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**Objectives** The NIMH Collaborative HIV/STD Intervention Trial implemented a 2-year intervention based on the theory of diffusion of innovations to decrease unprotected sex with non-primary partners among high-risk populations including heterosexually-identified, socially marginalised men in urban, coastal Peru.

**Methods** 20 communities in 3 cities were randomised to the intervention or comparison arm. In intervention communities, 15% of the target population was trained as Community Popular Opinion Leaders (CPOs) to deliver HIV prevention messages to their peers. In all communities, yearly assessments of the study cohort, independent of the intervention, gathered information on sexual behaviour, provided pre-test counselling, and testing for HIV/STIs at baseline, 1 year, and 2 years after randomisation. This analysis included the 2146 heterosexually-identified men who fulfilled the trial's inclusion criteria (frequented community social venues, were aged 18 to 40, and had sex in the past 6 months).

**Results** Unprotected sex with a non-primary partner decreased by 10% in both study arms among heterosexually identified men. Almost half of the participants, in both the intervention and in the comparison arms, reported unprotected intercourse with a non-primary partner at the final follow-up (47.6% vs 48.7%,  $p=0.694$ ) and there was no difference after controlling for baseline behaviour, OR 1.04, (95% CI 0.79—to 1.38). STI incidence was also did not differ by randomisation condition, IRR 1.14 (95% CI 0.77—to 1.68) comparing incidence in intervention vs control communities.

**Discussion** We speculate that the lack of effect of the intervention among the heterosexually-identified men may be attributable to 1) an insufficiently strong intervention approach, 2) this group of men did not feel vulnerable to HIV or STI, or 3) the repeated biomedical testing and ancillary required counselling were as potent as the CPO intervention. Future HIV prevention trials with this population should try to tailor the intervention to this group's risk perceptions and behaviours.

**P1-S6.46 THE LONG-TERM IMPACT OF THE MEMA KWA VIJANA ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH INTERVENTION: EFFECTS OF DOSE AND TIME SINCE EXPOSURE TO INTERVENTION**

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**Background** Despite recent decreases in HIV incidence in many countries in sub-Saharan Africa, there is little evidence that specific behavioural interventions have led to a reduction in HIV among young people. Further and wider-scale decreases in HIV will require better understanding of when behaviour change occurs and why. The MEMA kwa Vijana adolescent sexual and reproductive health intervention has been implemented in rural Mwanza, Tanzania since 1999. A long-term (9 yr) evaluation found that the intervention had improved knowledge, reported attitudes to sex and some sexual risk behaviours but not HIV or HSV2 prevalence. An evaluation of impact in 2001 found strong evidence that receiving more years of the intervention (dose) was associated with a larger impact on some outcomes. We explored whether there was long-term differential intervention impact according to age, marital status, dose of intervention, or time since last exposure to the in-school component of the intervention.

**Methods** In 2007, a cross-sectional survey was conducted in the 20 MEMA kwa Vijana trial communities among 13814 young people (15–30 yrs) who had attended years 5–7 at intervention or comparison schools between 1999 and 2002. Only outcomes for which the intervention was shown to have an impact in 2001 or 2007 were included in this subgroup analysis that is, knowledge, reported attitudes, selected reported behaviours (age at first sex; number of partners; condom use). Data were analysed using cluster-level methods for stratified cluster-randomised trials with interaction tests to determine if intervention impact differed according to subgroup.

**Results** Taking into account multiplicity of testing, concurrence with a priori hypotheses and consistency within the results no strong effect modifiers emerged. There was some evidence of a dose-response effect. Specifically, impact on pregnancy knowledge increased with increasing high-quality dose of the intervention in both sexes, especially among males (Abstract P1-S6.46 table 1). There was some evidence of an impact of the high-quality dose of intervention on overall sexual attitudes among females. The consistency of these findings suggests that they are highly plausible.

**Abstract P1-S6.46 Table 1 Impact of intervention in 2007/8 according to number of years of exposure to in-school intervention (1999–2002)**

| Outcome   | Overall             | Years of in-school intervention ('99-02) |       |        | Test for trend (p value) |
|---|---------------------|--|-------|--------|--------------------------|
|   |                     | 1 yr                                     | 2 yrs | 3+ yrs |                          |
| HIV acquisition knowledge (% with all 3 responses "correct")      |                     |  |       |        |                          |
| Male  | 1.11 (0.99, 1.23)*  | 1.09                                     | 1.12  | 1.12   | 0.56                     |
| Female  | 1.11 (1.00, 1.24)*  | 1.12                                     | 1.11  | 1.12   | 0.85                     |
| STD acquisition knowledge (% with all 3 responses "correct")      |                     |  |       |        |                          |
| Male  | 1.18 (1.04, 1.34)** | 1.19                                     | 1.20  | 1.16   | 0.70                     |
| Female  | 1.24 (0.97, 1.58)*  | 1.22                                     | 1.21  | 1.32   | 0.32                     |
| Pregnancy prevention knowledge (% with all 3 responses "correct") |                     |  |       |        |                          |
| Male  | 1.19 (1.12, 1.26)** | 1.13                                     | 1.19  | 1.25   | 0.0001**                 |
| Female  | 1.17 (1.06, 1.30)** | 1.12                                     | 1.20  | 1.19   | 0.03**                   |
| Attitudes to sex (% with all 3 responses "correct")               |                     |  |       |        |                          |
| Male  | 1.31 (0.97, 1.77)*  | 1.26                                     | 1.33  | 1.38   | 0.15                     |
| Female  | 1.09 (0.67, 1.77)   | 0.78                                     | 1.23  | 1.25   | 0.008**                  |

**Conclusions** The desirable long-term impact of the MEMA kwa Vijana intervention did not vary greatly according to the subgroups examined. From a programme implementation point of view this suggests that the intervention can have an impact on a broad cross-section of young people in rural Mwanza.

**P1-S6.47 DESCRIPTION AND EVALUATION OF A REGIONAL CONDOM ACCESS PROGRAM FOR COMMUNITY ORGANIZATIONS**

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**Background** As observed in the rest of Quebec province, the number of STD declared to public health authorities in Estrie have been increasing in the last years. It has also been evaluated that condom use in this region is not as high as expected, particularly by young people. The Estrie region began a program in 2008 to favour free access to condoms for community organizations in contact with groups known as vulnerable to STDs. Purpose Describe and evaluate the implementation of the program after a period of 3 years. The regional program aim is to provide free condoms to