

hotspots in Rwanda to recruit a nationally representative sample of 1040 FCSW in 2006 and 1338 FCSW in 2010. At the time of the interview, all FCSW present at the site were asked to participate in the study and administered a quantitative survey instrument after obtaining informed consent. Data were double-entered and analysed using EpiInfo, SPSS and STATA. χ^2 Tests of significance were performed on key variables. Logistic regression analysis was performed to control for key socio-demographics. Overall, an increase in comprehensive HIV knowledge from 18% in 2006 to 22% in 2010 was observed (p Value<0.0001). However, some misconceptions still persist, with a decline in FCSW who rejected that mosquito bites can transmit HIV from 74% in 2006 to 69% in 2010 (p value <0.0001). The median age of respondents' first paid sexual act remained the same, with a reported median age of 19 years in both surveys. The proportion of FCSW who reported having consistently used condoms in the month prior to the survey rose from 28% in 2006 to 35% in 2010 (p value<0.001). At the same time, the proportion of FCSW who reported having used a condom during their last sexual act with a paying client dropped from 84% in 2006 to 80% in 2010 (p value<0.001). Comparing key indicators from the 2006 and 2010 BSS provides important insights for HIV program planners. Although the comparison indicates that overall HIV knowledge has generally improved in the time between the two surveys, some misconceptions on HIV transmission still persist. Equally, regarding sexual behaviour and practices, although consistent condom use reportedly improved between the two BSS, the overall level of reported use is still relatively low and some important indicators—including condom use at last sex with a paying client—declined. These data further underscore the importance of reaching FCSW with prevention commodities and appropriate HIV education and behaviour change communication messages.

Epidemiology poster session 2: Population: transgender

P1-S2.23 TRANSGENDER PERSONS IN GUATEMALA - OVER-EXPOSED AND UNDER-PROTECTED - THE FINDINGS OF AN RDS BEHAVIOURAL SURVEY

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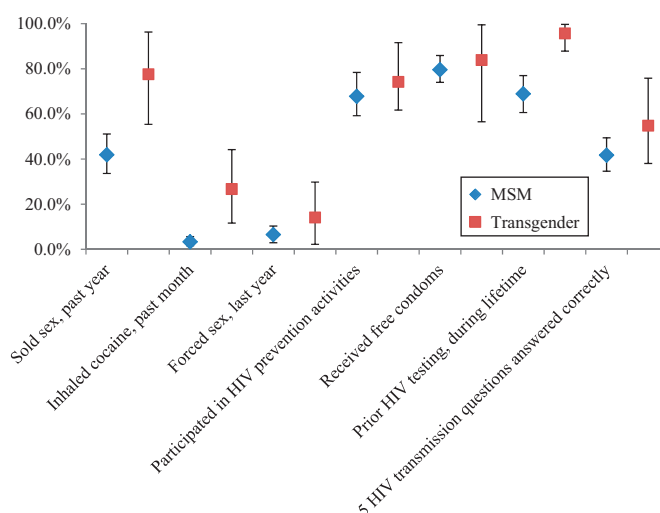
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Background Male-to-female transgender persons experience the highest HIV prevalence rates of any high risk population in Central America. The purpose of this study is to compare HIV-related risk behaviours, knowledge and exposure to prevention activities among transgender persons and other men who have sex with men (MSM) in Guatemala City.

Methods From September—to December 2010, we conducted a probability-based survey of MSM, including male-to-female transgender persons who have sex with men, using respondent-driven sampling (RDS) in Guatemala City. Data on sexual and drug use behaviour, knowledge of HIV, attitudes, stigma, access to prevention, care, and treatment services were collected by interviewers using Personal Digital Assistants (PDA). Population proportions and 95% CIs, adjusted for RDS sampling weights, were calculated using the Respondent Driven Sampling Analysis Tool (version 6.0). Crude summary statistics were calculated in SAS (version 9.1).

Results A total of 509 MSM, including 99 male-to-female transgender persons enrolled in the study. The mean age for transgendered persons was 29.1 vs 28.0 for non-transgender MSM. Education level and socio-economic status were comparable between the two groups. Transgender persons, in comparison to

non-transgender MSM, had higher rates of transactional sex (77.6% vs 41.9% in the past year, respectively), drug use (26.7% vs 3.3% cocaine use in the past month) and prior HIV testing (95.7% vs 68.9%, during lifetime). On the other hand, transgender persons have similar levels of forced sex (14.1% vs 6.5% in the past year), exposure to HIV educational activities (74.2% to 67.8% in the past year), access to free condoms (83.9% to 79.6%) and correct knowledge of HIV prevention (54.8% vs 41.7%) see Abstract P1-S2.23 Figure 1. Conclusions—Compared to other MSM, transgender persons in Guatemala City more often receive money for sex and use cocaine and are at disproportionately higher risk for HIV infection. While prevention activities, such as HIV testing, seem to be reaching transgender persons, exposure may not translate into increased protection. Findings emphasise the need for innovative HIV prevention activities to address the many facets and levels of vulnerability and social marginalisation experienced by transgender persons in Guatemala City. Such efforts should extend beyond individual-level outreach and information provision to rigorously evaluated intervention strategies at the social and structural levels.



Abstract P1-S2.23 Figure 1 Behavioural and HIV Prevention Indicators. Non-transgender MSM and Transgender Persons, Guatemala City, 2010.

Epidemiology poster session 2: Population: Injection drug users

P1-S2.24 HIV AND HEPATITIS C RISK FACTORS, INFECTION STATUS AWARENESS AND ACCESS TO CARE AMONG PEOPLE WHO INJECT DRUGS - RESULTS FROM A NATIONAL SURVEILLANCE SYSTEM, I-TRACK PHASE 2 (2005–2008)

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Background HIV and hepatitis C (HCV) risk factors, infection status awareness and access to care among people who inject drugs (IDU) were compared across infection groups in a national enhanced surveillance sample.

Methods Phase 2 data collection for I-Track (Enhanced surveillance of HIV and HCV risk behaviours among IDU) was conducted from 2005 to 2008 in 10 Canada sites. Confidential face-to-face interviews collected data on demographics, drug-use and sexual risk behaviours, and HIV and HCV testing. Dried blood or oral fluid samples were collected for HIV and HCV antibody testing. Descriptive statistics for demographics, risk behaviours and access to care and treatment