identify bio-medical and epidemiological factors that act as conduits for the transmission of HIV/AIDS and other STIs within crisis and unstable settings.

Methodology and Results It uses a multi-disciplinary approach that simultaneously embraces gender, poverty and biomedical analytical lenses to identify and strategically address emerging links between violence and HIV/AIDS. Interviews and VCT were administered to both multistage cluster and purposively-random sampled sexual violence victims in Kenya—A multiple logistic regression model controlling age, condom use (if any), and biological influences like the routes of exposure—whether vagino-penile or anal-penile—and sex of both victims and assailants was adopted. Overall prevalence for HIV, syphilis and gonorrhoea shot up: 2.3%, 1.1%, and 3.1% respectively among men. For women: 2.7%, 1.9%, and 4.2.0% respectively.

Conclusion and Recommendations Sexual violence diminishes people's social capital in terms of social networks, norms, and traditions that could prove to be conducive to the spread of the HIV. We recommend early diagnosis to allow treatment of sexual violence survivors. Post Exposure Prophylaxis (PEP), to address exposure to HIV as a result of sexual violence, emergency contraception and VCT should form the backbone for intervention in order to address the menace of HIV/AIDS. Anti-retroviral regimens dramatically improve rates of mortality and morbidity, prolong lives, improve quality of life, revitalise communities and transform perceptions of HIV/AIDS from a plague to a manageable, chronic illness.

P2-S3.08 SELLING SEX ON THE DOORSTEP: DEVELOPMENT WORK FOR THE THIRD BRITISH NATIONAL SURVEY OF SEXUAL ATTITUDES AND LIFESTYLES (NATSAL 3)

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Background The Third British National Survey of Sexual Attitudes & Lifestyles (Natsal 3) builds upon groundbreaking research undertaken for Natsal 1 and Natsal 2 in 1990 and 2000, respectively. Natsal 3 aims to interview 15 000 men and women aged 16–74 years during 2010–2012. However, the first pilot (Pilot 1) for Natsal 3 achieved a response rate of only 38.4%, leading us to explore ways to maximise survey participation.

Methods Following Pilot 1, we consulted widely with interviewers, survey methodologists and communications experts to improve documents sent to households in advance of the interviewer calling, and the survey branding. This included simplifying the advance letter language and removing specific references to "sex"; developing a more detailed information leaflet to send with the letter; developing a study logo and respondent website. In Pilot 2, households were randomised to be sent the leaflet with the advance letter or to be given it when the interviewer called. We also examined the effect of the token of appreciation on participation rates by randomising households to receive either a £15 or a £30 voucher for participation.

Results The overall response rate increased to 50.3% (218/434 eligible addresses) in Pilot 2. This did not vary by whether or not households received the information leaflet in advance (50.8% and 49.6%, respectively), but interviewers felt that households sent the leaflet were more informed about the study and they were more confident approaching these households. Interviewers preferred the improved advance letter and some respondents reported that the website was a key factor encouraging them to participate. Pilot 2 response rates differed by token of appreciation (47.1% vs 53.4% for £15 vs £30) but the sample size was too small to conclude that the difference was significant, so randomisation continued during the first wave of fieldwork. Response rates in wave 1 before reissuing were 48.4% vs 50.6% for £15 and £30, respectively (p=0.2).

Conclusions Despite survey response rates declining generally, Natsal 3 development work has shown that it is possible to attain an adequate response in a population-based survey of sexual behaviour. Careful wording of participant documents, attractive survey branding and a participant website all contributed to increasing response rates. Response rates were slightly higher for the larger token of appreciation but increasing the value was not considered cost-effective.

P2-S3.09 MOBILITY AS PREDICTOR OF INVOLVEMNET IN HIGH RISK SEXUAL RISK BEHAVIOUR

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Background Population mobility has long been associated with frequency and variety of sexually transmitted infections including HIV. People's mobility tends to disrupt their traditional social constraints and control of sexual behaviour by giving them opportunity, isolation and the desire for unique experiences. Fishermen being one of the highly mobile populations, we sought to evaluated the extent to their mobility predicts their involvement in high risk sexual behaviour.

Methods During a Phase I randomised double-blind placebo-controlled cross over trial evaluating the safety and acceptability of ethanol in emollient gel as a topical male microbicide, we collected data on fishermen's socio-economic and demographic characteristics, mobility patterns and sexual practices including extra-marital partnerships. We pre- and post-test counselled for STIs, obtained blood samples for HIV, HSV-2 and syphilis serologies and provided appropriate treatment and referrals. We analysed the data using descriptive statistics and then bivariate and multivariate logistic regression.

Results Of the 167 fishermen screened, over a half (52%) were mobile defined as travelling and spending at least one night away from home in the month preceding the study). Two-thirds (63%) had active extra-marital relationships with only 5% consistently using condoms in these sexual encounters. During travel, a quarter (24%) drank alcohol and a similar number (25%) had sex with a third (32%) reporting new casual sex partners. At bivariate level, those travelling in the month preceding the study were more likely to be HIV+ (OR 2.08; 95% CI 1.01 to 4.28), have an active extra-marital relationship (OR 3.69; 95% CI 1.57 to 8.68), and have multiple sex partners in the six month preceding the study (OR 2.04; 95% CI 1.06 to 3.95). Mobility among fishermen was independently associated with having an active extra-marital relationship (AOR 3.64; 95% CI 1.11 to 12.00).

Conclusion Mobile fishermen exhibit high risk sexual behaviour that include extra-marital sex and low condom use. This population is likely to benefit from STI/HIV prevention intervention.

P2-S3.10 HSV-2 SEROLOGIC TESTING AND PSYCHOSOCIAL HARM: A SYSTEMATIC REVIEW

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Background Serologic testing for herpes simplex virus type-2 (HSV-2) in persons without a history of genital herpes is currently not recommended partly due to the concern that HSV-2 diagnosis would lead to negative psychosocial sequelae, such as anxiety and depression. We conducted a systematic review to assess the evidence

as to whether HSV-2 serologic testing among asymptomatic persons results in persistent negative psychosocial consequences.

Methods Eight electronic databases and unpublished data sources were searched to identify studies measuring the psychosocial impact of HSV-2 serologic testing in persons without a history of genital herpes. To be included, studies had to test for HSV-2 using an HSV type-specific serologic test and to perform at least one psychosocial assessment of participants after they received HSV serologic results. We compared psychosocial responses in HSV-2 positive persons over time and vsHSV-2 negative persons (when available).

Results Nine studies satisfied the inclusion criteria. Studies were published from the years 2000–2008 and were conducted in the USA (N=6), Australia (N=2), and the UK (N=1). In total, 1355 participants were included; 596 (44%) participants were HSV-2 positive, and of these 341 (57%) lacked prior history of genital herpes. Participants were recruited from a variety of settings (ie, STD clinics, HMO enrollees, college campuses). Follow-up ranged from immediately after diagnosis to 1 year afterwards. Seven studies reported that HSV-2 diagnosis by serologic test did not have a persistent negative impact on participants' mental health (anxiety, depression, self-esteem) or sexual attitude and satisfaction. Two studies reported a negative impact of testing; one found that 5 HSV-2 seropositive college students had increased distress 3 months post-testing as compared to HSV-2 negatives, and the other found self-reports of sexual undesirability up to one year after diagnosis. A genital herpes diagnosis was perceived as moderately severe for participants prior to testing; however, after HSV-2 testing, the perceived severity of a herpes diagnosis was lower among those testing HSV-2 positive.

Conclusions Diagnosis of HSV-2 by type-specific serologic testing did not result in long-term psychosocial harm in most asymptomatic persons. Concerns about sustained emotional impact should not deter clinicians from testing individuals without a history of genital herpes for HSV-2.

P2-S3.11 STI-RELATED RISK BEHAVIOURS AND STI DISPARITY BETWEEN RESIDENTS OF BALTIMORE CITY AND OTHER URBAN CITIES IN THE USA

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Background Baltimore City, Maryland, has experienced rates of STDs that are consistently higher than the national average. National surveillance data indicate that in 2000 the rates of gonorrhoea and Chlamydia in Baltimore City were 3.3 and 6.7 times higher than the overall US rate. Among US cities with greater than 200 000 people, Baltimore City ranked among the top four for Chlamydia and gonorrhoea infection rates.

Objective To compare reports of diagnoses of gonorrhoea and Chlamydia among adults residing in Baltimore City to those in other central cities of the US and to assess whether a higher prevalence of sexual and substance use behaviours in Baltimore may account for infection disparity.

Methods We utilised data collected from a cross-sectional probability telephone survey of the USA (N=1,543) and Baltimore City (N=744) adults aged 18–45 years old in 1999–2000. Respondents were asked about a wide range of STI-related risk behaviours and STI history. Bivariate analysis assessed differences in the prevalence of self-reported history of gonorrhoea and chlamydia, substance use, and sexual risk behaviours among residents of Baltimore City and other central cities of the USA Multivariate logistic regression models measured heterogeneity in self-reported history of gonorrhoea and chlamydia by location of residence, substance use and sexual history, adjusting for race and age.

Results Lifetime prevalence of gonorrhoea and chlamydia was 18.2% (95% CI 14.8% to 22.1%) among Baltimore residents and 9.8% (95% CI 7.3% to 13%) among residents of other central cities ($p<0.001$). In bivariate analysis, Baltimore residents were no more likely to report a history of cocaine or injection drug use than residents of other urban areas ($p=0.774$). However, Baltimore residents were more likely to report having six or more lifetime sexual partners (49.1% vs 40.7%, Prev. Ratio 1.21 (95% CI 1.2 to 1.24)), multiple partners in the past year (24.3% vs 16.9%, Prev. Ratio 1.4 (95% CI 1.4 to 1.5)), and a history of paid sex (17.8% vs 8.7%, Prev. Ratio 2.0 (95% CI 1.8 to 2.3)).

Conclusion The higher prevalence of sexual risk behaviours among Baltimore adults is likely to accelerate STI transmission and contribute to the higher incidence of STIs in Baltimore.

P2-S3.12 CULTURE AND RESEARCH: HOW DO YOU MIX THEM?

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Background Community-based participatory research principles partner community and academics through all stages of the research process. Our purpose is to describe how we have been combining traditional Cree cultural practices (culture) and Western academic research processes (research) to facilitate a restorative research experience.

Methods Culture and research were given equal emphasis in the structure and content of meetings, governance structure of the project, knowledge exchange activities, project development and ethics. To begin this sexual health project, the Health Director invited academic and government partners to the community. Statistics on rates of sexually transmitted infections were shared with community partners. Since then, emphasis has been placed on face-to-face meetings in the community. Elders and community leadership have attended meetings and provided guidance on research activities. The governance structure was organised so primary decision makers are from the community and are guided by a community working group, cultural advisor and scientific advisor. Knowledge exchange was achieved through mutual participation in traditional Cree cultural activities and research emersion at an academic institution. Key community informants, Elders and research assistants led project development. The local First Nations College provided primary ethical review.

Results Face-to-face meetings helped build strong, sustainable relationships between community and outside researchers. Knowledge exchange activities, like cultural teachings and research trainings, contributed to mutual respect, understanding and trust between community and outside team members. Participation in community events and traditional ceremonies combined with formal and informal discussions with the community working group, Elders, and key community informants led to the identification of a priority research area of importance to the community. Following community led ways of knowing and doing has led to the development of innovative research methods for data collection. Ethics review held in ceremony provided a supportive, holistic environment from which to proceed with research activities.

Conclusions Building trust and nurturing the relationship between community and outside research partners has been integral for restoring confidence in the potential benefits of research for this First Nations community.