remote history of urethral discharge (past 6 months) was 5.8% among men with MG vs 2.1% uninfected (p=0.10). The prevalence of MG was 13.4% in uncircumcised men vs 8.2% in circumcised men (p=0.06). In multivariable logistic regression, circumcision status nearly halved the odds of MG [adjusted OR=0.54; 95% CI 0.29 to 0.99], adjusted for variables significant at the p<0.05 level: HSV-2 infection [aOR=2.05; 95% CI 1.05 to 4.00], CT infection at enrolment or at follow-up [aOR=2.69; 95% CI 1.44 to 5.02], washing the penis ≤1 h after sex [aOR=0.47; 95% CI 0.24 to 0.95]. The prevalence of MG did not differ by HIV status, age, education, marital status, number of sex partners, condom use, or sex during menses. There were no interactions with circumcision status.

Conclusions Prospective study is needed to verify the potential protective association between MMC and MG. The mechanism by which MMC may protect against MG is unclear. Randomised trials have not found MMC to protect against other urethral infections (NG, CT, TV), though circumcised and uncircumcised men may have different peri-urethral bacteria and penile microbiome. The role of MG in STI morbidity, syndromic management algorithms and antibiotic regimens for men and women in this region should be evaluated.

Social and behavioural aspects of prevention poster session 1: Adolescents

P2-S1.01 BEYOND THE ABC IN HIV/AIDS PREVENTION: A SYSTEMATIC LITERATURE REVIEW OF SEXUAL EDUCATION PROGRAMS FOR YOUNG PEOPLE

doi:10.1136/sextrans-2011-050108.279

[1]J H Estrada-Montoya. *[1]Universidad Nacional de Colombia, Bogotá, Colombia*

Background Latin-American young people are the fastest growing group living with, or at high risk of acquiring HIV. Young people are vulnerable due to sexual behaviour; use of illicit drugs; lack of access to education and health services; cultural and social-economical factors; structural violence; marginalisation and poverty. Acceptable success for sexual education programs are decrease in adolescent pregnancy, STD and HIV infection rates. This study tried to identify those characteristics of programs that achieved one or more of mentioned success criteria and could be adapted and implemented in Latin America, taking into account its particular historical and contextual conditions.

Methods A systematic literature review of evaluations of HIV educational programs for young people published in international databases within the last 4 years was performed. Specialised educational evaluation books, primary and secondary documents and unpublished literature were also consulted.

Results The review identified 182 documents related to the evaluation of HIV educational programs. Successful programs had at least one of the following characteristics: exceeded the ABC (Abstinence, Be faithful, Condom use) methodology; were supported by national authorities; used participative instruction methods; presented comprehensive information, including general HIV education, risk reduction practices, methods of contraception and condom use, respect for sexual/gender diversity; and guaranteed that young people joined and remained into the educational programs.

Conclusions Successful HIV/AIDS educational programs should promote the acquisition of protective though processes and behaviours by focusing on the historical, contextual, psycho-social, and sexual factors that affect behaviour and health. An education committed to HIV/AIDS prevention should be accessible to young people through the schools and must support life conditions that allow them to take advantage of the different learning opportunities. Literature review suggests that youngs may acquire the knowledge, abilities, competences, values, and attitudes that make possible to overcome the conditions of vulnerability to HIV they face.

P2-S1.02 SAFE SPACES: YOUTH FRIENDLY CENTRE USED TO PROMOTE HIV EDUCATION IN NAIROBI SLUMS

doi:10.1136/sextrans-2011-050108.280

[1]P Chacha Baru Musya, [2]C Johnston, [1]P Mokaya, [1]L Mbenya, [1]H Nyambura, [1]V Nduku. *[1]U-Tena Performing Artists-Youth Organization, Nairobi, Kenya; [2]U-Tena Arts and Education Society, Vancouver, Canada*

Background Kenya's National HIV/AIDS Strategic Plan deems youth, 14–24, most-at-risk. Risk is elevated in slums where poverty is prevalent and access to condoms and health education is limited. Peer health educators who come from the community and speak the same language are able to engage trust and confidence of the target population. In 2010 a unique partnership was formed, between youth, AIDS service organizations (ASO), and Goal Kenya, with the objective of increasing HIV education among youth in Nairobi. One outcome from this partnership was the creation of a youth friendly centre.

Methods Peer educators created a safe space within the slum, Lunga Lunga Youth Centre, where youth are invited to "hang-out", engage in off street activities (computer games, theatre, music etc), and receive health education and services. Information on HIV/STI prevention is shared and youth are taught to make informed decisions related to sexual activity and are encouraged to test for HIV /STI at the adjoining clinic.

Results In the first four months of the project 2424 youths, 40% female and 60% male used the centre. 933 youth received health counselling, 98.6% male and 1.4% female. The youth friendly space allowed for a safe and open environment for youth to receive and discuss HIV/STI information as well as access testing and health services. Using non-literature based activities increased HIV/STI knowledge and prevention methods were learnt, barriers to education such as illiteracy were circumvented.

Conclusion Given the overwhelming positive response to the youth specific space more youth friendly spaces in other parts of the slum should be made available, and ASO and youth partner organizations should be supported to enhance services. There needs to be more emphasis on engaging young women in health counselling programs.

P2-S1.03 OUR ADOLESCENTS! MY SEXUALITY MATTERS (MSM) THE LESSONS WE HAVE LEARNT

doi:10.1136/sextrans-2011-050108.281

O D Obi Peter. *Asso. of Positive Youth Living with HIV/AIDS in Nigeria APYIN, Abuja, Nigeria*

Background As in many developing countries, as in Nigeria STI is increasing among the adolescents. While life skills can improve their behavioural practices, traditional training approaches may not be a feasible approach to be reaching the vast number of adolescents that are sexually active, who do not know both STI and HIV status. Many youth initiate sexual risk behaviours in preadolescence, yet STI, HIV prevention programmes are typically implemented in adolescence, missing an important window for prevention. Pre-risk prevention efforts are needed to equip youth with knowledge and skills to make healthy and responsible decisions about sexual behaviour against STIs.