

policy level, mandatory STI testing and exclusion from work based on a positive test were perceived as largely effective in preventing STIs. However, some participants believed the required panel missed prevalent STIs (e.g. herpes) and modes of transmission (e.g. oral, anal). Unless required by the production company, condom use was rare, and no formal mechanisms existed for notifying partners of an STI. On the economic level, performers' earnings increased with number of sexual partners and riskier sexual acts. Most performers had no health insurance, paying out-of-pocket for STI testing and treatment. Due to the AFI's unsteady payment structure, many performers engaged in sexual escorting to supplement income. On the social level, seasoned performers felt empowered to advocate for their preferences regarding sexual practises and partners on set. However, fear of losing work, compounded by competition among performers, could put newer performers at greater risk for an STI. Although most performers preferred not to use condoms on set, participants described implicit and explicit pressure from producers and directors towards non-condom use.

Conclusion This study highlights important characteristics of the AFI environment that could be targeted for STI prevention interventions.

P3.410 LINK WORKER SCHEME-AN EFFECTIVE RURAL INTERVENTION TO REDUCE THE VULNERABILITY OF CONTRACTING HIV AMONG RURAL SEX WORKERS

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Background Link Worker Scheme, a rural intervention model aims to reach out to the High Risk Groups and vulnerable men and women in rural areas with information, knowledge, skills on STI/HIV prevention and risk reduction. In the district of Burdwan the programme has reached out to 2629 sex workers to reduce their vulnerability of contracting HIV infection. They are being reached out by the link workers selected from the community itself and they are linked up with the STI clinics and also with government supported Integrated counselling and testing centres for availing services.

Method Since 2009 the programme is being rolled out in 100 villages targeting 2629 rural sex workers. They are made empowered with need based knowledge and skills for reducing their own vulnerability of contracting HIV infection. Side by side various mid-media and awareness programmes are conducted addressing the preventive and vulnerability reduction issues. Condoms are being made available to the sex workers through various channels which are easily accessible to them. After thorough counselling 2080 sex workers have undergone HIV testing at different government supported integrated counselling and testing centres (ICTC). Regular follow-ups are being done by the link workers with support from village level government health service providers and other community stakeholders.

Result From September 2009 to January 2013, 2080 sex workers have undergone HIV testing out of which only 8 (0.4%) have been found HIV positive.

Conclusion Through the programme activities rural sex workers have been reached out effectively by the community based dedicated link workers and the sex workers have realised their own vulnerability and opted for practising safe sexual behaviour in order to reduce their vulnerability of being contracted by the virus. The outcome of the programme has shown a positive response towards achieving the goal of the programme.

P3.411 FACTORS AFFECTING UTILISATION OF STI/HIV CLINICS AMONG SEX WORKERS IN BENIN,

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Background In Benin, HIV/STI clinical and prevention services (based on community mobilisation activities) for female sex worker (FSWs) were extended throughout the country. However, the attendance of clinical services remains very low. Most of the FSW-dedicated clinics are not functional.

Objective This study explores factors related to low functionality and sub-optimal attendance of clinical services by FSWs.

Methods Individual interviews and/or focus groups were conducted with 35 FSWs, 50 health care providers, 70 stakeholders from NGOs and 18 departmental heads of the National AIDS Program in 9 of the 12 regions of the country. Interview guides were developed using a conceptual framework describing actors, implications and issues of implementation activities. Direct observations in the field and analysis of activity reports were also conducted. Data from various sources were triangulated and validated with stakeholders.

Results Several factors have undermined regular STI services utilisation by FSW, encompassing: (i) incomplete and insufficient package of services, with lack of integration of programme components, irregular and insufficient supervision, recurrent shortages of STI drugs and supplies; (ii) limited involvement of FSWs in the programme design, implementation and service organisation; (iii) police repression resulting in dispersion of FSWs, lack of empowerment activities (structural factors); (iv) fear of stigma, little motivation of some health provider to respond to FSWs needs; (v) dysfunctional referral between community level work and STI clinics. In addition poor planning that does not take into account local needs (size, diversification of sex work typologies) also contributes to the non-functionality of the FSW-dedicated clinical services.

Conclusion The results of this study suggest that innovative service delivery models that maximise the synergy between community level work, and uptake of health services need to be designed, implemented and evaluated. Clinical and community level work should also be complemented by appropriate structural interventions.

P3.412 PERSONAL EXPERIENCE OF VIOLENCE AS POTENTIAL RISK FACTOR OF HIV/STI AMONG FSWs IN UKRAINE

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Background In Ukraine where the main road of HIV transmission is sexual, female sex workers are considered to have increased risk of HIV and STI infections. Moreover, FSWs suffer from different kinds of violence such as: economic, physical and psychological. The goal of our research was to define if personal experience of violence is associated with risk of HIV/STI infections.

Methods Secondary data analysis was performed on the dataset of bio-behavioural survey with 5023 respondents (FSWs) conducted in 2011 by the ICF "HIV/AIDS Alliance in Ukraine". RDS and TLS sampling methodology were applied, only females were recruited. The study was approved by Ethical Review Board of Ukrainian Sociological Association and Institute of epidemiology and infectious diseases named after L. V. Gromashevskiy.

To reveal relationships between HIV/STI rapid tests results and personal experience of violence of FSWs binary logistic regression analysis was provided in SPSS 15.0.

Results About 55% of respondents were aged 20–30 years old, 52% - completed secondary, vocational school and obtained not full high education, 64% - were unmarried and did not live together with sexual partner. Personal experienced of violence were positively