

**P2-S3.13** EFFECTIVE HIV AND AIDS PREVENTION: IS FACTORS AFFECTING THE SPREAD IMPORTANT?

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**Background** There is no doubt that the last two decades had witnessed a rising trend in the Global efforts at combating HIV and AIDs, more especially through the various treatment measures. However, though a lot had been achieved in the treatment of infected persons, the long and short term side effects of the drugs; patient drug adherence and follow-up issues are often problematic. Therefore, the most appropriate way to address the menace will be rigorous efforts geared towards adopting simple and effective prevention methods the world over. In developing countries such as found in Africa, including Nigeria, there are many factors militating against achieving a good success in reducing the spread of HIV and AIDs. The identified factors include: culture and tradition of the people, peer group influence, large family burden (Economy), marriage and religion. Hence, this work was undertaken to identify the most common factors contributing to the spread of HIV and AIDs in order to adopt adequate, practical and preventive solutions to tackle the identified factors in Lagos, Nigeria.

**Method** Questionnaires were distributed to 500 people in different locations in Lagos State, including one tertiary institution, 50 hair dressing and barbing salons, five community groups, 50 patent medicine dealers' shops, National Union of Road Transport Workers and ten randomly selected secondary schools in the five geographical zones in Lagos State between October 2009 and May 2010.

**Result** Out of the 500 people given questionnaires, only 350 (70%) responded. Out of the 350 respondents, 315 (90%) of them have had sex at one time or another, of which a highly significant ( $p > 0.05$ ) 157 (49.8%) people have had unprotected sex in the past. Of this group, 70 (44.6%) were sex with multiple partners while 87 (55.4%) were sex with single partners. Fifty (31.9%) people in this group adduced their reason for unprotected sex to marriage obligation, 20 (12.7%) to religion, 30 (19.1%) to culture and tradition, 40 (25.5%) to peer influence while 37 (23.6%) were due to economic reasons.

**Conclusion** There is a large pool of people who are still engaged in unprotected sex especially with multiple sexual partners in Lagos, Nigeria. The reasons include social, economic, religious, marital and religious factors. Hence a lot more concerted effort is needed by the Government, private organizations, religious and traditional leaders to educate and enlighten people on the need for protected sex, especially people with multiple sexual partners in order to reduce the spread of STIs including HIV and AIDS in our communities in Lagos, Nigeria.

## Social and behavioural aspects of prevention poster session 4: Health Services Venue Attendees

**P2-S4.01** EPIDEMIOLOGICAL PROFILE AND MOTIVATIONS FOR HIV SCREENING AMONG PEOPLE ATTENDING AN ANONYMOUS HIV VOLUNTARY TESTING SERVICE IN COTONOU, BENIN

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**Background** The creation of the only free anonymous HIV voluntary counselling and testing (VCT) center in Cotonou (named SIDAG) is an HIV prevention strategy that allows to reach those who decide, for themselves, to know their HIV status. Knowledge of the epidemiological profile and motivations of these volunteers will help tailoring services offered to them.

**Objectives** i) To describe practices at risk for HIV infection among the SIDAG's clientele ii) To analyse the motivations bringing these people for HIV screening; iii) To identify factors associated with HIV infection in this group. **Methods** This cross-sectional survey, carried out from April to June 2010, included all subjects attending SIDAG for HIV anonymous VCT who provided consent for participation. HIV testing was carried out immediately using an algorithm with two rapid tests (Determine and SD Biotline), and results were communicated on site to the participants before they leave.

**Results** 280 subjects participated in the study (149 men, 53% and 131 women, 47%). Their mean age was 28 years [range: 17–66 years]; 32% were college or university students, 53% had attained a higher educational level and 76% were single. 22% of the subjects had a history of STI. All subjects reported being heterosexual; 274 (98%) had sexual partners (regular partners: 73%; casual partners only: 25%). 27% always used condoms for casual sex. 13% of the men reported sex with sex workers. The main motivations for getting tested were the desire to know their HIV status: 43.6%; exposure to HIV through sexual contact: 20% (unprotected sex, condom failure, prolonged relation with HIV-infected partner); and peer pressure from family or friends: 11.2%. The HIV serology was positive in 6.8% of the 280 tested subjects. Factors associated with seropositivity were: a low education level ( $p < 0.001$ ), current or previous cohabitation with a sexual partner ( $p < 0.01$ ), lack of condom use ( $p < 0.001$ ) and motivation for testing because of clinical suspicion ( $p < 0.001$ ).

**Conclusion** Candidates for anonymous HIV VCT in Cotonou are mainly young patients concerned by the risk behaviours they had. Services like SIDAG should be decentralised to serve the greatest number.

**P2-S4.02** DON'T LOOK AT YOUR PATIENTS, LOOK AT THEIR PARTNERS: CHARACTERISTICS OF SEXUAL PARTNERSHIPS REPORTED BY PEOPLE ATTENDING GUM CLINICS IN ENGLAND

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**Background** Partnership characteristics, for example, their length, timing, and whether or not condoms are used, may be more important for assessing STI transmission risk than partnership numbers. However, data routinely collected by GUM clinics in the UK are limited in terms of such measures of partnership risk. We sought to measure this in a high-risk population and consider the implications for STI transmission and partner notification (PN).

**Methods** Cross-sectional survey of 2203 people attending 4 socio-demographically and geographically contrasting GUM clinics in England in 2009. Attendees completed a questionnaire that was linked to their clinical records for data on acute STI diagnoses. Questions asked about their three most recent partnerships in the 3 months prior to attending GUM and the total number of partners in this period. We used a novel statistical approach to weight the data to represent the partnerships for which these questions were not asked. This enables us to describe the population of partnerships reported by GUM attendees, rather than the population of attendees.