Abstract P2-S1.05 Table 1 Parental acceptability of contraceptive methods

Contraceptive method	Overall parental acceptability (N=261)	Parental acceptability if teen is very unlikely to have sex in next year (n=195)	Parental acceptability if teen has any likelihood of having sex in next year (n=62)	Differences in acceptability by likelihood of teen having sex
Condom	51%	43%	76%	p<0.001
Oral contraceptive pill (OCP)	59%	53%	75%	p<0.01
Depot medroxyprogesterone Acetate (DMPA)	46%	42%	58%	p<0.05
Patch	42%	39%	51%	NS
Implant	32%	30%	37%	NS
Intrauterine Device (IUD)	18%	17%	20%	NS
Emergency contraception (EC)	45%	39%	63%	p<0.001

NS, not statistically significant.
p>0.05.

services at least once/week. When parents were asked about their own experiences as teens, 40% reported sexual intercourse, 4% had an STI, 14% had a teen pregnancy, and 25% used birth control. The majority of parents lacked STI knowledge (56% correctly answered 0-1 out of 5 basic knowledge questions). Overall acceptability of contraception provided to their teen was highest for oral contraceptive pills (OCP) 59% and condoms 51% and lowest for IUDs 18% (see Abstract P1-S2.05 table 1). Only 24% thought there was any likelihood their teen would have sexual intercourse in the next year. Acceptability of OCPs, condoms, and emergency contraception was higher among parents who report a likelihood their teen would have sex.

Discussion This is the first study to examine parental acceptability of contraception offered during a CV. This study shows that parents lack basic STI knowledge and underestimate their teens' sexual activity. Only half found condoms, the only method that offers both STI and contraception protection, to be acceptable. In the context of providing confidential health services for teens, these findings highlight the need to better understand influences on parental attitudes and to improve communication with parents about sexual health topics, STIs, and condom use.

P2-S1.06 ADOLESCENTS' WILLINGNESS TO PARTICIPATE IN HIV VACCINE CLINICAL TRIAL PREPAREDNESS IN NIGERIA

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Background Routine vaccination of recommended vaccines in adolescents/children from 1999 would prevent >14 million disease cases and 33 000 deaths over the lifetime of each birth cohort. Data from National sero-prevalence surveys estimate the prevalence of HIV among 15—24 years old to be 5.2%. Therefore including adolescents in HIV vaccine trials makes them an important target for research in primary prevention of HIV infection which they are increasingly at risk of. This study evaluated adolescent perception towards HIV vaccine trial in Nigeria.

Methods Two hundred and ninety one consenting adolescents were randomly selected for this study. They were recruited from some secondary schools class rooms, university undergraduates' hostels and some traders at the shopping malls within Lagos State Metropolis. Data were collected using semi-structured questionnaire. Information was obtained from knowledge of HIV status, willingness to participate in vaccine trial in future were obtained. Additionally, sexual risk behaviour, stigmatisation, obtain parental permission (required or not required), and function of efficacy of HIV vaccine and perceived self risk of HIV vaccine were collated and analysed using EPI INFO 2002 software (CDC, USA).

Result Of the 291 respondents interviewed, 96% were single. 72.7% who were willing to participate in the HIV vaccine trial (p<0.05), were educated (97.5%) have Knowledge of HIV vaccine (73.5%), and have no perceived risk of HIV vaccine infection from immunisation (66.2%). Few respondents (31.3%) know their HIV status. Contrarily, those seeking parental permission (66.2%) would significantly reduce willingness to participate (p>0.05).

Conclusion Efforts should be made on sustained education campaigns on HIV vaccine involving adolescents/parents' consent, otherwise there would be potential obstacle to hypothetical vaccine acceptance and believe. Sexual high risk behaviour is an important factor in the retention of adolescents in future vaccine. studies. A number of other ethical and social issues need to be addressed before adolescent HIV vaccine trials in Nigeria.

P2-S1.07 SADNESS, POOR SCHOOL WORK, RUNNING AWAY, AND SEXUAL RISK BEHAVIOUR AMONG URBAN FEMALE AFRICAN AMERICAN ADOLESCENTS

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Background Correlations between delinquency, poor school performance, and poor sense of emotional well-being among adolescents are often recognised, but their correlation with risky sexual behaviour has not been as well explored, particularly in African American female populations.

Methods We surveyed 743 sexually active females, age 13 to 19 (mean 16.6 years), attending a predominantly African American urban adolescent clinic. We asked about sexual activity and about poor school work, delinquency (running away from home), poor emotional well-being (feeling unhappy, sad, or depressed), and receiving counselling. To assess associations, ORs were calculated with 95% CIs. A respondent was classified as having correct and consistent condom use if her responses indicated that, during the past 90 days ALL of the following were true: she had engaged in vaginal sexual intercourse at least once, a condom had been used during all vaginal sexual intercourse, the condom was always put on prior to genital contact and remained on throughout sexual intercourse, a condom had never broken while being worn, and a condom had never been put on inside out and then flipped over and put back on again.

Results Approximately 10% of females had 0 sexual partners in the past 90 days, 54% had 1 partner, and 36% had 2 or more partners. Those responding true to whether they felt unhappy, sad, or depressed in the past 6 months (12% of the sample) were more likely to report more than one sexual partner compared to those responding "not true", OR=2.13 (95% CI 1.33—to 3.39), and less

Abstract P2-S1.07 Table 1 Self-reported sexual activity and response to questions about school, home, and mental health among female adolescents in a largely African American inner-city clinic in the Southeastern USA (N=743)

Responses to questions about school, home, and mental health	Number of partners in past 90 days			Correct and consistent condom use†		
	0–1	2+	OR (95% CI)*	No	Yes	OR (95% CI)*
"My school work is poor" (in the last 6 months)						
Not true	317 (67%)	153 (33%)	Referent	340 (81%)	80 (19%)	Referent
Sometimes true	**79 (54%)**	**68 (46%)**	**1.78 (1.22 to 2.60)***	**123 (90%)**	**13 (10%)**	**0.45 (0.24 to 0.84)***
True	**19 (41%)**	**27 (59%)**	**2.94 (1.59 to 5.46)***	34 (81%)	8 (19%)	1.0 (0.45 to 2.24)
"I run away from home"(in the last 6 months)						
Not true	378 (67%)	186 (33%)	Referent	416 (82%)	90 (18%)	Referent
Sometimes true	**20 (34%)**	**39 (66%)**	**3.96 (2.245 to 6.99)***	46 (85%)	8 (15%)	0.80 (0.37 to 1.76)
True	**18 (44%)**	**23 (56%)**	**2.60 (1.37 to 4.93)***	36 (92%)	3 (8%)	0.39 (0.12 to 1.28)
"I am unhappy, sad or depressed"(in the last 6 months)						
Not true	271 (72%)	107 (28%)	Referent	255 (77%)	77 (23%)	Referent
Sometimes true	**154 (57%)**	**117 (43%)**	**1.92 (1.39 to 2.67)***	**220 (88%)**	**31 (12%)**	**0.47 (0.30 to 0.74)***
True	**50 (54%)**	**42 (46%)**	**2.13 (1.33 to 3.39)***	**74 (88%)**	**10 (12%)**	**0.45 (0.22 to 0.91)***
Saw a counsellor about emotional problems (in past 90 days)						
No	431 (66%)	225 (34%)	Referent	481 (81%)	113 (19%)	Referent
Yes	**45 (52%)**	**41 (48%)**	**1.75 (1.11 to 2.74)***	**69 (93%)**	**5 (7%)**	**0.31 (0.12 to 0.78)***

*Statistics printed in bold font have ORs in comparison to their referent of $p<0.05$.
†A respondent was classified as having correct and consistent condom use if her responses indicated that, during the past 90 days ALL of the following were true: she had engaged in vaginal sexual intercourse at least once, a condom had been used during all vaginal sexual intercourse, the condom was always put on prior to genital contact and remained on throughout sexual intercourse, a condom had never broken while being worn, and a condom had never been put on inside out and then flipped over and put back on again.

likely to report correct and consistent condom use, OR=0.45 (95% CI 0.22—to 0.91) (Abstract P2-S1.07 table 1). Those who reported seeing a counsellor for emotional problems (13% of the sample) were more likely to report multiple partners, OR=1.75 (95% CI 1.11—to 2.74) and less likely to report correct and consistent condom use, OR=0.31 (95% CI 0.12—to 0.78) than those who reported no such counselling. Poor school performance and running away from home were associated with having more than one partner, but generally not with inconsistent or incorrect condom use. (Abstract P2-S1.07 table 1).

Conclusion Our results highlight the importance of mental health and sexual behaviour assessments in adolescent healthcare settings. Further research is needed to assess whether counselling and improved emotional well-being can reduce sexual behaviours that place adolescents at risk.

P2-S1.08 DUAL CONTRACEPTIVE USE AMONG ADOLESCENTS AND YOUNG ADULTS: CORRELATES AND IMPLICATIONS FOR CONDOM USE AND STI OUTCOMES

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Background Simultaneous use of condoms and other contraceptive methods ("dual use") provides the maximum protection against unintended pregnancies and sexually transmitted disease (STD). Some studies show condom use wanes among dual users, thus potentially increasing STD risk. The purpose of this study is to (1) demonstrate how the composition of comparison groups influence conclusions regarding condom use and STD risk among hormonal contraceptive (HC) users and (2) assess the correlates of dual use.

Methods A convenience sample of youth ages 12–25 years (n=1450) were screened for chlamydia and gonorrhoea at non-clinical sites in high morbidity neighbourhoods of two California counties in 2002–2003. Gender-specific ORs for three outcomes (condom use consistency, condom use at last sex, and positive STD result) were calculated for three separate comparisons: (1) HC vs non-HC users, (2) HC vs condom only users, and (3) dual vs condom only users. Multivariate logistic regression models were constructed to assess the correlates of dual use.

Results Each of the three comparisons led to different conclusions (see Abstract P1-S1.08 table 1). For our broadest comparison (HC vs non-HC users), female HC users were less likely to screen positive for an STD. However, males who reported that their partners used HC were less likely to report frequent condom use. In the second comparison (HC vs condom only), condom use at last sex and frequent condom use was significantly less common among HC users than condom only users. In the final comparison, dual users did not differ from condom-only users. Sex, age, race, and relationship tenure were significant correlates of dual use. Females were more likely to report dual use [aOR=1.6 (1.1 to 2.3)], as were older adolescents (16–18 years) vs young adolescents (12–15 years) [aOR=2.1 (1.3 to 3.3)]. Relative to Whites, African Americans and Hispanics were less likely to report dual use [AA: aOR=0.4 (0.2 to 0.6); Hisp: aOR=0.5 (0.3 to 0.7)]. Respondents in longer-term relationships were more likely to report dual use than respondents in new relationships.

Abstract P2-S1.08 Table 1 Odds of condom use and STD acquisition

	A. HC vs No HC aOR (95% CI)	B. HC vs Condom Only aOR (95% CI)	C. Dual Use vs Condom Only aOR (95% CI)
Females			
Condom use at last sex	1.18 (0.83 to 1.68)	0.49 (0.33 to 0.71))‡	1.23 (0.79 to 1.93)
Frequent condom use	1.41 (0.97 to 2.05)	0.29 (0.19 to 0.45)‡	1.55 (0.88 to 2.73)
STD	0.50 (0.25 to 0.97)§	0.67 (0.32 to 1.38)	0.85 (0.37 to 1.91)
Males			
Condom use at last sex	0.70 (0.47 to 1.06)	0.41 (0.26 to 0.62)‡	1.11 (0.79 to 1.93)
Frequent condom use	0.62 (0.39 to 0.96)§	0.14 (0.08 to 0.25)‡	0.53 (0.27 to 1.06)
STD	1.16 (0.41 to 3.31)	1.88 (0.66 to 5.42)	2.07 (0.62 to 6.93)
Total			
Condom use at last sex	0.95 (0.73 to 1.25)	0.45 (0.34 to 0.60)‡	1.18 (0.82 to 1.70)
Frequent condom use	1.00 (0.75 to 1.34)	0.22 (0.15 to 0.31)‡	1.04 (0.67 to 1.63)
STD	0.64 (0.36 to 1.14)	0.95 (0.52 to 1.75)	1.08 (0.54 to 2.15)

‡p≤0.0001, †p≤0.001, *p≤0.01, §p≤0.05.
Comparison A= HC (dual method + HC only) vs non-HC (condom only + non-contraceptive use) (n=1443); Comparison B=HC (dual method + HC only) vs condom only (n=1139); and Comparison C= dual method vs condom only (n=1006). aORs were adjusted by sex, age, race, relationship tenure, and number of partners per year of sexual activity (log scale); only significant covariates were retained in the final multivariate model.