

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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S B Kokku, S Tucker, S Punyam. *India HIV/AIDS Alliance, Hyderabad, India*

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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D Templeton, F Jin, G Prestage, M Poynten. *National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Darlinghurst, Australia*

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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¹U Davidovich, ¹W Van den Boom, ²R Witlox, ¹I Stolte. ¹Public Health Service Amsterdam, Amsterdam, Netherlands; ²Dutch HIV Association, Amsterdam, Netherlands

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.

Methods We included 177 HIV-positive MSM who completed a questionnaire regarding UAI and viral sorting practice. Viral sorting was defined as intentionally engaging in UAI on the condition that both the participant and the HIV-positive partner had an undetectable viral load, or the participant himself had an undetectable viral load with an HIV-negative/unknown casual partner. We examined whether men ever practiced intentional viral sorting since HIV diagnosis, and how often UAI with a last casual partner was the result of viral sorting. We distinguished two casual partner types: the casual sex partner (met by chance and had sex with") and the sex buddy ("contacted on a regular basis for sex but not considered a steady partner").

Results Of the 177 participants, 68% (120/177) ever had UAI since HIV diagnosis. Of those, 44% (53/120) ever practiced viral sorting with an HIV-positive partner and 38% (46/120) with an HIV-negative/unknown partner. Of all participants, 41% (73/177) had UAI with a last casual partner. Among men who had UAI with a last HIV-positive casual partner (n=35), proportions of viral sorting practice with a casual sex partner and a sex buddy were, respectively, 20% (3/15) and 58% (11/20), $p < 0.05$. Among men who had UAI with an HIV-negative/unknown casual partner (n=38), proportions of viral sorting with a casual sex partner and a sex buddy were, respectively, 57% (16/28) and 40% (4/10), $p = 0.47$.

Conclusions Our data suggest that viral sorting as an intentionally practiced HIV risk reduction strategy is applied relatively frequently among HIV-positive MSM with all partner types. The highest proportions were reported with HIV-positive sex buddies and HIV-negative/unknown casual sex partners. Since viral sorting is being extensively applied by MSM and most of the available data on viral load and HIV transmission risk is derived from studies on heterosexuals, future investigation should provide clear-cut indications on the effectiveness of viral sorting in lowering HIV transmission among MSM.

P2-S6.08 EXAMINING RISK IN HIGH RISK "POPULATIONS: MEASURING SEXUAL BEHAVIOUR AMONG MEN WHO HAVE SEX WITH MEN"

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¹J G Rosenberger, ¹M Reece, ²D S Novak, ¹D Herbenick, ³J D Fortenberry, ¹B Van Der Pol. ¹Indiana University, Bloomington, USA; ²Online Buddies Inc, Cambridge, USA; ³Indiana University School of Medicine, Indianapolis, USA

Purpose Due to the disproportionate impact of HIV and other sexually transmitted infections (STIs) on men who have sex with men (MSM), men who indicate same gendered sexual interactions are categorised as a priority population and often perceived as high-risk". While acknowledging the potential for increased risk among certain populations is important for disease prevention and transmission efforts, this approach broadly labels men based on a limited behavioural profile without consideration for the contextual factors of a given sexual event that influence potential disease exposure. This study sought to assess sexual behaviour among MSM in the USA during their most recent sexual event and identify factors associated with decreased risk for HIV/STI.

Methods Data were collected via an internet survey from 27,690 18–80-year old MSM. Measures included sociodemographics, recent/lifetime sexual behaviour history, and sexual experience items.

Results Participants' median age was 39.0 years, ethnicities included white (84.5%), Latino (6.4%), African American (3.5%), and most (79.9%) identified as homosexual. Most participants reported a sexual event within the past month (86.1%), with the majority indicating their most recent event in the past 7 days (60.1%). While most men reported not engaging in insertive (35.2%) or receptive (37.0%) anal intercourse, of those who did, 46.1% used a condom and almost none reported ejaculation occurring in their or their partner's anus, 2.7% and 2.5% respectively. Among men (24.5%)

who described their sexual partner as a boyfriend or spouse, nearly half reported they and their partner had not had other sexual partners during the past 6 months (44.7%), and the majority had been tested for STIs (61.6%) and HIV (64.8%).

Conclusions These data provide a large scale assessment of sexual behaviour during the most recent sexual event among MSM in the USA. Findings from this study highlight diversity in behaviours and demonstrate varying degrees of potential risk for HIV and other STIs, regardless of gender. Future prevention efforts should consider contextual components of sexual events, including partner type, HIV and STI testing patterns, and semen exposure, to more accurately develop custom risk reduction strategies.

P2-S6.09 FACTORS ASSOCIATED WITH HIV SEXUAL RISK MANAGEMENT AMONG HIV-NEGATIVE MEN WHO HAVE SEX WITH MEN LIVING IN QUEBEC AND WHO USE INTERNET TO FIND SEXUAL PARTNERS

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¹M C Drouin, ²A Léobon, ³L R Frigault, ⁴J J Lévy. ¹Intitut national de santé publique du Québec, Montréal, Canada; ²CNRS: Centre national de recherche sociale, France; ³Direction de santé publique de Montréal, Canada; ⁴Université du Québec à Montréal, Canada

Background This presentation has 2 primary objectives. First, to describe sociodemographic, psychosocial, sociosexual, environmental and health predictors of a HIV seroconversion risk behaviour, unprotected anal intercourse with HIV-positive or HIV-unknown casual partners (UAI(+/?)), among HIV-negative MSM who live in Quebec and use Internet to find sexual partners. Second, to analyse factors associated to those predictors.

Method We use data from Net Gay Baromètre 2008, a online quantitative survey which took place on Quebec' dating websites from December 2007 to May 2008. 3718 MSM participated in this survey of whom 1794 were HIV-negative. Bivariate analysis (χ^2 ; t test) and hierarchical regression were performed with SPSS v0.16.0 for Macintosh.

Results 14.7% of HIV-negative respondents have declared an UAI (+/?) in the past 12 months. Multivariate analysis show that homosexual identity, number of casual partners, marginal sexual practices, drug use, engagement in a couple relationship and history of a STI in the past 12 months were significant predictors associated with UAI(+/?) among those respondents. Bivariate analysis show that those predictors were more often declared among respondents who live in Montreal region, are seeking sensations, are seeking partners in sex venues and are regularly seeking partners on dating websites.

Conclusions This group of predictors and associated factors shows various sexual scenarios. Those sexual scenarios seem to be more frequent in certain spaces like Internet, which influence the management of sexual risks. Initiatives to prevent HIV seroconversion adapted to the reality of MSM who live in Quebec and use Internet to find sexual partners are proposed.

P2-S6.10 RISKS AND ATTRIBUTABLE FRACTIONS FOR HIV INFECTION AMONG MSM AT A LGBT HEALTH CENTER: CHICAGO, 2010

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¹A Hotton, ¹B Gratzner, ²C Estrich, ²S D Mehta. ¹Howard Brown Health Center, University of Illinois, Chicago School of Public Health, Chicago, USA; ²University of Illinois Chicago, School of Public Health, Chicago, USA

Background Continued increases in HIV among men who have sex with men (MSM) underscore the need for intervention strategies that target those at highest risk of infection.