

Abstract O2-S5.05 Table 1 Proportion of MSM reporting self- and partner-examination of mouth, anus, penis and skin, n=586)

	Body parts	Frequency of examination		
		Never (%)	Once a month (%)	At least once a week (%)
Self	Mouth	17.1	14.5	68.4
	Anus	26.4	24.9	48.7
	Penis	6.2	7.6	86.3
	Skin	8.3	9.7	81.9
Partner	Mouth	76.6	7.7	15.6
	Anus	62.1	11.5	26.5
	Penis	47.1	11.6	41.4
	Skin	47.2	9.8	43.0

**Conclusions** The majority of MSM reported examining themselves at least once a week, but did not examine their partners as frequently. MSM with >3 partners were less likely to examine their partners' bodies than those with fewer partners. Analysis of surveys from men after brochure introduction will determine whether education materials increase rates of self- and partner-examination.

**O2-S5.06 HEALTH-SEEKING BEHAVIOURS AMONG FEMALE SEX WORKERS IN A COMMUNITY RANDOMISED TRIAL IN PERU (THE PERU-PREVEN STUDY)**

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**Background** This study aims to evaluate health-seeking and HIV/STD preventive behaviours among FSW in mid-sized cities in Peru associated with a community randomised trial intervention and with venue of sex work.

**Methods** Through the Peru PREVEN multi-component intervention, mobile team outreach to FSW was conducted in an effort to lower STD rates and increase condom use as well as care-seeking from local Ministry of Health clinics for screening and evaluation of STDs. Relative risks for behavioural outcomes were calculated using multivariate Poisson regression models with robust standard errors and accounting for clustering by city. Analyses were adjusted for city-specific baseline outcomes and by brothel venue, as there were a higher proportion of brothels in intervention cities. A sub-analysis of outcomes associated with brothel venue did not control for baseline but did adjust for age, marital/cohabitation status, alcohol use, geographical region, education and randomisation arm.

**Results** 4156 FSW were enrolled in 20 cities; 2063 from control and 2093 from intervention cities. The median age at first paid sex was 21 years and the median duration of sex work was 20 months. Sex work was relatively frequent, with a median of 6 days worked in the last week, 4 weeks in the last month and 8 months in the last year. Frequency of sex work increased with age ( $p < 0.001$ ). Twenty-one per cent of FSW were brothel based, 23% street based and 56% were bar or nightclub based. Although proportions of care-seeking behaviours were higher in intervention cities, differences were not statistically significant. In evaluating relationships of venue and health-seeking behaviours, brothel-based FSW reported significantly lower rates of non-condom use with clients (RR=0.18; 95% CI 0.07% to 0.44%), and higher rates of recent health screening exams (RR=1.97; 95%CI 1.58% to 2.45%) and of HIV testing in the last year (RR=1.74; 95% CI 1.45% to 2.09%), compared with FSW who were street or bar-based. Brothel-based FSW also more frequently reported knowledge of STDs (RR=1.07; 95% CI 1.04% to 1.09%) and recognition of STD symptoms in women (RR=1.39; 95%CI 1.22% to 1.59%) and in men (RR=1.32; 95% CI 1.12% to 1.57%).

**Conclusions** Sex work venue is significantly associated with the health care-seeking and STD preventive behaviours of sex workers. Interventions to promote STD detection and prevention among FSW should consider structural or regulatory factors related to sex work venue.

**Social and behavioural aspects of prevention oral session 6—STI and HIV risk: geographic, demographic and behavioural heterogeneity**

**O2-S6.01 NON-CONSENSUAL SEX AND ASSOCIATION WITH HIV INFECTION AMONG WOMEN: A COHORT STUDY IN RURAL UGANDA, 1990–2008**

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**Background** Non-consensual sex is associated with HIV infection in Africa, but there is little longitudinal data on this association. We describe reported non-consensual sex among women over two decades in rural southwest Uganda, including associations with incident HIV infection.

**Methods** Between 1990 and 2008 in rural southwestern Uganda, consenting individuals in a population cohort who recently seroconverted to HIV were enrolled into a clinical cohort, along with randomly selected HIV-negative controls. Participants were invited to the study clinic every 3 months, and females asked about recent experiences of sex against their will (since their last visit). At enrolment, associations of non-consensual sex with HIV status were analysed using conditional logistic regression. With data from all visits, this association was analysed using logistic regression, with OR adjusted for age and year of interview, allowing for within-woman correlation.

**Results** 476 women aged 14–81 enrolled and attended 10 475 visits over 19 years. At the time of enrolment, 24% (41/188) of incident HIV and 16% (23/166) of HIV-negative participants reported non-consensual sex in the past year (adjusted OR=0.93, 95% CI 0.47% to 1.82%). Among those who reported recent non-consensual sex (since their last visit) at any visit, most (80/119) did so more than once, including 48% in over half their visits. Using data from all visits, reports of recent non-consensual sex were higher among HIV-positive than HIV-negative participants (22% vs 9%; aOR=2.29, 95% CI=1.03% to 5.09%), with the strongest associations among women aged 14–22, those over 50 years, and married participants.

**Conclusions** The study shows high levels of repeated sex against one's will, with many women in this Ugandan population reporting new episodes of non-consensual sex in most or all of their visits. Non-consensual sex was most often reported by the youngest and oldest HIV positive women. Gender-sensitive HIV programmes should address repeated sexual coercion before and subsequent to HIV infection.

**O2-S6.02 OCCUPATIONAL AND INTIMATE PARTNER VIOLENCE AND INCONSISTENT CONDOM USE WITH CLIENTS AMONG FEMALE SEX WORKERS IN SOUTHERN INDIA**

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**Background** Global reports suggest that interpersonal violence experienced by female sex workers (FSWs), including occupational violence (eg, by clients, CLViol) and intimate partner violence