

number of female sex partners ranged from 0 to 2; over 90% (89%–98%) of MSW reported anal sex and 26% of them engaged in group sex; but proportions who reported always using condoms for anal sex were less than 60% (ranged from 28% to 60%). HIV screening positive rate was 9% in both 2007 and 2008 see Abstract O2-S6.04 table 1. HIV positive rate is associated with the number of male sex partners and condom use frequency in both 2007 and 2008.

**Conclusion** MSW have been emerging in the sex trade industry in China. Behavioural risk factors and high prevalence of HIV in the MSW survey sample signalled a need for further understanding of this special population. Effective public health intervention strategy and programs are in urgent demand.

**Abstract O2-S6.04 Table 1** Demographic characteristics of men who provided sex services for money in 2008 survey

Income US \$/month	
No income	9%
<\$145	9%
\$145–285	29%
\$285–430	20%
\$430–570	13%
>\$570	20%
Education	
Primary education	13%
Junior high	13%
High school	47%
University	27%
1st sex partner	
Male	53%
Female	44%
Place for soliciting sex partners	
Bar, dance-hall, tea house, club	31%
Bath-house, massage parlour	7%
Public place: park, toilet etc.	20%
Internet	38%
Other	4%
Sex orientation	
Gay	40%
Heterosexual	11%
Bi-sexual	40%
Not sure	9%
Last 6 months sex with men	98%
Last 6 month sex with women	40%
Group sex activity	27%

## O2-S6.05 SEXUAL VIOLENCE AGAINST MEN WHO HAVE SEX WITH MEN AND TRANSGENDERS (MSM-T) IN SOUTHERN INDIA

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**Introduction** Sexual violence (SV) has been associated globally with vulnerability to HIV and other sexually transmitted infections (STIs) in marginalised populations. There is little information on SV among men who have sex with men and transgendered individuals (MSM-T) in South Asia. Societal sanctions resulting in stigma and discrimination may place MSM-T at especially high risk for both SV and HIV/STIs. We investigated factors associated with SV among MSM-T, and the relationship between health care utilisation patterns and reported SV.

**Methods** Data were obtained from cross-sectional surveys in four districts in Karnataka state, south India. Bivariate and multivariable logistic regression models were constructed to examine factors related to SV. Multivariable negative binomial regression models examined the association between physician visits and SV. Normalised weights were used to account for a complex sampling design.

**Results** The total sample size was 543. The prevalence of SV in the past year was 18%, with a range by district of 12%–31%. HIV prevalence among those reporting SV was 20%, compared to 12% among those not reporting SV. In a multivariable model, among those reporting sex work involvement, having anal sex with five or more casual sex partners in the past week was associated with SV (AOR: 4.1; 95% CI: 1.2% to 14.3%,  $p=0.03$ ). Of those not reporting sex work, feminised sexual identities (AOR: 6.10; 95% CI: 1.3% to 28.8%,  $p=0.03$ ) and younger age (AOR: 0.9; 95% CI: 0.9% to 1.0%,  $p=0.002$ ) were associated with SV. There was no significant association between numbers of partners and SV among those not reporting sex work. Increased physician visits among those reporting SV was reported only for those involved in sex work (AOR: 1.7; 95% CI: 1.1% to 2.7%,  $p=0.01$ ).

**Conclusions** There was a trend towards higher HIV prevalence overall among MSM-T reporting sexual violence, as well higher HIV prevalence among important sub-groups experiencing SV. These findings highlight the importance of integrating programs to address sexual violence into STI/HIV prevention programs among MSM-T, and of understanding that there is considerable contextual heterogeneity in vulnerability to violence in this population. The demonstrated higher rates of physician utilisation by male sex workers who report sexual violence suggests an important point of contact for a population which may otherwise be quite hidden.

## O2-S6.06 SEXUAL PRACTICES OF TRANSGENDER COMMUNITY IN PAKISTAN

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**Issue** Pakistan, the second most populous Muslim nation in the world, has started to finally experience and confront the HIV/AIDS epidemic. The country had been relatively safe from any indigenous HIV cases for around two decades, with most of the infections being attributable to deported HIV positive migrants from the Gulf States. However, the virus finally seems to have found a home-base, as evidenced by the recent HIV outbreaks among the injection drug user community. Extremely high-risk behaviour has also been documented among Hijras (sex workers) and long-distance truck drivers. The weak government response coupled with the extremely distressing social demographics of this South-Asian republic also helps to compound the problem. The time is ripe now to prepare in advance, to take the appropriate measures to curtail further spread of the disease. If this opportunity is not utilised right now, little if at all could be done later. Objective: To assess risk behaviours including number and type of sex partners, condom use, knowledge of STIs and HIV/AIDS among hijras (eunuch) of Lahore, Pakistan.

**Methods** Two hundred hijras were recruited through Respondent Driven Sampling and interviewed by a team of experienced interviewers. Lessons Learnt: The mean age of the respondents was  $29.2 \pm 6.3$  years (Range 18–55). More than two third (68.5%) were illiterate; 23% were married. Among married, 89% were married to women and had 1 to 7 children. Sixty per cent had taken some hard drug (Cocaine, Heroin, Morphine and Amphetamine) during the last 12 months and 3% had injected drugs. Eight per cent had sex with a woman during the last year. During the last 1 week, 82% respondents had 1–21 new clients and 69.5% never used condom; 21.5%