

strategies and the control group six sessions on treatment literacy, smoking and mental health. Data were collected at baseline and immediately after the intervention. Intervention effects were assessed using the adjusted standardized linear regression coefficients.

**Findings:** Participants had a mean age of 34.3 years old, 54.9% were male, and 69.3% were currently married. The results indicated that the sexual risk reduction intervention significantly improved participants' safer sex intention with regular partner ( $p=0.002$ ), HIV-positive partners ( $p=0.001$ ), and HIV-negative partners ( $p=0.031$ ). Similarly, the sexual risk reduction intervention significantly improved participants' HIV transmission knowledge ( $< 0.001$ ), perceived severity [ $p < 0.001$ ], and vulnerability [ $p < 0.001$ ], and coping appraisal (self-efficacy [ $p < 0.001$ ], response efficacy [ $p < 0.001$ ], and response cost [ $p < 0.001$ ]). The positive effects of intervention remained significant after adjusting for baseline scores and other potential confounders.

**Interpretation:** This is the first theory-based HIV prevention intervention to demonstrate an increase in safer sex intention and positive effects on HIV-preventive mediators among HIV-positive individuals in a resource-limited setting in Asia. Although further studies are needed to evaluate the long-term efficacy of the intervention in improving protection motivation and safer behaviors, scaling-up this intervention appears likely to improve the health of HIV-positive individuals and prevent HIV transmission in the general population.

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**Abstract #:** 02CD023

### Continued explosive rise in HIV prevalence among Chinese men who have sex with men

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**Background:** HIV prevalence among men who have sex with men (MSM) in Beijing China increased from 1.2% in 2000 to 7.8% in 2010, to projected 21.4% in 2020. This study aimed to estimate the current HIV prevalence and identify factors associated with HIV infection in this population.

**Methods:** A cross-sectional study was conducted in Beijing from March 2013 to March 2014. MSM participants were recruited through phone message, web-based advertisement, outreach and peer referral. An interviewer-administrated questionnaire was used to collect the information on socio-demographics, drug and alcohol use, sexual behaviors, self-perception of HIV risk, and history of HIV testing. Blood was collected for HIV and syphilis testing. Logistic regression was used to estimate adjusted odds ratio (aOR) and 95% confidence interval (CI).

**Findings:** Of 3588 eligible participants, HIV prevalence was 13.2% and syphilis 7.4%. Beijing residency (aOR, 0.62; 95% CI, 0.47-0.83), having health insurance in Beijing (aOR, 0.76; 95% CI, 0.61-0.95), illicit drug use (aOR, 2.70; 95% CI, 1.51-4.81), unprotected receptive anal intercourses (aOR, 1.73; 95% CI, 1.39-2.16), duration since last HIV testing (tested within 12 months vs. none: aOR, 0.59; 95% CI, 0.47-0.75; tested before 12 months vs. none: aOR, 1.00; 95% CI, 0.75-1.32), and current syphilis infection (aOR, 2.72; 95% CI, 1.98-3.74) were independently associated with HIV infection.

**Interpretation:** The estimated HIV prevalence is on the projectory of the rapidly increasing HIV epidemic among Chinese MSM, suggesting

the past HIV interventions have failed to change the rising trend. Innovative interventions are needed, and these interventions should fully engage gay communities.

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### Tailored family planning and reproductive health services for HIV infected adolescent women: Analysis of adolescent women's childbearing intentions in Masiphumelele and Gugulethu, South Africa

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**Background:** The South African National Antenatal Sentinel HIV and Syphilis Prevalence Survey in 2012 estimates that 28.8% of pregnant women between the ages of 15 and 49 years old are living with HIV. Combined reproductive health and HIV treatment services can lower maternal-fetal transmission rates. Gaining an understanding of HIV infected adolescent women's childbearing intentions will allow for more effective development of these services.

**Methods:** Sexually active adolescent women between the age of 16 and 21 years old completed the survey from October 2012 through February 2014 at the Desmond Tutu HIV Foundation Youth Centre in Masi-phumelele, South Africa and the Hannan-Crusaid Treatment Centre in Gugulethu, South Africa. The data were analyzed using SPSS 22.0.

**Findings:** 85 adolescent women with a mean age of 19 years participated in the survey. 35 women (41%) were HIV-infected and 50 were HIV-uninfected (59%). There is no statistical difference in intention to have children in the future between HIV-infected and uninfected women (74% v. 78%,  $p=0.27$ ). 41% of HIV-infected and 26% of HIV-uninfected adolescent women have had one live birth. The majority of HIV-infected and uninfected adolescent women ask a nurse for information regarding family planning (65% v. 52%,  $p=0.248$ ), followed by youth center/clinic (21% v. 24%,  $p=0.714$ ), and family (15% v. 26%,  $p=0.216$ ). Only 6% HIV-infected and 0% HIV-uninfected women reported asking a doctor for family planning advice. There is a statistical difference in condom use between HIV-infected (97%) and HIV-uninfected (82%) women ( $p=0.036$ ). 50% HIV-infected and 64% HIV-uninfected women use injection contraception, and 3% HIV-infected and 8% HIV-uninfected women use pill contraception.

**Interpretation:** Regardless of HIV status, adolescent women have intentions to have children. Most adolescent women ask a nurse for family planning information, but a large percentage of women ask their family. It is essential to further develop family planning and sexual health services for this population and ensure their access to these services.

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### History of sexual abuse, depression, and alcohol use as risk factors for HIV infection in high HIV prevalence fishing communities in rural Uganda

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