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

doi:10.1136/sextrans-2011-050108.343

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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

doi:10.1136/sextrans-2011-050108.344

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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

doi:10.1136/sextrans-2011-050108.345

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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

and discrimination, which in turn affect their access to housing, employment, healthcare and put them in a high risk of STD. These characteristics are shared with sex workers, injecting drug users and men who have sex with men. However, gender identity has led to a particular combination of vulnerabilities, ultimately resulting in a much higher risk of HIV infection among the male-to-female transgender population as mentioned above.

Methods We conducted an exploratory descriptive study and collected data with surveys, in-depth interviews, focus groups and ethnographic strategies with 18 transgender women. The collected information was analysed, taking into account the following dimensions of interpretation: 1-Love, erotic, and sexual relations. 2- Gender and sexual identities. 3-Sexual behaviour and practices. 4-Self-care, HIV-risk perception and life goals.

Results Transgender women believed that they needed to perform an overtly feminine identity (hyperfeminine). They think this performance involves taking sexual risks assigned traditionally by the social space such as street prostitution. In this role transgender women's negotiation power is significantly reduced. Many transgender women assumed and accepted this gender disparity social structure that increased their vulnerability to STI/HIV.

Conclusions This research intended to identify the most significant ways in which sexuality is represented and imagined within the culture of transgender women in Colombia. Special emphasis was placed on discovering transgender women's logics, or thinking processes, which are capable of perpetuating their high vulnerability to HIV/AIDS. Transgender women in Colombia construct their gender identities within contexts of stigmatisation, social marginalisation, and multiple symbolic and physical forms of violence. Our work critiques approaches based on androcentrism that perceive gender identities as essential and fixed, and assume sexual binaries that oppress the lived experience of human bodies. We propose a peer-led educational strategy focused on the deconstruction and reconstruction of gender identities and interventions with transgender women that reduce stigma through enhancing autonomy, joy, and self-care. We argue that these are the central elements for a "life with quality" in which equal citizenship can be exercised.

P2-S5.04 BEHAVIOURAL RISKS AND HIV/AIDS KNOWLEDGE IN ADOLESCENT STREET CHILDREN AND THEIR HEALTH IMPLICATIONS

doi:10.1136/sextrans-2011-050108.346

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Background In Pakistan social and ethical bindings are major constraints to launch effective awareness campaign or vaccination trial against HIV transmission. Lack of awareness coupled with high risk behaviour could result in AIDS epidemic among adolescents and street children as in these groups coercive and transactional sex is common. We aimed to examine adolescent's behavioural risks and their knowledge about HIV/AIDS. Sources of information regarding HIV/AIDS were analysed for risk behaviour in relation to social factors.

Methods Cross-sectional study was conducted in rural and urban areas of Rawalpindi to gather information from street children (n=148, mean age 17 years). Multivariate analysis was performed to see effect of residential site and gender on AIDS concepts.

Results Among surveyed population, 14% had heard of HIV vaccine and 50% believe HIV vaccine could develop infection. About 33% ever had sex and 10% revealed >1 partner per year. 5% had knowledge about HIV status of partner see Abstract P2-S5.04 Table 1. A high degree of risky behaviour activities correlated with those children who lived in rural areas. Urban area street children were found to explore more sources to grasp HIV information. We found limited availability of documented information to compare the present observations.

Abstract P2-S5.04 Table 1 Multivariate ANOVA for HIV/AIDS knowledge

	Main effect		Interaction
	Site	Gender	Site × Gender
MANOVA test (Pillais F value)	2.17	4.45	1.43
HIV/AIDS transmission route	<1	<1	<1
Discussion about HIV/AIDS	1.2	2.21	1.53
Behavior risks	<1	<1	2.25

Conclusions Both the adolescents and street children with poor knowledge about HIV are involved in risky behaviour. Our study propelled the need to consolidate, where relevant, community mobilisation for HIV prevention research throughout the country. Moreover, cross-country documentation must be improved for wider sharing of knowledge. A planned approach with educational sessions seems imperative for developing an effective sexual health safety program.

P2-S5.05 RISK PROFILES OF WINNIPEG STREET POPULATIONS: A LATENT CLASS ANALYSIS

doi:10.1136/sextrans-2011-050108.347

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Background Sexually transmitted and bloodborne infection (STBBI) risk is multifaceted and can involve a complex interplay between sexual behaviours, substance abuse and mental health conditions. In Winnipeg, Manitoba Canada we conducted a study to better understand the interconnectedness and overlap of these conditions and behaviours.

Methods Data from the Social Network study phase III (SNS III) were collected in the fall and winter of 2009 using semi-structured in-person interviews (n=600). Sampling was by respondent driven sampling and targeted street populations. The average mean age was 37 (SD=14.8) and the gender distribution was relatively equal (males constituted 53%). Latent class analysis was used to identify unobserved or latent subgroups (ie, risk profiles) to explore the extent of overlap between risky sexual behaviours, substance use choice (crack, alcohol, solvents, injection drug use), and mental health conditions. Six individual level items constituting risky behaviours and five network or environmental level risk behaviours were used in the latent class analysis. Individual items included: Ever diagnosed with a mental health condition, ever used crack, daily binge drinking, ever used solvents, ever injected drugs and knowing your sex partner has multiple other sex partners while social network items included: the proportion of your social network members who drink alcohol, use crack, sniff solvents, inject drugs, or are sex partners. Fit indices of G2, AIC, and BIC were used in assessing model fit. Additionally, the model fit was assessed by examining the relationship between items and their conditional latent class by strength of homogeneity (closeness to 0 or 1) and by whether there was evidence of good separation of latent classes.

Results The 2-, 3-, 4-, and 5-class LCA models were compared. Goodness of fit indices favoured the 4-class model. For the 4-class model indices were: G2=1115, df=2000, AIC=1209, BIC=1415. Class prevalence of the 4 latent classes were: 31% were at high risk for all individual and network items, 25% constituted another latent class labelled as low-risk, 21% constituted a subgroup who were labelled as "loners" and exhibited high risk for mental