

characteristics are associated with the odds of experiencing condom breakage/slippage or partial use during vaginal sex.

Methods Patients (n=1609) attending STD clinics in 3 cities (Denver, Long Beach, and San Francisco) between June 2004 and May 2005 were enrolled in a study evaluating the behavioural effects of a video-based waiting room intervention modelling couples overcoming barriers to safer sexual behaviours. Two surveys were conducted (baseline and 3-months) measuring behaviours during the previous 3 months. Bivariate analysis using χ^2 and multivariable analysis using logistic regression were conducted.

Results At baseline, 767 men and women (median age=26 years) reported using a condom at least once during vaginal sex with their most recent partner (64.4% main and 35.5% non-main) in the preceding 3 months. A majority did not use condoms consistently (62.3%). Among 100% condom users, 152 (52.6%) reported no errors, while 137 (47.4%) experienced errors (56 breakage, 49 partial use, and 32 both errors). Among all users, the per-condom use rates of breakage/slippage, but not partial use, varied significantly by partner type (5.96% main and 9.35% non-main). Multivariable analysis revealed the following characteristics associated with increased odds for condom breakage/slippage: African American race (OR=2.0; CI 1.3 to 3.1), Latino ethnicity (OR=2.0; CI 1.3 to 3.1), drunk/high during sex (OR=1.5; CI 1.1 to 2.1), STI among recent sex partner (OR=1.7; CI 1.2 to 2.3); and main partner status (OR=1.8; CI 1.3 to 2.6); and for partial use: female gender (OR=1.4; CI 1.0 to 1.9), drunk/ high during sex (OR=1.5; CI 1.1 to 2.0), and main partner status (OR=1.4; CI 1.0 to 2.0).

Conclusions In this population of condom users at high risk for STI/HIV, inconsistent condom use and consistent condom use with errors were reported frequently. These results suggest that clinicians should not assume that patients use condoms correctly, and that patients may benefit from condom use counselling tailored to individual and partnership characteristics and behaviours.

Social and behavioural aspects of prevention poster session 5: High Risk Groups

P2-S5.01 A QUALITATIVE STUDY OF BARRIERS TO CONSISTENT CONDOM USE AMONG HIV-1 SERODISCORDANT COUPLES IN KENYA

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Background Consistent condom use reduces HIV-1 risk and is important for HIV-1 serodiscordant couples (where one partner is HIV-1-infected and the other is HIV-1-uninfected). This study explored barriers to consistent condom use among heterosexual HIV-1 serodiscordant couples.

Methods This qualitative study used 28 in-depth interviews and 9 focus group discussions. The participants were purposively-selected heterosexual HIV-1 serodiscordant couples from Thika and Nairobi districts in Kenya.

Results A majority of HIV-1 serodiscordant couples reported challenges in consistent condom use. The main barriers to consistent condom use included male partners' reluctance to use condoms regardless of HIV-1 status, female partners' inability to negotiate condom use, poor knowledge of condom use leading to condom breakage, misconceptions about HIV-1 serodiscordance, challenges in disclosing HIV-1 positive results to new sexual partners, desire for conception, and reduced sexual pleasure reported by both male and female partners. Condom use was cited as one of the main challenges of living with HIV-1 serodiscordance.

Conclusions Serodiscordant couples face multiple challenges in using condoms for HIV-1 prevention, and need couples-centred counselling to address barriers to consistent condom use. Specific areas of focus should include provision of information about the substantial risk of HIV-1 transmission within serodiscordant partnerships, development of skills for women to effectively negotiate condom use, disclosure of HIV-1 serostatus to new sexual partners, and strategies for conception that minimise risk of HIV-1 transmission.

P2-S5.02 CONFINED OUTREACH CLINICS: INCREASING UTILISATION OF HIV/STI CLINIC SERVICES BY IDUS IN HARD TO REACH RURAL SETTINGS: AN EXAMPLE FROM NORTH-EAST INDIA

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Issue Clinics in fixed locations have limited effectiveness in HIV/STI prevention programs among injecting drug users (IDUs) in North-East India. Mountainous terrain and poor roads make physical accessibility difficult, and designated IDU clinics are often stigmatised by the general community, reducing acceptability among IDUs.

Setting Nagaland state in Northeast India has a porous border with Myanmar and is characterised by difficult terrain, poor infrastructure, and a conservative religious climate generally intolerant of IDUs. HIV and STI prevalence rates among IDUs are among the highest in India. HIV prevalence is 1.8% (2008), while syphilis prevalence is as high as 17% (2009) and chlamydia as high as 13% (2009) in some districts.

Project Project ORCHID, funded by Avahan India, has been implementing HIV/STI targeted interventions among IDUs in Nagaland since 2004. In response to the high prevalence of STIs and the clinic access challenges facing IDUs, an outreach clinic service known as the Confined Outreach Clinic (COC) was developed. The COCs are conducted by trained clinical staff and outreach teams in locations convenient to the IDUs. Timing and locations for the clinics are chosen by the IDU community in consultation with the outreach teams to ensure maximum acceptability and attendance. Clinical services follow standardised national guidelines. They provide STI treatment as well as HIV/STI prevention and referral services. To maximise acceptability, some general medical services are also provided.

Outcomes Clinic visits more than doubled after introduction of this model, from 1734 (July–December 2009) to 4347 (January–June 2010), while the number of individuals accessing the clinic increased by 68%. The COC model therefore not only increased population coverage but also the number of repeat clinic visits within the reporting period. COCs are a low cost and highly acceptable model of service delivery for IDUs, effective in improving poor service uptake.

P2-S5.03 HYPERFEMININE AND VULNERABLE: GENDER IDENTITIES AND HIV/AIDS IN TRANSGENDER WOMEN IN BOGOTÁ, COLOMBIA

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Background Studies in current literature show high HIV prevalence rates in transgender women all around the world. Transgender women face very high-levels of marginalisation, violence, stigma