

Conclusions Although scapegoats (in the form of sex workers) were increasingly identified by the community, stigma towards those with HIV appeared to have reduced significantly. Despite increased knowledge and positive changes around stigma, fear of change to cultural mores was apparent, with unwillingness to embrace openness and discuss sexuality. Young and educated respondents appeared to be the most regressive thinkers, reflecting a cultural inertia that mirrors studies of other threats to traditional societal values. More effort is required to educate young people about healthy sexuality, openness and safe sex.

Social and behavioural aspects of prevention oral session 2—Innovative STI and HIV preventive interventions: intended and unin- tended consequences

O2-S2.01 THE PROJECT CONNECT HEALTH SYSTEMS INTERVENTION: STD SCREENING AND HIV TESTING OUTCOMES FOR FEMALE ADOLESCENTS

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Background Access to STD screening and HIV testing are important components of sexual and reproductive health care for adolescents. However, few youth have ever had an STD or HIV test, suggesting a need for new approaches to linking adolescents to care. Project Connect is an 8 year, quasi-experimental study of a multi-level intervention to prevent STD, HIV, and teen pregnancy. The Health Systems Intervention component was designed to provide an effective conduit to link youth to available health care services. Community health care providers who offered adolescents high quality care were identified and recruited for a referral system implemented through school nurses.

Methods Six intervention and six control high schools in a public school district in the Los Angeles, California area participated in the study. Analyses included survey data from 6623 sexually experienced (ever engaged in sexual intercourse) and 4703 sexually active (engaged in intercourse in the past 3 months) female high school students across 5 years (T1–T5). Both samples were 78% Latino and 13% African American; the mean age was 16.6. A mixed model logistic regression analysis was used to test for intervention effects. Random effects on the student level were included to control for repeated measures.

Results Statistically significant intervention effects were observed overall among both samples (see Abstract O2-S2.01 table 1 for adjusted OR and 95% CIs for sexually experienced sample) for receiving STD testing or treatment in the past year and ever being tested for HIV. At T1, for example, 18% of sexually experienced intervention females reported being tested/treated for an STD in the past year; at T5, 29.2% reported having done so. In the control condition, 17% reported STD testing/treatment in the past year at T1, which remained relatively stable by T5, at 19.9%. Among sexually experienced females statistically significant increases were also found for ever being tested for an STD.

Abstract O2-S2.01 Table 1 Adjusted OR for the change between time points in sexually experienced females

Time point paired difference	AOR (95% CI)		
	STD test/Tx past year	Ever STD test	Ever HIV test
T2-T1	1.12 (0.66 to 1.98)	1.06 (0.57 to 1.97)	1.16 (0.59 to 2.26)
T3-T1	1.73 (1.02 to 2.95)*	1.44 (0.77 to 2.70)	1.42 (0.73 to 2.28)
T4-T1	1.67 (0.965 to 2.87)	1.97(1.03 to 3.77)*	2.20 (1.10 to 4.39)*
T5-T1	1.93 (1.14 to 3.26)*	1.28 (0.68 to 2.41)	1.94 (0.99 to 3.81)
T3-T2	1.55 (0.93 to 2.56)	1.36 (0.75 to 2.45)	1.23 (0.65 to 2.32)
T4-T2	1.49 (0.88 to 2.51)	1.86 (0.99 to 3.48)	1.90 (0.97 to 3.71)
T5-T2	1.72 (1.04 to 2.85)*	1.21 (0.66 to 2.22)	1.67 (0.86 to 3.24)
T4-T3	0.96 (0.57 to 1.62)	1.36 (0.74 to 2.50)	1.55 (0.81 to 2.96)
T5-T3	1.11 (0.67 to 1.84)	0.89 (0.49 to 1.61)	1.37 (0.72 to 2.59)
T5-T4	1.16 (0.70 to 1.91)	0.65 (0.36 to 1.18)	0.88 (0.47 to 1.65)

*p<0.05.

Conclusions Project Connect was successful in linking female adolescents to sexual and reproductive health care through high school nurses. Rather than attempting to change provider behaviour, this structural intervention capitalises on existing, adolescent-focused expertise among local medical providers. It is a low-cost, sustainable strategy for linking (or ensuring access for) adolescents to care and could be widely implemented.

O2-S2.02 SEX WITH STITCHES, THE RESUMPTION OF SEXUAL ACTIVITY DURING THE POST-CIRCUMCISION HEALING PERIOD IN ZAMBIA

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Background As male circumcision (MC) programs are scaled-up for HIV prevention, it is critically important to measure the prevalence of risk behaviours post-MC. Of particular concern is the potential risk of increased HIV-1 transmission and acquisition as a result of premature resumption of sexual activity during the 6-week healing period post-MC, when clients are instructed to abstain from sex. The presentation will review the prevalence of sex post-MC, highlight risk factors for the early resumption of sex and model the impact of such behaviour at the population level.

Methods The study was conducted in four provinces of Zambia in which male circumcision services are being scaled-up. A sample of 248 males aged 15–29 were interviewed via ACASI immediately prior to and 6 weeks after their circumcision; the study follow-up rate was 90%. At baseline, participants were asked about risk behaviours, as well as their knowledge and attitudes about MC. At follow-up, participants were asked about sexual activity in the previous 6 weeks, the timing of resumption of sex post-MC, and other sexual risk behaviours. To evaluate the impact of the study results at the population level, a model was used to estimate the number of new infections that are attributable to the early resumption of sexual activity and the number of infections averted due to the MC program.

Results Preliminary findings indicate that of the men who were followed up, 24% reported resuming sexual activity prior to 6 weeks. The prevalence of early sex is higher (30%) for men who were already sexually active at baseline. Of men who resumed sex prior to 6 weeks, 46% did so in the first 3 weeks post-MC; 22% initiated sex within the first week. Further, 82% reported at least one unprotected sex act, and 26% reported multiple sexual partners. Data also suggest these men had higher risk behaviours at baseline. Modelling the impact of such behaviour indicates that the benefits of the MC