

Conclusions Although some safer-sex services were available at Burning Man in 2010, attendees reported unprotected intercourse with new partners during the event, a behaviour that confers high risk for STI acquisition. Large gatherings such as Burning Man might present opportunities for rapid STI transmission among geographically diverse sexual networks. Local health jurisdictions, both in the host location and those in which event attendees reside, should consider further assessment of STI transmission and prevention at Burning Man and similar events.

P2-S3.02 LATENT CLASS ANALYSIS OF SEXUAL RISK PATTERNS AMONG HETEROSEXUALLY-IDENTIFIED, SOCIALLY MARGINALISED MEN IN URBAN, COASTAL PERU

doi:10.1136/sextrans-2011-050108.321

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Introduction We explored patterns of sexual risk behaviour in a population of heterosexually-identified Peruvian men using latent class analysis, a technique that creates classes based on response patterns to questions related to a latent variable. In this study, the latent variable of interest is sexual risk behaviour.

Methods We used data from the Peru site of the National Institute of Mental Health (NIMH) Collaborative HIV/STD Prevention Trial to investigate patterns of high-risk behaviour among heterosexually-identified men (n=2109). Seven sexual risk behaviours were analysed in latent class analysis to group men into risk classes. These self-reported behaviours included using drugs in the past month, using alcohol or drugs prior to sex, having 3 or more sex partners in the past 6 months, having concurrent sex partnerships, exchanging sex for money, and having a male sex partner in the past 6 months.

Results Four latent classes of risk were identified, of which two classes had lower probabilities of these risk behaviours and two classes had higher risk classes probabilities of these risk behaviours. Increasing probability of risk behaviours by classes was significantly correlated with increasing reports of unprotected sex (p value for trend test <0.001). HIV/STI prevalence was elevated in all classes and prevalence increased with increasing probability of reporting the risk behaviours, although the differences were not significant. The risk behaviours in two of the latent classes identified were primarily related to alcohol and drug use.

Conclusions Risk behaviours in this population of heterosexually-identified men vary by latent class; however, given HIV/STI prevalence in each class all require prevention interventions. Interventions should also focus on alcohol and drug use, as these are important risk factors for this population. Future behavioural interventions for the prevention of HIV/STI infection may benefit from this information by tailoring messages to fit the observed patterns risk.

P2-S3.03 EXPLORING PERCEPTIONS OF THE SOCIAL DETERMINANTS OF STIS IN AFRICAN AMERICAN COMMUNITIES OF THE USA

doi:10.1136/sextrans-2011-050108.322

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Background African Americans (AAs) make up 12% of the US population, yet they account for about half of all reported chlamydia and syphilis cases, and 70% of gonorrhoea cases. Targeted, culturally sensitive interventions are needed to address these disparities. This study sought to explore how AAs perceive STIs in

their communities, and what they feel should be done to address the problem.

Methods Triads (n=31) and individual interviews (n=64) were conducted with sexually active, heterosexual AA adults, ages 18-45, in four communities with high STI incidence. Triads were segmented by age, gender, and urban/rural residence. Interviewers (gender/race-matched) used a semi-structured guide to explore awareness and importance of the STI problem in AA communities, perceptions of contributing factors and high-risk groups, and suggested solutions. Discussions were audio-taped and transcribed. A team of three analysts coded transcripts using QSR NVivo8, based on a codebook developed from identified themes.

Results A total of 158 adults participated. Overall, STDs were believed or presumed to be very common in AA communities. Many had heard about the disparate STD/HIV rates on the news/TV or in school. Men were more likely to challenge this, reasoning that AAs are heterogeneous and that STIs are more likely influenced by socioeconomic status (SES) than race. Participants identified youth, low SES groups, drug addicts, Sex workers, homosexuals, and men on the down low as highest-risk groups. Promiscuity and a lack of sexual-health education, care for self/others/future, and health-care access were seen as major causes. Other contributing factors were teen pregnancy/family disintegration, gangs, drugs, school dropouts, unemployment, poverty, boredom, hopelessness, male/female ratio, partner concurrency, and the media. Overall, STIs were seen as a relatively low priority. Yet most felt that change is critical and could be promoted through music, mass media, faith-based/community/organizational, electronic and interpersonal channels. Increasing information, education, and healthcare access; and developing parenting, self-esteem boosting, and mentoring programs were suggested.

Conclusions STDs among AAs are recognised as a likely consequence of many underlying social, structural and community ills, which must be addressed to reduce STD disparities. Traditional STD prevention efforts must be supported by non-traditional social/structural interventions.

P2-S3.04 CONDOM USE AMONG US ADULTS AT LAST SEXUAL INTERCOURSE, 1996-2008: AN ANALYSIS OF GENERAL SOCIAL SURVEY (GSS) DATA

doi:10.1136/sextrans-2011-050108.323

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Background Public health programs have sought to increase the use of condoms among persons at risk for transmitting or acquiring sexually transmitted infection. Although data from national health surveys have indicated increasing trends in condom use among adults since the onset of the HIV epidemic, little is known about recent national trends in usage.

Methods Questions on condom use at last sexual intercourse were added to the General Social Survey, a nationally representative survey of US adults 18 and older conducted in alternating years, beginning in 1996. Using data from 1996 to 2008, the prevalence of condom use at last intercourse was estimated, and trends and correlates of this measure were evaluated.

Results Across the 13-year period, condom use was reported by 20.2% of respondents during their most recent intercourse. Use was significantly higher for sex outside ongoing relationships as compared to within relationships, (46.4% vs 18.1%, respectively) and among those with 2 or more past-year sex partners as compared to one partners (44.7% vs 15.6%). A statistically significant increasing 1996-2008 trend in condom use was detected overall, but not for use within partnership type or by number of partners.

Conclusions Similar to other studies, condom use was more likely to be reported by persons most at risk; however, even among those at increased risk, fewer than half used condoms during most recent sexual intercourse.

P2-S3.05 ASSOCIATION OF STI-RELATED STIGMA AND SHAME TO STI TESTING AND PARTNER NOTIFICATION AMONG YOUNG BLACK MEN IN SAN FRANCISCO

doi:10.1136/sextrans-2011-050108.324

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Background Young minority men in the US bear a disproportionate burden of STI, but comprise one of the population groups least likely to access services. STI service utilisation is not only constrained by access to quality care but also potentially impacted by socio-cultural factors, including STI-related stigma and shame, which can undermine efforts to promote testing and treatment. STI-related stigma and shame may also provide a disincentive for young men to participate in partner notification programs, including partner-delivered therapy. We hypothesised that young men who perceive increasing levels of social stigma related to STI would be less likely to seek out STI-related services or notify their sexual partners about STI.

Methods Between June and July, 2010, 108 African American young men (15–24 years) responded to a brief, self-administered intercept survey on a hand-held device. Recruitment was conducted on the street and in residential areas of a low income urban neighbourhood with elevated STI rates. The survey included socio-demographic questions, an 11 item scale measuring STI-related stigma and shame, and questions regarding STI testing history, preferences for notifying partners, and interest in partner delivered therapy. The association between stigma and shame scores and STI testing and partner notification preferences was evaluated with multivariate logistic regression, adjusting for age and education.

Results The median (range) STI-stigma score was 12 (5–25) and the shame score was 15 (6–30); higher scores indicate more stigma or shame. Most participants had ever been tested for STI (73%), indicated willingness to personally notify their main partners (72%) or other partners (66%), and said they would deliver STI therapy to a partner (68%). Increasing STI-related stigma was significantly associated with a history of STI testing, such that every SD increase in stigma score was associated with 50% decreased odds of having been tested (OR: 0.5, 95% CI 0.3 to 1.0). Participants with higher levels of stigma and shame were also significantly less likely to be willing to personally notify their partners of STI or to deliver therapy.

Conclusions STI-related stigma and shame, common in this population, could undermine STI testing, treatment, and partner notification programs. Efforts to expand access to care should be accompanied by efforts to change socio-cultural attitudes and norms around STI testing and treatment.

P2-S3.06 EXPLORING SEXUAL IDENTITY DEVELOPMENT OF AFRICAN AMERICAN MALE COLLEGE STUDENTS AGE 18–25 AT A HISTORICALLY BLACK COLLEGE AND UNIVERSITY

doi:10.1136/sextrans-2011-050108.325

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Among the estimated 56 000 new yearly infections of HIV in the USA, 51% are among African Americans. This demonstrates a disproportionate burden of HIV infection as African Americans make up approximately 12% of the population. One group

warranting attention in North Carolina has been African American male college students. Between 2000 and 2003, 11% of new HIV infections among men ages 18–30 were enrolled in college at the time of their diagnosis, with 87% of those college students being African American. Another examination of HIV transmission among men ages 18–30 in North Carolina revealed that 15% of the men reported sexual contact with both men and women in the year prior to their diagnosis, and that these individuals were more likely than men who exclusively have sex with men to be African American and enrolled in college. Sexual identity is a complex and multidimensional construct, many factors of which have yet to be sufficiently explored in the context of the sexual transmission in the HIV epidemic. This is particularly true for heterosexual men and men who have sex with both men and women, as the work that has concerned sexual identity has often ignored these two groups. This neglect may stem from the fact that sexual identity development has often been inappropriately conflated to claiming a minority sexual orientation. As a part of an attempt to more fully understand the role that sexual identity may play in the lives of African American men, we interviewed African American male college students within a historically Black college and university (HBCU) in North Carolina. Our aim was to address a gap in the literature by exploring what shapes sexual identity and its development among African American men. This could potentially lead to future research that could explain sexual behaviour within the context of the HIV epidemic for this population. Interviews were used to assess experiences, attitudes, and beliefs about sexual identity development and sexual activity held by African American male college students. A total of 31 African American male students took part in this investigation that occurred at a HBCU in the central Piedmont region of North Carolina, located in one of the largest cities within the state. Researchers developed interview questions based on The Measure of Sexual Identity Exploration and commitment (MoSIEC) survey instrument. Results from this qualitative exploratory study revealed that the ideas and beliefs about sexuality and sexual identity for African American college males are heavily impacted by their peers and their environment. Males that had influence from an older sibling, cousin, or father about sex reported less sexual partners. Majority of the males reported that it is more acceptable for men to have multiple sex partners, but it is unacceptable for a woman to do the same.

P2-S3.07 RESPONDING TO PROBLEMS OF SEXUAL VIOLENCE AND VULNERABILITY TO HIV/AIDS WITHIN CRISIS AND UNSTABLE SITUATIONS: A CASE STUDY OF KENYA'S POST-ELECTION VIOLENCE

doi:10.1136/sextrans-2011-050108.326

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Introduction and Background Sexual violence and the risk of HIV transmission are clearly linked through multiple pathways underpinned by gender inequalities and poverty like increased genital injury, anal rape, multiple perpetrators and ejaculation all common in sexual violence. It is important therefore to understand and recognise these links between sexual violence and HIV/AIDS as the basis for developing strategies to address the complex interactions at individual, communal and institutional levels.

Objectives Based on the Kenya's post-election violence of 2008, this study aimed to capture and understand the complex and multiple factors that interact to influence vulnerability to HIV and AIDS. Its holistic framework proposed a macro level model for understanding the risks factors for STIs, and HIV/AIDS transmission within the context of sexual violence. Its main objective was to explore and