additionally, lower age (OR = 0.97; 95% CI = 0.95, 0.99), not being married (OR = 3.87; 95% CI = 2.50, 5.99), more than one sexual partner (OR = 4.70; 95% CI = 2.83, 7.82) and having sex while intoxicated (OR = 2.34; 95% CI = 1.25, 4.39) were all related to condom use. Higher CUSE was also related to higher condom use but only when the sexual partner was younger. Finally, the greatest expressed reason for non-condom use was trust in one's partner.

**Conclusion:** The study found condom use to be related to several of the factors examined. This information can be used to forge a targeted condom promotion campaign; an approach that may prove both efficient and cost effective in resource limited TCI. Suggestions for tailored messages and implications for future research are discussed.

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### **Outcomes of indicators for the elimination of mother-to-child transmission HIV Cascade in Barbados**

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**Objective:** To evaluate the outcomes of indicators for the elimination of mother-to-child transmission (eMTCT) HIV Cascade.

**Design and Methods:** Pregnant patients seen in the public sector healthcare clinics delivering between January 1, 2009, and December 31, 2013, were studied retrospectively. HIV-infected women and live births were identified from the Ladymeade Reference Unit and the Queen Elizabeth Hospital records. Extracted data were logged on an Excel spreadsheet, categorized in specific targets identified through a five-year regional initiative. Analysis was performed to determine the indicators for the eMTCT Cascade to evaluate outcomes in reaching the targets.

**Results:** In five years, 15 436 births were recorded, of which 15 189 were live births. There were 9003 pregnant women who booked and 8806 (98%) were HIV tested. There were 125 women (1.5%), averaging 25 per annum (range 1.2%–1.6%), who tested positive for HIV; 108 (86%) of these women (range 79%–100%) received antiretrovirals (ARVs) during pregnancy. One hundred and twenty-one HIV-positive women delivered infants; there were 124 live births and one stillbirth. Two infants tested positive by two successive DNA polymerase chain reaction tests during the period of study, in 2013. The eMTCT HIV rate was zero for each of the first four successive years of study and 8% in 2013 (overall 1.7%). The eMTCT incidence rate  $\times$  1000 live births ranged from 0–0.7% (overall 0.13%).

**Conclusions:** This study revealed that the three specific goals for eMTCT had been met during the previous five years. Efforts for continuing sustainability are needed.

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### **What you do not know may hurt your patients: Examining healthcare students' reactions toward people living with HIV**

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**Objective:** To examine whether healthcare students' reactions toward people living with HIV (PLHIV) would

be significantly different based on their knowledge of resources available for accidental HIV exposure, personal knowledge of someone living with HIV and attendance at HIV relevant sessions.

**Design and Methods:** A survey was conducted with 344 healthcare students from the Faculty of Medical Sciences of The University of the West Indies (UWI), St Augustine. Participants' emotional reactions toward PLHIV, perception of occupational risk for HIV, awareness of availability of post-exposure prophylaxis (PEP), personal knowledge of someone with HIV and attendance at HIV relevant sessions in the past year were measured. Independent *t*-tests were used to analyse the data.

**Results:** Independent *t*-tests indicated a significant effect of awareness of the availability of PEP on fear, ( $p = 0.02$ ) and prejudicial evaluation ( $p = 0.03$ ). Students who were aware of the availability of PEP at their institution had lower mean scores for fear ( $M = 4.59$ ,  $SD = 2.44$ ) and prejudicial evaluation ( $M = 21.47$ ,  $SD = 6.75$ ) than those who were unaware of the availability of PEP: fear ( $M = 5.21$ ,  $SD = 2.40$ ), prejudicial evaluation ( $M = 23.18$ ,  $SD = 7.01$ )

**Conclusion:** Healthcare providers should be informed of the resources available in case of accidental HIV exposure and the conditions under which they can be accessed. This knowledge and awareness may contribute to attenuating students' fears and consequently their reactions toward HIV patients.

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### **HIV Gateway: Expanding access to Caribbean HIV research via a website**

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**Background/Objectives:** Evidence-based HIV programming and policy in the Caribbean is hampered by limited access to existing research and other information about HIV in the region. A website was developed to facilitate such access.

**Design and Methods:** The HIV Gateway is a repository of publications and reports on HIV in the Caribbean searchable via a public website ([www.hivgateway.com](http://www.hivgateway.com)). Eligibility criteria were developed and used for searches to identify content on databases such as PubMed and Scopus. HIV researchers were approached to recommend and submit items, including unpublished research. Infographic tools were developed.

**Results:** By November 2014, the HIV Gateway contained over 5500 journal publications, reports, conference

abstracts, posters and slide presentations on HIV in the Caribbean, including over 250 documents not previously published or available online. All references include abstracts and web addresses (URLs) or PDFs providing access to original publications. Infographic tools enable users to analyse content by keyword, author and country.

**Conclusion:** HIV Gateway provides opportunities for researchers and practitioners to build evidence-based

approaches and to collaborate based on knowledge of who is working on issues and topics. Since it is publicly accessible, it facilitates the informed involvement of Caribbean people, including vulnerable populations, in the HIV response. Healthcare professionals can contribute articles or reports to continually expand and update the database and make this the website of choice for anyone wanting to find out about HIV in the Caribbean.