

of stigma and discrimination from health workers. Many participants experienced a double burden of family rejection, first for their sexual orientation and then for their HIV diagnosis. In response to this alienation, participants created alternative networks of social support, frequently with other MSM or people with HIV, which provide moral support and motivation for treatment adherence.

Conclusions STI prevention, diagnosis and treatment services among MSM with HIV in Guatemala should be strengthened. Prevention interventions should contemplate using social support networks as an additional communication channel for STI prevention and antiretroviral adherence messages. Confidential STI prevention, diagnosis and treatment services should be integrated into existing HIV/AIDS services.

P2-S6.05 EXPLORING DYNAMICS AROUND FEMALE CONDOM USE FOR ANAL SEX AMONG MSM

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Background Studies around the world have reported about the use of female condom (FC) for anal sex by men who have sex with men (MSM). No studies have been conducted in India about FC use for anal sex. This study was designed to know the reasons, perceived benefits, concerns and other issues around FC use in Andhra Pradesh where India HIV/AIDS Alliance implementing a HIV prevention program.

Methods A qualitative study was carried out among MSM at three sites, selected using purposeful sampling method. Total eight Focus Group Discussions (FGDs) with 83 participants and 18 in-depth interviews (IDI) were conducted. IDI respondents were selected by purposeful sampling method from the self-reported FC users. A structured questionnaire was used for the study.

Results In two sites, 18 out of 53 respondents (34%) reported using FC while none of the respondents at the third site had heard of using FC for anal sex. The practice is mainly due to peer influence within the local sexual networks. The decision to use FC is made by the recipient partner who is influenced by various factors like difficult partners/clients who don't like to wear male condom and in anticipation of having sex with more than one partner or group sex etc. A few MSM (11%) are using single condom with multiple clients. The perceived benefits with FC use include sense of security, having control, client satisfaction hence better income, and they can use a single condom for multiple encounters with multiple partners. Participants reported frequent problems with FC use, particularly rectal bleeding (100%), discomfort (72%) and slippage (28%). Despite bleeding from anus on first time use, majority (83%) of them said they will continue to use FC. One of the myths observed during the FGDs is the use of spit with mud as lubricant which was attributed to better satisfaction due to the presence of finer granules in the mud.

Conclusions The study clearly shows that despite frequent problems with FC use, considerable number of MSM (83%) prefer to continue using FC. Therefore the need for modifying condom design, conducting training, and research on safety outcomes becomes absolutely imperative. IEC (Information, Education & Communication) materials need to be designed to spread the message on proper use and disposal of FC, and also to address the use of single condom with multiple partners. Using of mud with spit as lubricant needs to be explored further to better understand its consequences.

P2-S6.06 PREVALENCE, INCIDENCE AND PREDICTORS OF SEXUAL ASSAULT IN THE COMMUNITY-BASED HIM COHORT OF SYDNEY HOMOSEXUAL MEN

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Background Sexual assault (SA) is commonly reported in cross-sectional studies of men who have sex with men (MSM) worldwide, but there are few community-based longitudinal data.

Methods Participants in the Health in Men (HIM) cohort study reported lifetime history of SA at baseline and annual experience of SA at each interview. Predictors and outcomes of lifetime and incident SA were assessed using logistic and Cox regression analyses, respectively.

Results At study entry 319 of 1427 participants (22.5%, 95% CI 20.4 to 24.8%) reported past SA. Independent demographic predictors of past SA were being on pension or benefits ($p < 0.001$), Asian v Anglo ethnicity (OR=0.37, $p = 0.015$) and Indigenous vs non-Indigenous ethnicity (OR 3.79, $p = 0.024$). Those reporting past SA had more lifetime male sexual partners ($p < 0.001$) and more often reported past gonorrhoea infection ($p = 0.010$). Past SA was associated with cigarette smoking ($p < 0.001$), marijuana use ($p < 0.001$), amyl nitrate use ($p = 0.034$) but not use of alcohol or other recreational drugs. During 7392.7 person years of follow-up 55 incident SA were reported (incidence 0.74 per 100PY, 95% CI 0.57 to 0.97). Incidence was significantly higher among those with lower incomes ($p = 0.015$) and those who reported a past history of SA at baseline (HR 2.61, $p = 0.009$). In the previous 6 months, those suffering incident SA had more male sexual partners ($p = 0.056$), more unprotected receptive anal sex with casual partners ($p = 0.004$), but were no more likely to acquire HIV ($p = 0.313$). There was no association of incident SA with current sex work, smoking, alcohol or other recreational drug use. After adjustment for age both past and incident SA were predictors of current erectile dysfunction ($p < 0.001$ & $p = 0.005$, respectively), low libido ($p = 0.050$ & $p = 0.028$, respectively) and other problems affecting sexual satisfaction (both $p < 0.001$). Lifetime and incident SA were both also associated with a range of adverse psychological correlates.

Conclusions As far as we are aware, these are the first prospective data to examine sexual violence among MSM. A number of demographic and behavioural correlates suggest socioeconomic disadvantage and potentially heightened STI/HIV risk in these MSM victims. There was a strong association of SA with adverse markers of psychological and psychosexual health. Routine enquiry regarding SA experience of MSM should occur in sexual health clinics due to its association with a broad range of adverse sexual health outcomes.

P2-S6.07 INTENTIONAL VIRAL SORTING AS A FREQUENTLY PRACTICED HIV RISK REDUCTION STRATEGY AMONG HIV-POSITIVE MSM WITH HIV DISCORDANT AND CONCORDANT PARTNERS

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Background Viral sorting is a risk reduction strategy based on the perception that an undetectable viral load reduces HIV transmission risk during unprotected anal intercourse (UAI) with casual partners. We examined how frequently HIV-positive men who have sex with men (MSM) practice intentional viral sorting with HIV-positive and HIV-negative or unknown casual sex partners and sex buddies.