

Abstract P2-S9.10 Table 1 Difference in socio-demographic and healthcare access and utilisation characteristics, comparing those who self-report ever testing for HIV infection to those not testing* among undocumented Central American immigrant women in Houston, Texas, 2010

Variables	Testers (%)	Non-testers (%)	OR (95% CI)
Socio-demographics			
Country of origin			
Guatemala	20.9	40.6	1.00
Honduras	40.8	22.4	3.4 (1.42 to 8.38)
El Salvador	38.3	37.0	1.96 (0.88 to 4.41)
Number of years in USA			
Five or less	39.9	68.5	1.00
Over five	60.1	31.5	3.21 (1.62 to 6.42)
Age (years)			
18–30	38.2	60.8	1.00
31–50	61.8	39.2	2.59 (1.32 to 5.11)
Education			
Sixth grade or less	42.5	73.1	1.00
Over sixth grade	57.5	26.9	3.55 (1.75 to 7.33)
Employment status			
Unemployed	46.7	54.0	1.00
Homemaker	29.1	22.5	1.47 (0.65 to 3.41)
Employed	24.2	23.5	1.14 (0.50 to 2.64)
Monthly household income			
\$800 or less	28.1	54.6	1.00
Over \$800	71.9	45.4	3.14 (1.58 to 6.25)
Healthcare access and utilisation			
Has a healthcare provider			
No	38.6	70.7	1.00
Yes	61.4	29.3	2.62 (1.33 to 5.22)
Saw healthcare provider, past 12 months			
No	39.0	67.0	1.00
Yes	61.0	33.0	3.29 (1.67 to 6.55)
Has health insurance or coverage			
No	51.4	83.8	1.00
Yes	48.6	16.2	4.86 (2.17 to 11.67)

*Prevalence estimates are RDS-adjusted to account for difference in participants' social network size and recruitment patterns.

This seems to be due to their access to public health services through the county hospital district, which provides healthcare to all indigent residents regardless of immigration status. The association between HIV testing and regular healthcare indicates that access to public health services in this population increases the prevalence of HIV testing. Given that HIV detection among Central American immigrants is often delayed (leading to negative consequences for morbidity, mortality, and transmission), access to HIV screening is integral to HIV prevention in this population.

P2-S9.11 HIV INFECTION AND VIOLENCE AGAINST MARRIED/COHABITING WOMEN: FINDINGS FROM A NATIONAL HOUSEHOLD SURVEY IN RWANDA

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Objectives We used the third Rwanda demographic and health survey (DHS) data to examine relationship between violence, gender attitudes and HIV prevalence among women and men in union.

Methods The third Rwanda DHS is a nationally representative household-based survey conducted in 10 272 households in 2005.

Analyses were restricted to 2715 women and 2461 men who were legally married or cohabiting. HIV prevalence was the dependent variable whereas sexual risk factors, gender attitudes, emotional and domestic violence were independent variables. A face-to-face interview covered socio-demographic characteristics, sexual risk behaviour, domestic violence and gender attitude. Domestic violence was measured by questions from the Conflict Tactics Scale Questionnaire. HIV antibodies testing was performed using ELISA tests. Logistic regression was used for statistical analysis.

Results HIV prevalence was significantly higher among women who reported ever having experienced any form of emotional violence (4.7% vs 2.1%; $p=0.019$), who reported ever been threatened by their husband or cohabiting partner (6.1% vs 2.3%; $p=0.026$) and among those who reported that their fathers beat their mothers (3.4% vs 1.9% $p=0.029$). HIV prevalence was higher among men who reported that they are justified to hurt or beat their wives if they argue with them (10.1% vs 2.9 $p=0.03$). After adjustment for age, geographic area, number of lifetime partners, history of genital ulcers in the previous year, women who experienced at least one form of violence (either, emotional, inter parental, or intimate partner violence) demonstrated a much higher HIV prevalence [adjusted OR (AOR): 2.75; 95% CI 1.08 to 7.02]. Compared to those who confirmed that it is not justified for a husband to hurt or beat his wife if she argues with him, men who agreed with this statement had a fourfold higher HIV-prevalence (AOR: 4.15; 95% CI 1.69 to 10.17).

Conclusion Violence experienced by women and the acceptance of wife beating by men are independent risk factors for HIV infection among married/cohabiting population in Rwanda. Interventions to prevent any form of violence towards women and hostile gender attitudes should be integrated into HIV programs.

P2-S9.12 DESCRIPTIONS OF BEHAVIOURS BY PARTNER TYPE FOR ETHNIC MINORITY FEMALE ADOLESCENTS WITH HISTORIES OF ABUSE

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Background Identifying the sexual risk behaviour associated with relationship status informs researchers and clinicians concerning female adolescent conceptualisation of partnerships in the context of risk recognition, sexual boundaries, and social expectations of relationships. This study describes risk behaviour of high-risk ethnic minority female adolescents with STI and abuse histories reporting either dating one person exclusively, not currently being in relationship, or dating more than one person.

Methods African-and Mexican-American adolescent women aged 13–18 years ($n=559$) were enrolled in a randomised trial of a behavioural intervention. At study entry, participants completed semi-structured interviews including questions addressing primary outcomes including STI infection, abuse recurrence, unintended pregnancy, sexual behaviour, substance use, and contraceptive use. Descriptive, χ^2 analyses, and t-tests for bivariate analysis of differences between groups by relationship status at study entry were conducted.

Results Participants (59%) reported dating one person exclusively, not currently involved with a partner (29.2%), and dating more than one person (4.3%). Participants not currently in a relationship vs those who were with one partner exclusively described more often a most recent partner who would physically harm them if she had sex with another man χ^2 (1, $N=527$) =4.51, $p=0.034$; having more guy friends they just have sex with χ^2 (1, $N=531$) =7.74, $p<0.005$; and not having a steady relationship with their most recent partner χ^2 (1, $N=529$) =174.86, $p<0.0001$. Of participants not currently in