

a significant problem. Muslim women's uptake limitations were more due to economic dependence on male partners than religious law. Neither Muslim nor Christian women had provider gender preferences; positive provider attitude was more important. All women found Mentor Mothers highly acceptable.

Interpretation: In our study population, major barriers to uptake of maternal health services appear to be independent of, or minimally affected by religious influences. Male partners should be educated to support their wives' ANC and/or PMTCT service costs. PMTCT programs should target integrated ANC-PMTCT services to rural areas with significant HIV burden. Healthcare providers need behavior change training to improve attitudes, and Mentor Mothers should be supported to improve PMTCT service uptake. Study limitations included relatively low representation of Muslim women among participants.

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Parental knowledge and acceptability of infant male medical circumcision For HIV prevention at Mbarara Regional referral hospital

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Background: Worldwide in 2013 more than 35 million people had HIV/AIDS and 1.5 million people died from it. To the available prevention methods, male circumcision has been considered as an additional strategy against the disease. WHO also strongly recommends neonatal male circumcision for long term HIV prevention.

Methods: This cross sectional study was conducted among biological parents of children aged one year and below attending a young child clinic at MRRH in April 2015. Participants were interviewed using an interviewer-administered questionnaire. Data was collected on socio-demographic characteristics, knowledge on infant male medical circumcision (IMMC) and acceptability of infant male medical circumcision. Data was analysed by computing frequencies, percentages for variables, and running descriptive statistics on all variables. Ethical approve was sought from the Faculty research and ethics committee of Mbarara University.

Findings: The mean age for the 88 respondents was 29.3 years. Thirty (34.1%) participants reported to ever had a child circumcised while 58 (65.9%) reported never had a child circumcised before the study. The majority, 55 (63.2%) reported to have at least some knowledge about IMMC. There was a significant relationship between the knowledge of parents about IMMC and the parental acceptability for IMMC. The perceived barriers to IMMC uptake were found to be at a bigger percentage compared to the perceived benefits.

Interpretation: Many parents need to have their children circumcised within six months but they don't know where to go for the services and most of these have limited understanding of the procedure and it's likely implications at that age. Information about

IMMC should be incorporated in the postnatal clinic services. Just like the routine immunizations, the ministry of health should make IMMC part of the routine infant services.

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Fertility options of HIV-positive women in South India

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Background: Improved access to combination antiretroviral therapy (cART) and prevention of mother-to-child HIV transmission (PMTCT) programs in low and middle income countries (LMIC) has resulting in women living with HIV/AIDS (WLHA) to consider conception and parenthood. The interaction of socio-cultural norms, perceived risks of mother-to-child HIV transmission (MTCT), and availability of PMTCT/ART programs can influence women's fertility decisions. We surveyed WLHA to assess their knowledge of MTCT, family planning, and reproductive health, as well as the effectiveness of contraceptives.

Methods: Eligible HIV-positive women attending an ART clinic at a public district hospital in Mangalore, India were interviewed by a trained research assistant using a structured questionnaire that addressed five different categories: demographic information; basic knowledge of HIV transmission/prevention; views on fertility; use of contraception; and health care workers' perceived practices.

Findings: Of the 200 WLHA surveyed, the majority (67%) were between 30-40 years of age, employed(58%), Hindus(87%) and lived in rural areas(80%); 40% of women had primary education; 53% were widows and 43% of women were married. Moderate to severe immune suppression was noted in 21% and 78% were receiving cART. Women had a relatively good basic knowledge about MTCT but many did not know that condoms can prevent transmission; 33% of women thought that HIV infection was caste-specific. Over 76% of WLHA stated that a positive HIV diagnosis did not change their desire to have children; however only 68% think that WLHA should become pregnant. Condoms are the preferred method to prevent both STD's and unplanned pregnancies; 25% of women admitted to irregular use and <10% used no form of protection. Ninety percent of women think that contraceptive use is dependent upon the male partner's approval. One-third of women cited travel costs and long distance to clinic as major barriers to follow-up; 23% of women perceived a doctor or nurse's negative attitude during treatment at the ART clinic.

Interpretation: Unmet need for contraception is high among WLHA. Health care workers must provide counseling regarding fertility desires of WLHA. Additional efforts are needed to promote reproductive health, reduce stigma and effectively integrate family planning and HIV care and treatment services.

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