they face in the society. HIV stigma among women is even more pronounced in developing nations because of preexisting socioeconomic inequalities and subjugating gender norms. However, the experience of stigma among women particularly living in South Asian countries like Nepal remains underexplored. This study aimed to focus on Nepalese women and determine the extent of HIV stigma experienced by them, and identify the associated factors.

Methods: This cross-sectional survey was conducted from June to August 2015 among 512 women living with HIV. Study participants were recruited from six local HIV network organizations and four HIV clinics from far-western, western, and central regions of Nepal with the highest proportion of women living with HIV. The main outcome variable was HIV stigma measured by Berger HIV stigma scale. Data from 506 participants were analyzed after excluding those with missing data. Multiple linear regression was used to examine HIV stigma and its associated factors.

Findings: The mean HIV stigma score among women was 114.3 (SD 29.4, standard score range: 40-160). Those from urban areas and engaged in sex work perceived higher levels of HIV stigma (p<0.001 and p=0.033). Gender-related discrimination was associated with higher level of HIV stigma (p=0.027). Support from friends and HIV network and satisfaction with HIV-related health-care were associated with lower levels of HIV stigma (p<0.001, p<0.001, and p=0.019).

Interpretation: High burden of HIV stigma exists among women living with HIV in Nepal compared to those from neighboring India and China. HIV stigma was particularly high among those who resided in urban areas and were engaged in sex work. Gender disparity is one of the main predictors of HIV stigma. The findings warrant special programs targeted towards reducing HIV stigma among women, particularly in urban areas and among sex workers. This study reinforces the need to stress on existing disparities among women living with HIV in poor developing countries like Nepal and strengthen HIV response's focus on them through gender-responsive policies, programs and services.

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In Vivo Antibacterial Activity of Dadih and Dadih Ice Cream Toward Salmonella typhimurium Development

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Background: Dadih is one of Indonesia's heritage foods from Minangkabau, West Sumatra. This traditional food contains probiotics. The health benefits of dadih probiotic have been proven. However, in the original form, dadih has sour taste, rendering it less favorable by many people. To overcome the taste problem and increase its acceptance, dadih can be modified into ice cream. Moreover, a study showed that ice cream supports the availability of probiotics. We aimed to prove that dadih processed into ice cream retains its benefit for health by observing the in vivo antibacterial activity toward Salmonella typhimurium.

Methods: An experimental study with randomized post-test only control group design was conducted on 20 mice divided equally into five groups. Group K as control; group P1, P2, P3, P4 was given ice cream with dadih concentration 75%, 50%, 25%, 0% respectively, for two weeks. All groups exposed to 200µl 108 CFU/ml of Salmonella typhimurium on day 14 to 16a. Digestive tracts were isolated and microbiology test for colony count was conducted using SS agar. One-way Anova and Tukey tests in SPSS15 were used to analyze the data. A P-value less than 0.05 considered significant.

Findings: The result showed that the bacterial count is lower in the treatment groups compared to control (P1:5,60 \pm 0,21; P2:6,36 \pm 1,40; P3:6,90 \pm 1,27; P4:7,37 \pm 0,22 vs. K:7,53 \pm 0,15; p<0.05). It is indicated that is better for health to consumed ice cream which contain dadih than pure ice cream. And the antibacterial activity of dadih ice cream increased consistently with increasing concentration.

Interpretation: This study proves that dadih modified into ice cream retains its ability to keep our body healthy and can act as antibacterial agent. Further study is needed to pave the way for dadih ice cream as a novel functional food.

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Missed Opportunities for Early Infant Diagnosis in Rural Nigeria: An Analysis from the MoMent Study

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Background: Less than 10% of HIV-exposed infants (HEI) in Nigeria receive EID by the recommended age of 2 months. Low EID uptake means delays in time to infant ART initiation, leading to missed opportunities for lifesaving treatment. The MoMent Nigeria study, an interventional PMTCT implementation research study, evaluated EID uptake and cascade losses amongst HEI at Primary Healthcare Centres (PHCs) in rural North-Central Nigeria.

Methods: Within this prospective cohort study, HEI were followed up to 62 days of age. HIV status was determined by DNA PCR, and results were collected for pooled analysis. EID uptake was calculated as the number of HEI presenting for DNA PCR test divided by the number of live-born HEIs. To further evaluate missed opportunities, EID uptake was analyzed by 3 domains: HEI who presented for DNA PCR and actually received testing at first presentation; HEI who presented but were not tested at first presentation; and lastly proportion of HEI that got tested and had results available.

Findings: There were 403 live HEI births. EID uptake was 301/403 (75%). Out of 301 HEI who presented, only 162 (54%) received same-day testing. Lastly, out of 205 EID DNA PCR samples actually collected, only 120 (58%) had available results after at least 3 months post-test.