Structure/Method/Design: This is a mixed methods study that will involve data collection through social media, specifically pictures and 2-minute video clips, a short demographic survey and photo narrative from youth aged 18 to 30 in Nigeria.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Results from initial study on the impact of globalization on youth in Nigeria by the author has shown that globalization processes affect youth positively and negatively. Findings from this study will provide further illustration and context of this impact.

Summary/Conclusion: This mixed-methods, mixed-media, and multi-disciplinary study will provide results from one of the initial studies on the impact of globalization on youth in Nigeria using social media.

Factors influencing compliance to prevention of mother-to-child transmission guidelines in Western Kenya

M.A. Onono[1], T. Abuya[2], K. Owuor[1], E. Bukusi[1], G. Gray[3], C. Cohen[4]; [1]Kenya Medical Research Institute, Center for Microbiology Research, Kisumu/KE, [2]Population Council, Nairobi/KE, [3]Perinatal HIV Research Unit, Soweto/ZA, [4]University of California, San Francisco, San Francisco, CA/US

Background: Prevention of mother-to-child transmission (PMTCT) guidelines in Kenya requires all pregnant HIV-infected women be provided with highly active antiretroviral therapy (HAART) or ARV prophylaxis unless they opt out. We assessed the level of compliance to PMTCT guidelines and factors influencing compliance by health care providers

Structure/Method/Design: Compliance was measured using chart audits of 200 HIV-infected pregnant and postpartum women between November 2012 and June 2013. Factors associated with compliance were explored through 32 in-depth interviews with staff directly involved in PMTCT across 22 government facilities in western Kenya.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Although providers were knowledgeable about PMTCT and had high levels of professional confidence, compliance to guidelines was suboptimal and resulted in increased odds of MTCT. Chart audits showed that where MTCT occurred, providers were more likely to have failed to follow guidelines for prescription of ART for mothers [OR, 8.61; 95% CI, 2.8-26.2] and infants [OR, 3.92; 95% CI, 1.1-13.6], HIV counseling [OR, 3.94; 95% CI, 1.27-12.20], and timely provision of ARVs [OR, 2.97; 95% CI, 1.38-6.31]. Providers did not comply due to perception that 1) clients were in early gestation period (<28 weeks), 2) known HIV-infected women had less MTCT risk, 3) newly diagnosed women were more likely to opt out of PMTCT interventions. Providers attributed MTCT to client behavior citing reasons such as spousal influences, non-adherence to prescribed interventions, transport cost to health facilities, and stigma and disclosure dynamics. As a response to the client behavior, providers felt they lacked skills to convince women to take ARVs, felt demoralized, delayed providing PMTCT interventions, or simply did nothing. Systemic factors such as lack of privacy due to work-space challenges, language barriers during counseling, and increased workload linked to low staff numbers were cited as hampering guideline compliance. Fear of team alienation and strong group pressure was a key motivation to manage HIV-infected women well so as to avoid the ripple effect of discrimination at facility and personal level.

Summary/Conclusion: Client and provider behavior interact with health-system factors in a complex way to influence MTCT. To address the problem of suboptimal guideline compliance, particularly, at the roll out of Option B+, it is important to understand unique contextual factors and how they affect the performance of providers implementing PMTCT.

Quality of life of HIV patients 2 years into treatment in a community-based antiretroviral therapy program in western Uganda

C. Paulsen[1], A. Alibhai[1], W. Kipp[1], D. Saunders[1], J. Konde-Lule[2], G. Jhangri[1], T. Rubaale[3]; [1]University of Alberta, Edmonton, AB/CA, [2]Makerere University, School of Public Health, Kampala/UG, [3]Kabarole Health Department, Fort Portal/UG

Background: Objectives:

The aim of this study was to examine changes in the health-related quality of life (HRQOL) outcomes of patients in a community-based antiretroviral therapy (CBART) program in western Uganda, 2 years after the initiation of treatment.

Structure/Method/Design: A culturally adapted version of the MOS-HIV survey was administered to patients in the CBART program at baseline, after 1 year and after 2 years of treatment. Complementary clinical data was also collected at these times.

Changes in physical health (PHS) and mental health (MHS) summary scores were assessed and their associations with patient characteristics were examined.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Preliminary analysis suggests that the gains in PHS and MHS made during the first year of treatment have been maintained between throughout the second year of treatment as well. Further subgroup analysis is being carried out to examine associations between key demographic characteristics and changes in HRQOL. The influence of clinical factors, such as viral suppression, are also being examined.

While PHS and MHS both increased significantly overall during the first year of treatment, there was a proportion of patients who experienced either no change or a decrease in HRQOL during the first year of treatment. Associations between magnitude and direction of changes during the first and second year of treatment are also being examined.

Summary/Conclusion: The improvements in HRQOL show that CBART programs in rural Uganda can both provide positive treatment outcomes, and maintain them over time. However, improvements were not universal, and some patients continued to struggle despite improved clinical improvements. HRQOL surveys can be useful in identifying these patients, who may require additional support. Understanding the ongoing challenges of CBART patients is important for program planning, in order to better meet local needs.

Relationship among dietary patterns, apolipoproteins, C-reactive protein, and other lipids in adult populations in four cities of the Southern Cone of Latin America

R. Poggio, N. Elorriaga, L. Guitierrez, V. Irazola, A. Rubinstein; IECS, Buenos Aires, PLEASE SELECT/AR

Background: In the last decades, there has been a nutrition transition in Latin America to diets with higher total caloric intake and lower consumption of vegetables, cereals, and fruits. An unhealthy dietary pattern affects plasma levels of apolipoprotein (Apo) AI, Apo B, and C-reactive protein (CRP), which are independently associated with the incidence of coronary heart disease and stroke. There is no