Abstract P1-S5.16 Table 1 Results from IBBA surveys in Andhra Pradesh, Maharashtra and Tamil Nadu states

				Used a condom in last sex act		
	Report using a condom "every time"	Report using a condom "sometimes/most of the time"	Report using a condom "never"	Report using a condom "every time"	Report using a condom "sometimes /most of the time"	Report using a condom "never"
FSW	80.00% (4010)	19.01% (953)	0.96% (93)	98.28%	87.20%	2.08%
Client	36.67% (1667)	48.20% (2191)	15.13% (688)	98.50%	75.58%	2.03%
MSM	29.63% (621)	63.63% (1648)	12.39% (321)	99.36%	88.17%	1.25%

p<0.001), with clients using condoms less frequently. Condom use in the last act among those who "never" use a condom was low (<3%).

Conclusions CCU may not accurately reflect number of acts protected by condoms. Among males in particular, dividing condom users into CCU and non-CCU neglects many who almost always use condoms, and so will still have a high degree of protection. These individuals are an important group to consider when evaluating the effect of changes in condom use on the HIV epidemic, especially among MSM. HIV prevention programmes should try to identify reasons explaining lower CCU among MSM and clients who already use condoms "most of the time/sometimes", and endeavour to increase consistency within this group.

P1-S5.17 THE ASSOCIATION BETWEEN MARITAL TRANSITION AND HIV SEROCONVERSION IN A COHORT OF YOUNG PEOPLE IN RURAL TANZANIA

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Background HIV and STI incidence rises sharply during adolescence and young adulthood due to increased sexual activity. At this time youth also undergo major life transitions for example, leaving school, becoming sexually active, leaving home and getting married. It is hypothesised that risk of HIV/STIs increases during or just after such transitions for example, the interval between acquiring a first sexual partner and first marriage is usually the time of most rapid partner turnover. Targeting youth, their sexual partners, and/or families at key transitional periods may be effective in reducing HIV/STI rates. This study explores the association between marital transitions (change in marital status) and HIV seroconversion in a cohort in Tanzania.

Methods In 1998, the MEMA kwa Vijana sexual and reproductive health intervention trial recruited 9645 young people aged 14–17 years in rural Mwanza. We analysed a sub-set of the cohort (3240) who attended follow-up surveys in 2001 and 2007. Reported marital and measured HIV status at both time points was used to describe marital transitions and their association with HIV seroconversion. Logistic regression, adjusting for demographic, behavioural and biological risk factors was used to assess whether marital transition was independently associated with seroconversion.

Results Cases of HIV and the proportion married increased very substantially between 2001 and 2007 (Abstract P1-S5.17 table 1). Seroconversion rates were higher among females remaining unmarried (6.4%, p=0.01) and those transitioning from married or never married to previously married (8.8%, p<0.001). HIV seroconversion was independently associated with recent travel and HSV2 infection among males and number of recent sexual partners, HSV2 infection and lifetime number of pregnancies among females. Marital transition was not an independent risk factor.

Conclusions Women who remained unmarried and/or transitioned from married/unmarried to previously married during the 6 year follow-up were more likely to become infected with HIV. The association between marital transition and HIV seroconversion among females appeared largely due to differences in number of reported sexual partners. Limitations included the lack of information on the exact timing of marriage or breakdown of marriage and of seroconversion, and the limited proportion of cohort members eligible for inclusion. Nevertheless, marital transitions appear important determinants of risk.

Abstract P1-S5.17 Table 1 HIV prevalence and marital status

Variable		Males (N=1984)			Females (N=1256)		
Year	Marital status and transition	Distribution	HIV prevalence (%)		Distribution	HIV prevalence (%)	
2001	Never married	96%	0.1		69%	0.6	
	Currently married	4%	0.0		29%	0.8	
	Previously married	0.2%	0.0		1%	0.0	
	All	100%	0.1		100%	0.6	
2007	Never married	38%	2.0		15%	7.7	
	Currently married	58%	3.3		74%	3.2	
	Previously married	4%	4.0		11%	8.6	
	All	100%	2.8		100%	4.5	
			2001	2007		2001	2007
Inter–survey changes	Remained unmarried	38%	0.0	2.0	14%	1.1	7.4
	Remained married	3%	0.0	1.5	26%	0.9	3.7
	Became married	55%	0.2	3.4	49%	0.5	3.0
	Married/unmarried to previously married	3.4%	0.0	3.9	12%	0.0	8.8
	All	100%	0.5	2.8	100%	0.7	4.5