

statement that condoms encourage pre-marital sex, more than 80 percent agreed that condom prevents spread of HIV infection. Personal contact with PLHIV does not seem to have positive influence with willingness to advocate condom use.

**Conclusion** Church leaders agreed that they have responsibilities towards HIV prevention but were restricted by the Church doctrine. Disobedience to Biblical teachings was believed to result in HIV infection which is seen as something sinful. Misconceptions around HIV persist irrespective of awareness programs within the Church. Sex education from early childhood, using Church media and educating Church leaders were recommended for effective HIV prevention.

**P5.18 A GLOBAL ESTIMATE OF THE ACCEPTABILITY OF PRE-EXPOSURE PROPHYLAXIS FOR HIV AMONG MEN WHO HAVE SEX WITH MEN: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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**Introduction** Pre-exposure prophylaxis (PrEP) is a new biomedical intervention for HIV prevention. This study systematically reviews the acceptability of PrEP among men who have sex with men (MSM) worldwide.

**Methods** We searched PubMed database to identify English-language articles published between July 2007 and July 2016, which reported the acceptability of PrEP and associated population characteristics. Meta-analysis was conducted to estimate a pooled rate of acceptability, and meta-regression and subgroup analysis were used to analyse heterogeneities.

**Results** Sixty-eight articles were included. The estimated acceptance of PrEP was 58.7% (95% confidence interval (CI): 53.4%–63.8%) among MSM worldwide and showed no significant difference between developed and developing countries. MSM who were younger (4/5 studies, range of adjusted odds ratio (aOR)=1.49–3.47), better educated (7/7 studies, aOR=1.49–7.70), wealthier (3/3 studies, aOR=1.31–13.03), previously aware of PrEP (4/4 studies, aOR=1.33–3.30) and had greater self-perceived risk of HIV infection (4/5 studies, aOR=1.20–4.67) showed significantly higher acceptance of PrEP. Male sex workers (84.0% [26.3–98.7%]%) were more likely to accept PrEP than general MSM. Self-perceived low efficacy and concern about side effects, adherence, affordability, and stigma from health providers and society were main barriers for accepting PrEP.

**Conclusion** This review identifies a moderate acceptability of PrEP in MSM both developed and developing country settings. Efficacy, individuals' perception of HIV risk and level of experienced stigma determine its acceptance.

**P5.19 HEALTH NEEDS OF WOMEN WHO HAVE SEX WITH WOMEN AND ACCESS TO HEALTH SERVICES**

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**Introduction** Access and host are essential in order to satisfactorily intervene in the population health and the Brazilian

literature has few studies approaching the access to services and sexual and reproductive care among women who have sex with women (WSW). The aim of this study was to analyse the access to health services and sexual and reproductive health care of WSW in public health policies.

**Methods** Cross-sectional, descriptive and analytical study. The data were obtained by interview, gynaecological and blood laboratory examination for sexually transmitted infections (STI) diagnosis, from January 2015 to December 2016. The descriptive statistics and the quantitative method of Bardin were used to analyse the access to health services. Sexual and reproductive health care was analysed by linear and multiple regression models.

**Results** The intentional sample was 149 WSW and the median age was 27 years-old (18–62). There was a predominance of white women (74.5%), non-union (73.2%), who had paid activity (73.2%) and eight years or more of completed study (96.0%). The majority (84.0%) used the public health service, 22.6% sought preventive actions. The difficulties encountered in the health services care were reported by 77 women, resulted in 118 responses with 28.8% associated with difficulty by long waiting time and 7.6% by lack of preparation of the professional/service for MSM. Regarding sexual and reproductive care, 71.8% had sexual intercourse after consumption of alcohol and/or illicit drugs, 12.1% did not use a condom and 51.7% had at least one STI. Age was a factor associated with the care score ( $p=0.001$ ,  $\beta=1.36$  CI=0.57–2.15) and no differences were observed in the MSM health care score with a history of sexual intercourse with men compared to those who only had women.

**Conclusion** Beside the difficulties of access to health services already experienced by women in general, there is a high programmatic in addition to individual and social vulnerability. This study indicates the need for effective strategies for the proposed policies for WSW.

**P5.20 HPV VACCINATION INTENTION AMONG FEMALE SEX WORKERS IN AMSTERDAM, THE NETHERLANDS**

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**Introduction** Female sex workers (FSW) are at risk for HPV-induced diseases but are currently not targeted by the HPV vaccination program in the Netherlands. We explored the determinants of their intention to get vaccinated against HPV in case vaccination would be offered to them in the near future.

**Methods** In 2016, FSW aged >18 years having an STI consultation with the Prostitution and Health Centre (P and G292) in Amsterdam, either at the clinic or at their working location, were invited to complete a questionnaire assessing the socio-psychological determinants of their HPV vaccination intention (scale ranging from –3 to +3). Determinants of HPV vaccination intention were assessed with uni- and multi-variable linear regression. Additionally, we explored the effect of out-of-pocket payment on intention.

**Results** Between May and September 2016, 293 FSW participated; 98 (34%) worked in clubs/private houses/massage salons, 111 (38%) worked at 'prostitution windows', and 81 (28%) worked as escorts or from home. The median age was