lubricating products not specifically designed for intercourse is common. The frequency and potential health effects of AI lubricants warrant further study.

P2-S9.06 VAGINAL FILM MICROBICIDES FOR HIV PREVENTION: A MIXED METHODS STUDY OF WOMEN'S PREFERENCES

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Background Quick-dissolve films hold promise for HIV microbicide formulation with regards to low cost and scalable manufacture. Consideration of women's preferences enhances probable use of promising microbicides. This study examined preferred physical characteristics of quick-dissolve vaginal films for HIV prevention and factors that influenced valuation of HIV prevention.

Methods We conducted a cross-sectional mixed methods study of women aged 18-30 years from two counties in southwestern Pennsylvania to qualitatively and quantitatively assess preferences. During focus groups women handled and evaluated films of varying texture, thickness, size, shape, and appearance. A pre-focus group survey collected demographics, sexual history, and valuation of vaginal product characteristics. A post-focus group survey collected attitudes towards vaginal microbicides. We carried out thematic analysis of focus group transcripts using modified grounded theory. We examined relationships between participant characteristics and valuing HIV prevention using Fisher's exact test.

Results Eighty-four women participated, with a mean age of 23 years and largely white (54%) and black (43%). Only three reported previous use of a vaginal film. Participants preferred films to be smooth and thin (63%), translucent (48%), and 2×2" square size (36%). Translucent and smooth, thin films were perceived as likely to disintegrate rapidly. Smooth, thin films were perceived as more comfortable and less irritating than textured, thick films. Translucent films were thought to represent a balance between discretion and visual discernibility. Easy, accurate insertion, uniform coverage, and adequate HIV prevention efficacy were viewed as advantages of 2"×2" square size films. Engaging in at least one episode of binge drinking in the past year was associated with rating HIV prevention as important (p=0.048). Participants expressed concern regarding sexual intercourse in the context of alcohol intoxication. Factors associated with ranking HIV prevention as the most important characteristic of a vaginal product included higher number of lifetime vaginal sex partners (p=0.001) and black race (p=0.011).

Conclusions Smooth, thin, translucent, and 2"×2" square films were perceived to offer features valued by women in our sample. Women were concerned with issues of use, including insertion, disintegration, and comfort, as well as issues of discretion and efficacy.

P2-S9.07 ECONOMIC RISK FACTORS FOR SYPHILIS INFECTION AMONG PREGNANT WOMEN IN RURAL HAITI

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Background Of the 12 million global adult syphilis infections occurring globally each year, syphilis disproportionately affects women in low-income countries. WHO estimates about 80% of syphilis positive pregnancies go untreated, often in Latin America and Africa. Economic and socio-structural characteristics may explain some of the vulnerability for infection. We studied the association between social and health services factors and syphilis in Haiti, a poor country with a high burden of infection.

Methods We used data collected for a clinic-based case-control study of pregnant women attending general care women's clinics in rural Haiti from June 1999—to March 2001. Syphilis serostatus was determined by RPR test. Women were surveyed on socio-demographic and economic factors, access to healthcare, and sexual and gynaecological history. We performed multivariate analysis in SAS to identify factors associated with syphilis seropositivity and present results on two models.

Results The 596 women studied were typically young, rural, and lived in poverty. Syphilis and HIV seropositivity were 5.5% and 4.3%, respectively. In model 1 (n=396), factors associated with maternal syphilis infection were: household monthly per capita income <75 goud ($20 USD) (OR 2.4, 95% CI 0.9 to 6.6), having a 1 room house (OR 5.2, 95% CI 1.6 to 17.0), and history of prior pregnancy resulting in premature birth (OR 5.1, 95% CI 2.0 to 13.0). In model 2 (n=417), having fields where family members plant crops was a protective factor (OR 0.26, 95% CI 0.074 to 0.92), while reporting problems obtaining education (OR 3.2, 95% CI 1.1 to 7.7), <15 years of age at first intercourse (OR 2.9, 95% CI 1.1 to 7.7), history of an STD (OR=11.0, 95% CI 3.2 to 40.0), and vaginal discharge with odour (OR 3.4, 95% CI 1.1 to 11.0) were associated with maternal syphilis infection see Abstract P2-S9.07 Table 1.

Discussion Among pregnant women in Haiti, some economic characteristics were predictors of vulnerability for syphilis infection and may help explain the inequitable distribution of syphilis disease burden. Further study is warranted to understand specific economic or other structural factors that may affect syphilis infection in women and may be amenable to intervention.

Abstract P2-S9.07 Table 1 Multiple logistic regression analysis of factors associated with maternal syphilis status of women in rural Haiti

	OR (95% CI)
Model 1 (n=396)	
Monthly per capita income less than 75 goud/person	2.4 (0.9 to 6.5)
House has 1 room only	5.2 (1.6 to 17.0)
≤15 years old at first sexual intercourse	1.8 (0.7 to 4.5)
History of premature birth	5.1 (2.0 to 13.0)
Model 2 (n=417)	
Has fields where family members plant crops	0.26 (0.1 to 0.9)
House has 1 room only	1.6 (0.4 to 6.3)
Has problems with education	3.2 (1.1 to 9.3)
≤15 years old at first sexual intercourse	2.9 (1.1 to 7.7)
More than 1 lifetime sexual partner	1.1 (0.4 to 3.2)
Had sexual intercourse with someone she knows or suspects had an STD	2.9 (0.3 to 30.0)
History of an STD	11 (3.2 to 40.0)
Vaginal discharge with a bad smell	3.4 (1.1 to 11.0)
Travels to clinic or health center by bus	1.8 (0.6 to 5.3)
Has more difficulties getting to usual health center or clinic during rainy season compared to dry season	0.4 (0.2 to 1.2)

P2-S9.08 BABY DADDY SEX AS A RISK FACTOR FOR HIV/STDS

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Background Concurrent sexual relationships increase the likelihood of exposure to HIV/STDs. Sexual patterns among poor urban

African-American (AA) women may help to explain the disproportionate incidence of HIV/STDs seen in this population. Single women with children by multiple fathers may engage in unprotected sex with the fathers of their children; these men are called Baby Daddies. Baby Daddy sex as a risk factor is complicated and based in a sexual reality grounded in poverty and power. This analysis focused on women who have continued sexual relationships with the father of their children in addition to other sexual relationships. We explored the psychosocial factors surrounding women who engage in unprotected Baby Daddy sex.

Methods We conducted in-depth interviews with AA women living in low-income housing projects in Houston, TX. Study participants were at least 18 years old and involved in multiple sexual relationships. Interviews were conducted in participants' homes and lasted 1½ h. Each interview was digitally-recorded and transcribed verbatim. Participants were paid $20 US for their time. Qualitative analysis was conducted using MAXQDA10 software. We identified and organised codes, categories, and themes to form a comprehensive picture of the behaviours of our sample.

Results Our sample included 26 AA women aged 21 to 40 years. Themes that emerged illustrated the contextual environment of women's sexual decisions and included: financial insecurity, parenting, relationship ideals, loneliness, and baby daddy sex. Participants characterised their choice to have unprotected baby daddy sex through the following categories: trust/bond based on shared child, love, compensation for financial support of children, pleasure, and longing for past relationship. These findings identified the importance and implied intimacy of the baby daddy relationships and suggested reasons for unprotected sex.

Conclusions These findings indicate risk implications because they add concurrent sexual relationships with unprotected sex, thus increasing the potential for exposure and transmission of HIV/STDs. More importantly, this study reflects the lasting importance of a relationship resulting in children and how that relationship influences sexual health. Interventions that focus on poor urban AA women in Houston should acknowledge the cultural constructions of both sexuality and relationships in this population, both related to socioeconomic and power inequalities.

P2-S9.09 HELP ME UNDERSTAND YOUR LAB RESULTS: "AN EXPLORATORY, QUALITATIVE STUDY OF DISCORDANCE BETWEEN BIOLOGIC AND SELF-REPORTED MEASURES OF SEMEN EXPOSURE IN JAMAICA"

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Background Self-reported survey data on sexual behaviours have limitations which biological measures can complement. We assessed the feasibility of using qualitative interviews to understand discordance between a biological marker of semen exposure and self-reported sexual behaviours among women enrolled in a trial of STI counselling messages. We also investigated reasons women did not follow counselling messages.

Methods Data are from the ACME (Assessing Counselling Message Effectiveness) study. Women age >18 years treated for infection at a Jamaica STI clinic were randomly assigned to receive counselling messages to: (1) abstain from sex or (2) abstain but use a condom if they did have sex, during a 6-day treatment period. At follow-up, women reported sexual behaviours in the last 3 days in a quantitative survey and consented to testing for recent semen exposure using a rapid, on-site test for prostate-specific antigen (PSA). Individual, qualitative interviews were subsequently conducted with a purposive sample of 17 PSA positive women, ten who did not report unprotected sex in the survey (discordant) and seven who did (concordant). Interviewers asked about recent sexual behaviour, sexual partners, counselling messages, and how they may have been exposed to semen. We analysed interview transcripts to assess whether discordance could be explained and to identify reasons counselling messages were not followed.

Results From 8/10 to date, 262 participants completed the ACME trial. Of the 10 qualitative interview participants whose PSA and survey results were discordant, five had reported condom use and five reported abstinence. Interviewers asked these women directly about the inconsistency. This approach variably elicited little concern, discomfort, plausible and implausible explanations from participants. Three condom users and one abstinent participant gave likely reasons for semen exposure, while positive PSA results for two condom users and four abstinent participants remained unexplained. Main reasons given by participants with concordant results for having unprotected sex despite counselling messages were: wanting to please partner, delaying the start of treatment, and not being regular condom users with their partner.

Conclusions Interviewing women about inconsistencies between their self-reported and biologic data are feasible in this context and yielded information for improving future self-reported surveys and understanding the primary study outcomes.

P2-S9.10 HIV TESTING BEHAVIOURS AMONG UNDOCUMENTED CENTRAL AMERICAN IMMIGRANT WOMEN IN HOUSTON, TEXAS, 2010

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Introduction Undocumented Central American immigrants in the US are at increased vulnerability to HIV. Almost half of infections are attributed to high-risk heterosexual contact and HIV detection is often delayed. Although HIV testing is a cornerstone of HIV prevention and treatment, we are unaware of any studies that describe HIV testing in this population. The purpose of this paper is to describe HIV testing behaviours among undocumented Central American immigrant women in Houston, Texas.

Methods We recruited 230 Guatemalan, Honduran, and El Salvadoran women, ages 18–50 years, living in Houston without a US visa or residency papers for an HIV behavioural survey using respondent driven sampling. Present analyses are limited to sexually active participants who provided information on HIV testing (N=182). Ever testing for HIV was defined as receiving an HIV test at least once during one's lifetime. Prevalence estimates are RDS-adjusted.

Results Sixty seven per cent of women reported ever testing for HIV infection. Among testers, 49% tested at a public health clinic and 30% tested at other healthcare facilities; 50% tested within the past 2 years. The most common reason for getting tested was pregnancy (50%) and to get rid of doubt" regarding their partner's infidelity (29%). Testers were significantly more likely than non-testers to be from Honduras and to have resided in the US for over 5 years. Testers were also older, more educated, and wealthier than non-testers. Testers were more likely than non-testers to have a regular healthcare provider, to have visited a healthcare provider in the past 12 months, and to have healthcare coverage or insurance. Healthcare coverage was predominantly through the indigent healthcare program see Abstract P2-S9.10 Table 1.

Discussion The prevalence of ever testing for HIV among undocumented Central American immigrant women in Houston was high.