

for unmarried males (0.103 to 1.206), and the largest variability in variances was among unmarried females (0.000 to 1.994).

Conclusion Robust fits of our model to the empirical sexual behaviour data suggest that non-cohabiting sex partnering appears to be a random “opportunistic” phenomenon. Unmarried individuals have larger means than their married counterparts, and males have larger means than females. Unmarried individuals appear to play a key role in driving heterogeneity in sexual networks and STIs epidemiology.

Disclosure of interest statement No pharmaceutical grants were received in the development of this study.

P04.12 FRONT-TO-BACK WIPING AND DABBING BEHAVIOUR WIPING POST-TOILET SIGNIFICANTLY ASSOCIATED WITH ANAL NEOPLASIA AND HR-HPV CARRIAGE IN A COHORT OF WOMEN WITH A HISTORY OF AN HPV-MEDIATED GYNAECOLOGICAL NEOPLASIA

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Background Anal cancer is an HPV-mediated neoplasia of the squamous epithelium of the anus. A hitherto unexplained feature of anal cancer epidemiology is its much higher frequency among women, who comprise nearly two thirds of cases.

Methods Cross-sectional study of women with a history of an HPV-mediated gynaecological neoplasia in Tasmania, Australia. Women presenting for follow-up gynaecological care had anal swab samples taken for anal cytology by Hologic Liquid Thin-Prep and HR-HPV typing. Women with abnormal anal cytology were invited for high-resolution anoscopy (HRA). Covariates of anal outcomes evaluated by log-binomial and log-multinomial regression.

Results 163 women had anal swabs taken and comprised the study sample, of whom 40.0% had abnormal cytology (28.2% high-grade). Of the 50 women with abnormal anal cytology having an HRA, 64.0% had abnormal histology (26.0% high-grade). Of the 120 women having anal HPV typing done, 31.7% had HR-HPV carriage, the most common types being 51 (11.5%) and 16 (9.2%).

In addition to some known anal cancer risk factors, we found front-to-back (FTB) wiping was associated with significantly increased prevalence of cytological and histological abnormality and HR-HPV carriage, while dabbling post-toilet was significantly decreased prevalences of all anal outcomes, all robust to adjustment.

Conclusions We have shown here that post-toilet wiping behaviours, specifically FTB and dabbling, significantly modulated the prevalence of anal cytological, histological and HR-HPV carriage outcomes. While the cross-sectional design precludes ascription of causality, the biological plausibility of such an autoinoculation pathway might help explain the preponderance of anal cancer among women.

Conflicts of interest We have no conflicts to disclose.

P04.13 THE SEXUAL HEALTH LITERACY OF THE STUDENT POPULATION OF THE UNIVERSITY OF TASMANIA: RESULTS OF THE RUSSL STUDY

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Introduction/background/issues Evidence suggests a varied level of sexual health literacy (SHL) among university student populations. Accordingly, we evaluated the SHL among students at the University of Tasmania.

Methods Students were invited to complete an anonymous online questionnaire.

Recruitment was during August/September 2013. SHL was assessed by ARCSHS National Survey of Australian Secondary Students and Sexual Health and the Sexual Health Questionnaire. Predictors of literacy scores were evaluated by linear regression.

Results/discussions The study recruited 1,786 participants, or 8.2% of the student population, of similar composition to the general university population.

Female sex, older age, and sexual education and increased communication on sexual topics were significant predictors of literacy scores. Literacy increased with sexual experience (ever sex, earlier age of sexual debut, partner number, diversity of sexual activity). Students in medical/nursing disciplines had the highest SHL.

Compared to Australian/New Zealander students, overseas-born students had significantly lower ARC (-3.6%, $p < 0.001$) and SHS (-4.2%, $p < 0.001$), this driven by Malaysian, Indian and Chinese students. Compared to agnostic/atheist-identifying students, those of Buddhist (ARC: -5.4%, $p = 0.014$; SHS: -6.7%, $p = 0.002$), Muslim (ARC: -16.5%, $p < 0.001$; SHS: -13.4%, $p = 0.001$) and Protestant (ARC: -2.3%, $p = 0.023$; SHS: -4.4%, $p < 0.001$) identifications had markedly lower SHL. Importantly, many of these associations persisted on adjustment for age, sex, sexual education and sexual experience.

Conclusions/implications This study, one of the first targeting among university students in Australia, found a varied SHL by sex, age, sexual education and sexual experience, as well as by birthplace and religious affiliation. These findings have applications in orientation and education programs at Australian universities.

Key message This study substantiates the ongoing deficits in sexual health literacy in some minority religious/ethnic/birthplace populations, suggesting some role for remedial sexual health education in university orientation programs may be appropriate.

P04.14 PREVALENCE AND CONSISTENCY OF OPINIONS ON SAME-SEX PARTNERSHIPS OVER 12 YEARS IN A NEW ZEALAND BIRTH COHORT

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Background Attitudes towards sex and relationships influence sexual behaviour, the wellbeing of those marginalised, and provision and use of services. Some countries conduct repeated surveys on sexual attitudes, but no longitudinal studies have investigated individuals' changes in opinion over time. We have quantified consistency and change in acceptance of same-sex partnerships between ages 26 and 38 years, in New Zealand.

Methods Members of the Dunedin Study birth cohort answered computer-presented questions on their opinions about sexual and reproductive topics, including acceptability of same-sex partnerships, using items from the UK's National Survey of Sexual Attitudes and Lifestyles (Natsal-1). Opinions from the age 26 and age 38 assessments were compared for consistency and change, and associated characteristics.

Results Response level was >90% at each assessment (n = 966; n = 936). The distribution of women's opinions was similar for sex between men and sex between women, and liberalised with age. Men's acceptance of sex between men was lower, and did not increase with age. At age 38 vs 26, 38% vs 38% of men and 58% vs 54% of women reported sex between two men was 'rarely wrong/not wrong at all'. For sex between women, 58% vs 55% of men and 60% vs 57% of women reported this level of acceptance. Although aggregate changes were small, at an individual level 42% of men and 35% of women changed their opinion about sex between men, and about sex between women. For men and women, consistent acceptance of same-sex partnerships was associated having some same-sex experience, and more education.

Conclusions A fairly stable level of acceptance of same-sex sexual behaviour over 12 years was seen in this cohort but it obscures considerable flux in opinions among individuals. Better understanding of what influences opinions to become more or less liberal with age could inform health promotion.

Disclosure of interest This work was supported by the Health Research Council of New Zealand [12/1086]. The authors have no conflicts of interest.

P04.15 SEXUAL BEHAVIOUR, STI TESTING AND DIAGNOSIS DOWN UNDER: FINDINGS FROM THE SECOND AUSTRALIAN STUDY OF HEALTH AND RELATIONSHIPS (ASHR2)

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Background In recent years, the number of sexually transmissible infections (STIs) has skyrocketed in Australia and cause a considerable burden on public health. The association between STIs and sexual behaviour is well-established in high-risk populations but information about the general population is less well-known. ASHR2 provides population-based data about the sexual health and practices of Australians. This analysis examines the associations between STIs and sexual behaviour.

Methods Computer-assisted telephone interviews were conducted with a random sample of the Australian population aged 16–69. Participants were surveyed about their sexual behaviour and experiences with STIs. Responses were weighted based on study design, location, and the age and sex distribution of Australia. Univariate logistic regression was used to determine the

associations between sexual behaviour, testing history and diagnosis.

Results A total of 20 094 men and women were interviewed, with an overall participation rate of 66.2%. A higher proportion of women (17.3%) were tested than men (13.2%) in the past year. Men and women were more likely to have been tested in the past year if they identified as bisexual (or homosexual for men), were of Aboriginal and/or Torres Strait Islander origin, had >1 partner in the past year, had a previous STI and had ever injected drugs. In the year prior to being interviewed, 1.1% of men and 2.7% of women reported having an STI. Diagnosis was associated with having >1 partner in the past year, sex work as a worker and having ever injected drugs for both men and women. For men, diagnosis was also associated with sex work as a client (OR = 3.14 [95% CI: 1.78–5.56]) while diagnosis in women was associated with receiving sex education at school (OR = 1.59 [95% CI: 1.14–2.21]).

Conclusion Australian women are tested more frequently for STIs and are diagnosed more frequently despite sharing similar associations for STIs as men.

Disclosure of interest statement No conflict of interest.

P04.16 "IT OPENED MY EYES" – EXAMINING THE IMPACT OF THE AUSTRALIAN CHLAMYDIA CONTROL EFFECTIVENESS PILOT (ACCEPt) ON CHLAMYDIA TESTING PRACTICES OF GENERAL PRACTITIONERS

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Background In Australia, despite dramatic increases in chlamydia notifications and recommendations that young people be tested annually, testing rates in general practice remain low. ACCEPt is a randomised controlled trial to evaluate the impact of chlamydia testing on prevalence. General practitioners (GPs) in the intervention arm received regular feedback on testing performance, visual reminders and incentive payments to facilitate increased testing. To assess the acceptability of the intervention, participating GPs were interviewed at baseline and midpoint to investigate their chlamydia management practices and their opinions about the intervention.

Methods Semi-structured interviews were conducted with purposively sampled GPs prior to randomization (baseline) and after one year in the intervention (midpoint) until saturation was reached. Data were analysed both thematically and using Normalisation Process Theory (NPT), a framework that explains how complex interventions can be successfully implemented, embedded and integrated in institutional settings. Emerging themes from each timepoint were compared and interpreted within the NPT framework.

Results A total of 44 GPs at baseline and 24 GPs at midpoint were interviewed. The ACCEPt intervention increased GPs' comfort and ease in offering a test, and were associated with a shift in attitudes from symptom-based testing to age-based testing. Many GPs highlighted that feedback, a key aspect to embedding the intervention, was a major driver of increased testing. The