

Interpretation: These data support that our model can provide the long-term sustainability absent in many POU projects. This model can be applied to virtually any underserved or developing community with an NGO connecting with a University study abroad program.

Funding: The program is self-funded but relies upon the administrative services from the University.

Abstract #: 2.026_NEP

Acceptability of option B+ (lifelong treatment) among HIV-positive pregnant and lactating women in selected sites in Kenya

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Background: Conducted in a slum-based HIV program serving a large cohort of poor HIV infected women in Kenya, a high HIV burden context. New major treatment guidelines impact delivery of care and patients' experience of care. We sought to explore the acceptability of the new WHO guideline Option B+ and factors influencing patients' decision to initiate lifelong antiretroviral therapy (ART).

Methods: We collected data using convenience sampling at the AHF-Kenya HIV care centre in Mathare slum, Nairobi, between July–November 2013. 12 in-depth interviews (IDIs) and 6 focus-group discussions (FGDs) were conducted with HIV-1 infected pregnant women, 12 IDIs and 7 FGDs with infected lactating women and 5 FGDs with health care workers (HCWs). Eligibility criteria: pregnant or lactating women, ≥18 years old, HIV-positive, on ART ≥1 month and – for lactating mothers – with a child ≤18 months. HCWs identified and referred eligible participants to data collectors. Eligible HCWs worked in the ANC/ART for ≥6 months, referred by the head nurse, and willingly consented to participate. All participants provided written informed consent.

Results: Learning their HIV status and initiating ART on the same day caused considerable distress to the women, including feeling overwhelmed by new information. Most felt they needed time to 'absorb' the information/diagnosis, discuss with their partners, think about ART initiation, before committing to lifelong ART. Disclosure had resulted in receiving partner/family's support; non-disclosure resulted in challenges initiating and adhering to ART. Knowledge of other women having a positive experience with Option B+ made it easier to initiate. HCWs reported the women accepted the medicine, took it home, but waited to initiate once they felt ready. All groups felt sensitizing the community was a critical to increase acceptability of Option B+.

Conclusion: Women face a double challenge of receiving test results and having to make a sudden decision to initiate life-long therapy. Partner/family support is important, as it knowledge of patients having positively on ART. There's need to bear in mind and address the factors which influence acceptability of Option B+ among the users, to enhance uptake, and develop delivery methods that promote greater adherence to lifelong therapy.

Funding: None.

Abstract #: 2.027_NEP

HIV and masculinity in Gugulethu, South Africa [July 2, 2015 - Aug 2, 2015]

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Background: South Africa carries the greatest HIV burden in the world with 6.3 million people living with HIV.¹ HIV continues to burden the health system, and affects socio-economic productivity as heads of households (men) reject HIV treatments – especially in urban townships such as Gugulethu.¹ This project explored the extent to which masculine gender norms limit men's awareness of, and the effectiveness of, HIV interventions in Gugulethu.

Methods: 20 men (HIV positive and negative) were interviewed in community centers, and taverns. Men were recruited if they were not employed by the men's clinic, or gender-activist NGO *Sonke Gender Justice*. Men were not compensated. Semi-structured, 60-minute interviews explored: *What motivates men to look after their own health? What challenges do men face in disclosing their HIV status? What influences men to test or treat HIV? For what reasons do men use public health facilities? For what reasons do men use traditional healers?*

Findings: Complete ARV² regimens ran contrary to local ideals of masculinity, and strength in Gugulethu. Masculinity influenced ARV treatments as men valued pride, privacy, and confidentiality. Pride inhibited willingness to take advantage of HIV interventions, which increased preferences for traditional medicines. Men voiced that public health facilities (clinics) did not value privacy, or confidentiality regarding HIV status, and treatment. Thus, men would not visit most (commonly female-staffed) clinics, which precluded them from treatment, and contraception.

Interpretation: Research in Gugulethu emphasized that masculine gender norms contributed to men's resisting treatment. Men were aware of treatment options available, however nearly all men were not aware of where to access treatment options – there was poor awareness of *Sonke's* male-staffed clinic in Gugulethu. Recommendations include: cater to masculine needs; promote gender transformation; increase publicity around *Sonke's* clinic.

Funding: Glenn and Susan Brace/Center for Global Health at UVA. Thank you P. Nywagi for contributing.

1. *HIV and AIDS in South Africa*. AVERT, 2015. Web. 27 Oct. 2015.
2. Anti-Retroviral drugs (ARV) are used to hinder proliferation of the HI virus, in order to increase the CD4 cell count and increase immunity levels in a patient. ARV are administered to patients with HIV as treatment.

Abstract #: 2.028_NEP

The effect of child gender composition on spousal sexual abuse: an instrumental variable approach

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Background: The causes of sexual abuse within intimate relationships are not clearly understood which hinders efforts to mount effective prevention campaigns. This study examines whether