P04.25 | SEXUAL HEALTH PROBLEMS AMONG ADULT MALES OF NORTH INDIA: A COMMUNITY BASED STUDY

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Introduction Sexual health problem, though less studied, is an important public health problem. The magnitude of sexual health problems in Indian population, due to various myths and cultural taboos, may be alarming. However, there has never been a community based study to document the magnitude of sexual health problems.

Objective To estimate the prevalence of different types of sexual health problems in adult males aged 18 or more in rural Haryana and identify various factors associated with reported sexual health problems.

Methodology The study was conducted in a sample of 900 adult males of Faridabad district of Haryana. Socio-demographic characteristics, lifestyle practices, sexual habits and practices and self-reported sexual problems were captured. Sexual health problems studied were erectile dysfunction (ED), premature ejaculation (PME), nocturnal emission, loss of libido, defect in semen and genitalia and culture bound sexual neurosis. Bi-variate analysis was done to find out the factors associated with presence of sexual health problems.

Results Nearly 50% of the participants reported having any of the sexual health problems. Common sexual health problems reported were ED (20%), PME (14.6%), nocturnal emission (13.6%), defect in semen (33%), loss of libido (20%), and culture bound sexual neurosis (5%). Adults males of more than 30 years of age and who were current alcoholic and smoker with duration of intake more than 10 years, cannabis users, having history of snoring and chronic illness were at significantly higher risk of having a sexual health problem.

Conclusion The prevalence of sexual health problems was high in the study population. High prevalence of sexual health problems warrants a community level intervention as most of the factors associated were modifiable. A holistic care and support mechanism to deal with sexual health problems is required.

P04.26 | ROBUSTNESS OF CAPTURING BEHAVIOURAL AND SEXUAL LIFESTYLE DATA FOR A COMPLEX CLINICAL STUDY USING INTERNET-BASED COMPUTER ASSISTED SELF-INTERVIEW

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Introduction Sexual behaviour and vaginal practices impact on vaginal pathology, but accurately capturing such data for multi-site clinical studies is logistically difficult. Computer assisted self-interviews (CASI), are useful for capturing sensitive information for community surveys but require programming expertise or expensive software. We piloted an open-source software designed internet-based CASI, using previously validated questions for a multi-site clinical study on the vaginal microbiome.

Methods The CASI question-structure was constructed from the third UK National Survey of Sexual Attitudes and Lifestyles using LimeSurvey open source software and consisted of 71 questions, delivered through a responsive algorithm, covering demographics, sexual behaviour, vaginal practices, contraception and life-time smoking history. Patients could decline questions and the CASI was delivered to participants online. Bacterial vaginosis (BV) status was determined by Nugent scores from Gram-stained lateral vaginal swab smears.

Results Data from 155 women with available Nugent scores were included. Mean time to completing CASI was 303 s (Range: 111.76 -670.15 s 95% CI ±16.83 s). There were no missing data. The question most participants declined to answer was "number of one-off partners" (14 participants, 9%). White ethnicity and oestrogen-based contraceptives were inversely related with BV (Odds ratios (OR): 0.33 [95% CI: 0.16–0.67] and 0.41 [0.17–0.97] respectively) and lifetime smoking of >1 pack-years and regular vaginal douching were directly related with BV (OR: 2.56 [1.21–5.41] and 2.03 [1.01–4.09] respectively). Nearly 50% of women reported daily vaginal douching and >90% reported using feminine care products in the preceding month.

Conclusion The CASI delivered a complete dataset, the findings from which were consistent with published associations of BV, demonstrating robustness. Web-based CASI is an efficient method of collecting sensitive sexual and behavioural data within a complex clinical study, from patients recruited in busy clinical settings, and can be developed using open-source questionnaire software without the need for coding expertise.

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P04.27 | PARTNER-LEVEL ASSOCIATED FACTORS FOR INSERTIVE AND RECEPTIVE CONDOMLESS ANAL INTERCOURSE AMONG TRANSGENDER WOMEN IN LIMA, PERU

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Introduction Partner type has been associated with condomless anal intercourse (CAI) among TW in Peru. We characterised the relationship between partnership characteristics and receptive (R-CAI) versus insertive CAI (I-CAI) among TW.

Methods We analysed cross-sectional, egocentric data from TW screened for a 2012–2014 Partner Management study in Lima, Peru. We included self-identified TW reporting anal intercourse (AI) with at least 1 of their last 3 non-female partners. Generalised estimating equations with Poisson distribution were used to assess prevalence ratios (PR) with 95% CIs for R-CAI and I-CAI during the last sexual encounter by partner type (adjusted for

participant education, HIV status, STI history, pre-sex alcohol use, sexual role, and partner sexual role).

Results 138 TW (median age 27, IQR: 22–33) provided data on their last sexual encounter with 376 distinct partners (78% reporting 3 partners; 16% reporting 2; 6% reporting 1). Most (65.2%) TW practiced receptive AI exclusively, 3.6% practiced insertive AI exclusively, and 31.2% practiced both. I-CAI was more prevalent than R-CAI among TW with alcohol use disorders, drug use before sex, sexual role strain (performing a different role than preferred), and less than secondary education. I-CAI was more prevalent with transactional sex partners (PR_{adj}: 1.54; $p = 0.19$; reference: primary partners) and casual partners (PR_{adj}: 1.39; $p = 0.31$), while R-CAI was more common with stable compared with transactional (PR_{adj}: 0.67, $p = 0.06$) and casual partners (PR_{adj}: 0.70, $p = 0.14$). I-CAI was significantly lower among HIV-positive TW (PR_{adj}: 0.53; $p = 0.02$; reference: HIV-negative), while R-CAI was significantly higher among TW with unknown HIV status (PR_{adj}: 1.91; $p = 0.048$).

Conclusion Examining partner-level I-CAI/R-CAI separately reveals different HIV/STI risk contexts/behaviours among TW. Future studies should explore implications of partner and AI-associated risk behaviours, including experience of sexual role strain and differences in TW's partner-specific perceptions of HIV/STI risk, sexual intimacy, gender affirmation, transactional sex demands, and condom use agency.

Disclosure of interest statement None.

P04.28 **EXPLORING CONTEXTUAL DIFFERENCES FOR RECEPTIVE AND INSERTIVE ROLE STRAIN AMONG TRANSGENDER WOMEN AND MEN WHO HAVE SEX WITH MEN IN LIMA, PERU**

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Introduction We explored contexts within which transgender women (TW) and men who have sex with men (MSM) practice insertive anal intercourse (AI) despite receptive role preference (receptive role strain, RRS) and receptive AI despite insertive role preference (insertive role strain, IRS).

Methods We analysed cross-sectional, egocentric data from a 2012–2014 Partner Management study in Lima, Peru. We included MSM/TW reporting an exclusive preference for receptive (*pasivo*) or insertive (*activo*) roles and AI with at least 1 of their last 3 non-female partners. Generalised estimating equations with Poisson distribution were used to assess prevalence ratios with 95% CIs for RRS and IRS during the last sexual encounter, stratified by participant sexual/gender identity. We adjusted for participant pre-sex drug use, condom use, partner type, and partner sexual orientation/role. RRS was assessed for TW and homosexual MSM, and IRS for hetero/bisexual MSM.

Results 766 MSM/TW (median age: 27, IQR: 23–32) provided data for 2,019 recent sexual partners, including: 104 TW with 286 partners, 404 homosexual-identifying MSM with 1,103

partners, and 225 hetero/bisexual-identifying MSM with 554 partners. TW reported the most strain with casual/transactional partners, homosexual MSM with primary/casual partners, and hetero/bisexual MSM with primary partners. TW predominantly (94.2%) preferred receptive roles and RRS was significantly associated with low education and pre-sex drug use ($p < 0.05$, references: secondary/university, no drug use). Homosexual MSM mainly (75.0%) preferred receptive roles and experienced RRS more commonly during condomless AI ($p < 0.05$, reference: condom-protected) with partners who preferred receptive/versatile roles ($p < 0.05$; reference: insertive-preferring). Conversely, 77.8% hetero/bisexual MSM preferred insertive roles and experienced IRS more commonly with insertive/versatile-preferring partners ($p < 0.05$) than receptive-preferring partners, while less IRS occurred with casual partners ($p < 0.05$; reference: stable).

Conclusion Our findings suggest different MSM/TW vulnerabilities during sexual role negotiation with partners. Future studies/interventions should consider implications for condom use agency, HIV/STI risk, and sequelae of gender dysphoria.

Disclosure of interest statement None.

P04.29 **RELATIONSHIP BETWEEN CIGARETTE SMOKING AND HEALTH RISK BEHAVIOURS AMONG CHINESE YOUTH: FINDINGS FROM A NATIONAL SURVEY**

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Introduction Due to their linkages in the social ecology of adolescents, adolescents' cigarette smoking involvement is correlated with other health risk behaviours such as unsafe sexual behaviour and nonsexual risk behaviours, which can damage their health and well-being. This study focuses on examining whether socio-demographic factors and health risk and problem behaviours explain the prevalence of cigarette smoking among Chinese adolescents.

Methods Based on the data from 1st National Youth Reproductive Health Survey in 2009, using binominal and ordered probit models with a Heckman's two-stage estimation procedure, this study examines the socio-demographic and health risk and problem behaviours explaining both cigarette smoking and its frequency, respectively.

Results The results indicate that both the occurrence of cigarette smoking and the frequency of cigarette smoking are mainly associated with health risk and problem behaviours covering other nonsexual risk behaviours and sexual behaviour. The prevalence of smoking was highest among male, rural adolescents, and who had lower education, from one-child family, broken family, or lived in the west. When we adjusted for socio-demographic factors and health risk and problem behaviours, smoking was associated with having premarital sex, having multiple sexual partners, binge drinking, and porn-reading addiction among Chinese adolescent.

Conclusion Unsafe sexual behaviours, binge drinking, and porn-reading addiction are correlates of cigarette smoking suggest clustering to form a risk behaviour syndrome among Chinese adolescents. It reflects an urgent need for further exploring the relationship between cigarette smoking and other health risk behaviours will be helpful for designing further tobacco control interventions among Chinese youth.