

**Methods** May through November 2010, we assessed serosorting practices and beliefs among MSM seeking STI testing at an urban LGBT health center. We compared serosorting practices and beliefs by HIV status and partner characteristics with Pearson  $\chi^2$  tests. Sexual behaviours, partner characteristics, and HIV status were based on self-report.

**Results** 705 HIV-negative and 88 HIV-positive MSM completed the assessment. Median time since last HIV test was 7.5 months; nearly a third had not been tested in the last year. Overall, 53% reported no UAI, 27% reported seroconcordant UAI, and 18% reported serodiscordant UAI with last sex partner. UAI was more common with seroconcordant partners than with serodiscordant partners (55% vs 37%,  $p < 0.001$ ); 23% of HIV-positive and 17% of HIV-negative men reported serodiscordant UAI. 81% of men with seroconcordant partners said they knew their partner's status by getting tested together or talking with them; 5% determined partners' status indirectly and 14% did not report how they determined their partner's status. Seroconcordant UAI was more common among HIV-positive than HIV-negative men (53% vs 24%,  $p < 0.001$ ). Among 288 HIV-negative men reporting UAI: seroconcordant UAI was more common with main vs casual partners (76% vs 41%,  $p < 0.001$ ) and within monogamous vs non-monogamous relationships (69% vs 51%,  $p = 0.003$ ); serodiscordant UAI was more common among men with  $\geq 3$  recent sex partners vs  $< 3$  partners (50% vs 33%,  $p = 0.005$ ) and those who reported any anonymous sex partners vs none (53% vs 28%,  $p < 0.001$ ). Among men who said that they could not be talked out of safer sex with a seroconcordant partner, 10% of HIV-negative men and 16% of HIV-positive men reported serodiscordant UAI. 19% of HIV-negative men who endorsed seroconcordant partnerships reported serodiscordant UAI.

**Conclusions** Discrepancies between serosorting endorsement and practice underscore the importance of assessing cognitions related to risk-taking and behaviour. High rates of partner concurrency, infrequent testing, and indirect assessment of partner serostatus may limit the effectiveness of serosorting as a risk reduction strategy, even with main partners. The contribution of serosorting to HIV transmission within primary relationships warrants further research.

#### 02-S4.06 EXPLORING ENEMA PRACTICES AMONG MEN WHO HAVE SEX WITH MEN IN THE USA: IMPLICATIONS FOR SEXUAL HEALTH

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**Purpose** Recent literature has suggested that use of hygiene products (ie, douching) by women and men prior to sexual activity, changes the biological makeup of vaginal and anal tissue, potentially affecting risk for HIV/STI acquisition. While men who have sex with men (MSM) continue to be disproportionately impacted by HIV/STI, little information exists about men's lifetime enema behaviours, the situational contexts impacting their use, and attitudes towards use of such products.

**Methods** Data were collected via an internet survey from 27 690 18–80 year old MSM. Measures included sociodemographics, recent/lifetime sexual behaviour history, and items related to enema use.

**Results** Participants' median age was 39.0 years; ethnicities included white (84.5%), Latino (6.4%), African American (3.5%); and, most (79.9%) identified as homosexual. Over half (54.2%) of men indicated that they were not currently in a romantic relationship and the majority (88.9%) reported having two or more sexual partners in the past year. Most men (64.5%) reported lifetime enema use, with

33.8% reporting use in the past month. Most common reasons for starting enema use were to avoid feces during sex (72.5%) and to feel clean during sex (65.6%). Among enema users, 34.4% reported use of a disposable store bought enema, while 62.5% indicated having used a refillable enema or one that attached to the shower. Men somewhat or strongly agreed that enema use increased comfort with their anus (75.8%), made sex more enjoyable (75.5%), and increased the likelihood of being the receptive partner (75.8%). During the most recent sexual event, enema use was reported both before (37.1%) and after (8.1%) sex, with most (42.0%) reporting use 30 min–1 h prior to sex. Enema use at last sex was more likely to occur among men who were Caucasian ( $p < 0.01$ ), who engaged in anal intercourse ( $p < 0.01$ ), and whose sexual partner was someone they just met ( $p < 0.05$ ).

**Conclusions** These data provide one of the first examinations of enema practices among MSM in the US. Findings highlight use of enemas prior to sexual activity as a common behaviour, and one associated with positively enhancing the sexual experience. The acceptability of enema use in this population may provide a vehicle for microbicide or viroicide delivery once such compounds are fully developed. Future research should examine the relationship between behavioural practices and biological impacts of enema use in relation to HIV/STI.

## Social and behavioural aspects of prevention oral session 5—Individual, Structural and Contextual Coping Strategies: Diverse causes and solutions

### 02-S5.01 BONDING, BRIDGING, LINKING: EXPLORING RELATIONSHIP BETWEEN SOCIAL CAPITAL AND MIGRANTS' HIV RISK BEHAVIOUR AT DESTINATION

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**Background** A multidimensional construct of social capital was employed to understand the relationship between social capital and migrants' HIV risk at destination place.

**Methods** The study was undertaken among Rajasthani migrants of age 18 and above in Mumbai and Ahmedabad in India to collect data from 1598 migrants through survey method and from 93 migrants through qualitative methods from January to June 2007. Social capital was measured in terms of three domains: bonding, bridging and linking. HIV risk had three measures: having casual partner in last 12 months in the city; sex with a sex worker in the city in last 12 months; and no or inconsistent condom use with a sex worker in last 12 months.

**Results** Migrants had substantial risk behaviour at destination: 385 respondents (24.1%) reported having one or more casual partners; 218 migrants (13.6%) had had sex with a sex worker; and 123 respondents (7.7%) reported no or inconsistent condom use with a sex worker in the last 12 months in the city. Migrants reported higher risk in Ahmedabad compared to Mumbai for all the three risk measures: 251 (31.6%) vs 134 (16.7%) reported casual partners; 138 (17.4%) vs 80 (10%) reported having had sex with a sex worker; and 96 (12.1%) vs 27 (3.4%). Bonding and linking domains of social capital had higher values for migrants in Ahmedabad than Mumbai. Bridging social capital was higher in migrants in Mumbai as compared to migrants in Ahmedabad. All the components of bridging social capital had higher values for migrants in Mumbai than Ahmedabad. Bonding and linking social capital behaved differently in Mumbai and Ahmedabad. In Mumbai, migrants had lower HIV risk if they had high linking social capital and had higher risk if they had high bonding social

Abstract O2-S5.01 Table 1 Multivariate relations of HIV risk with social capital (components) in Mumbai and Ahmedabad

Scale	Casual partners		Sex with commercial sex worker		Condom use with CSW	
	Model 1 OR (CI)	Model 2 AOR (CI)	Model 1 OR (CI)	Model 2 AOR (CI)	Model 1 OR (CI)	Model 2 AOR (CI)
<b>Mumbai</b>						
BO_community sense (low)	0.53 (0.32 to 0.86)	0.78 (NS)	0.31 (0.17 to 0.60)	0.47 (0.24 to 0.92)		
BR_participation (low)	1.97 (1.19 to 3.27)	1.90 (1.13 to 3.19)	1.60 (NS)	1.71 (NS)		
LI_personal trust in services (low)	2.33 (1.31 to 4.15)	2.39 (1.29 to 4.44)	2.45 (1.08 to 5.52)	2.84 (1.23 to 6.54)		
LI_reciprocal trusting relations with services (low)		2.18 (1.11 to 4.28)	2.96 (1.11 to 7.83)	3.10 (1.16 to 8.31)		
Married or not (ref: married)						0.16 (0.04 to 0.69)
No. of working days in a month (ref: low)						3.83 (1.31 to 11.2)
Income (ref: low)		1.67 (1.25 to 2.23)		1.84 (1.26 to 2.67)		
Income steady/fluctuating (ref: fluctuating)		1.93 (1.08 to 3.45)				
Mode of salary receipt (daily)				1.39 (1.07 to 1.82)		
<b>Ahmedabad</b>						
BO_differences in community (low)				2.34 (1.34 to 4.11)	4.65 (2.39 to 9.02)	6.71 (3.31 to 13.6)
BO_personal trust and help (low)	0.36 (0.23 to 0.57)	0.36 (0.23 to 0.58)	0.37 (0.19 to 0.72)	0.30 (0.15 to 0.62)	0.29 (0.14 to 0.61)	0.28 (0.13 to 0.64)
BO_generalized trust & help (low)	1.96 (1.34 to 2.87)	2.03 (1.36 to 3.03)	2.68 (1.59 to 4.51)	3.35 (1.88 to 5.98)	3.38 (1.83 to 6.23)	4.04 (2.14 to 7.62)
BR_generalized trust & help (low)			2.00 (1.17 to 3.42)	1.90 (1.07 to 3.37)	2.51 (1.26 to 4.99)	2.61 (1.27 to 5.37)
Living with wife or alone (ref: with wife)		1.77 (1.45 to 2.17)		2.42 (1.76 to 3.33)		2.50 (1.73 to 3.61)
Nature of job (ref: daily wage)		1.49 (1.21 to 1.82)				
No. of working days in a month (ref: low)				2.77 (1.12 to 6.88)		
Income (ref: low)				1.66 (1.14 to 2.43)		1.90 (1.22 to 2.96)
Income steady or fluctuating (ref: steady)		1.78 (1.26 to 2.51)		1.91 (1.18 to 3.10)		2.31 (1.29 to 4.14)
Mode of salary receipt (daily)				68 (0.48 to 0.96)		0.61 (0.43 to 0.88)

The table has results from the final logistic regression models. The low, medium and high category of social capital were treated as categorical categories and high social capital category for each component was selected as the reference category. Model 1: Social Capital Domains Only; Model 2: Social Capital Domains and Co-factors. Only significant associations shown here. High value of social capital measures is the reference category. BO, Bonding social capital; BR, Bridging Social Capital; LI, Linking social capital.

capital. In Ahmedabad, bonding social capital at high levels was associated with lower risk behaviour while linking social capital at high level was associated with higher risk. On the other hand, high levels of bridging social capital and components of bridging social capital were protective of HIV risk in both the cities see Abstract O2-S5.01 table 1.

**Conclusion** This study was able to explore the mediating effect of social capital on migrants' HIV risk at the domain levels. Bridging kind of social capital with the host community and migrants from other states was associated with lower HIV risk behaviour. Further research should be undertaken in different epidemiological contexts to validate the findings of this study.

**O2-S5.02 THE ASSOCIATION BETWEEN ALCOHOL USE AND HIV SEXUAL RISK BEHAVIOURS**

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**Background** This study aimed to investigate the associations between alcohol use and sexual risk behaviour in migrant men and women living in Johannesburg.

**Methods** 1465 men and 1008 women living in six hostels and five neighbouring informal settlements respectively were surveyed. Using logistic regression, the association between five measures of alcohol use (current alcohol consumption, frequency of drinking, drunk in the past week, daily alcohol consumption, drinking habit) and five sexual risk behaviours (transactional sex, inconsistent condom use, coercive sex, multiple sexual partners and concurrency) in men and women was assessed.

**Results** More men than women reported current alcohol use (42% vs 12%). Among current drinkers, 23% of men and 29% of women reported being drunk in the past week. Consistent condom use was low in both men and women (6%). More men (53%) than women (7%) reported multiple sexual partnerships. In men, frequent drinking (Adjusted OR [AOR] for upper category: 3.1, 95% CI: 1.7% to 5.5%) and being drunk in the past week (AOR: 3.3, 95% CI: 1.8% to 6.0%) were associated with coercive sex. Frequent drinking (AOR for upper category: 1.5, 95% CI: 1.1% to 2.2%) and being drunk (AOR: 2.0, 95% CI 1.4% to 3.0%) was also associated with multiple sexual partnerships. In women, frequent drinking (AOR for upper category: 3.0, 95% CI: 1.0% to 8.9%) and being drunk in the past week (AOR: 3.4, 95% CI: 1.3% to 9.4%) were experiencing coercive sex. Alcohol use did not appear to influence reported condom use.

**Conclusions** Alcohol use was associated with several high-risk sexual behaviours in both men and women. Future HIV prevention interventions should focus on the associations between alcohol, partner violence and HIV risk.

**O2-S5.03 SEX, DRUGS AND STRUCTURAL INTERVENTIONS: UNSTABLE HOUSING ASSOCIATED WITH INCREASED HIV RISK BEHAVIOUR IN A COHORT OF PEOPLE ON TREATMENT IN BRITISH COLUMBIA, CANADA**

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**Background** Unstable living conditions may increase risk for HIV exposure and transmission. This analysis examines housing as a