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Introduction There is considerable public concern that new media (including the Internet and mobile phones) could be exposing young people to high levels of sexual content and may impact risky behaviour and/or risk for sexually transmissible infections.

Methods The review was conducted in accordance with the PRISMA guidelines. Medline, EMBASE and PsychINFO were searched to the end of August 2012. Articles were included if they described the statistical association between exposure to sexual content in new media (viewing or engaging) and sexual attitudes or behaviours in young people (defined as < 25 years).

Results There were 3834 articles identified, and five met the inclusion criteria: all were cross-sectional designs (four convenience samples), with the largest study containing 6054 participants. In four studies the exposure was viewing sexually explicit websites (SEW); a range of outcomes were assessed however each outcome variable was only measured in one or two of the included studies. Viewing SEW was significantly associated with: first intercourse < 15 years of age, ever having a sexual partner, > 1 partner in last 3 months, multiple lifetime partners, unprotected sex at last sex, drug and alcohol use at last sex, acceptance of casual sexual relationships, having casual sexual relationships, notions of women as sex objects, and approval of extra-marital sex. "Sexting" (sending or receiving sexual texts) was the exposure in the fifth study and was associated with ever having unprotected sex.

Conclusion The relationship between SEW and sexual behaviours and attitudes was inconsistent. Engagement with sexual media appeared to be associated with markers of higher sexual interest and/or activity, but study size, methodological approach and inconsistencies in outcome measures prevented us from drawing conclusions regarding causality. No study explored associations with positive aspects of sexual development (e.g. sexual communication, sexual assertiveness, relationship quality). Further research in this emerging area is needed.

P4.025 CONCEPTUALIZATION OF ANAL SEX BEHAVIOUR WITHIN SEXUAL PARTNER RELATIONSHIPS FOR MODIFICATION OF EVIDENCE-BASED ADOLESCENT SEXUAL HEALTH PROMOTION INTERVENTIONS

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Background Understanding of the context of anal sex behaviour among Black and Hispanic adolescent women with a history of sexually transmitted infection (STI/HIV) has public health implications for health promotion and risk reduction behavioural interventions.

Methods African-American (n = 94, 16.8%) and Mexican-American (n = 465, 83.2%) women (14–18 years) with histories of sexual risk behaviour, STI or violence, recruited from metropolitan sexual health clinics for participation in a clinical trial for behavioural interventions, completed semi-structured interviews to assess psychosocial and situational factors associated with high sexual risk behaviour, substance use, STI/HIV acquisition, and violence occurrence at study entry.

Results Anal sex varied by ethnicity (24.1% Mexican-American, 10.6% African-American, $p = 0.004$) and was associated with more ($p < 0.05$) run-away, school dropout, sexual partners, bisexuality, sex for favours, money or friends with benefits, group sex, substance and alcohol use, sex when high, history of STI, withdrawal for birth control and psychological distress. More (94.3% vs. 85.1%) and higher levels of violence (8.37 vs. 6.38) overall, and by comparisons

of sexual and physical violence was identified. Age at first anal sex (15.85 years) with partner age (18.43 years), ever condom use for anal sex (38%), anal sex past year (79.5%), past 6 months (61.2%), past 3 months (36.7%) with limited condom use (40.8%) was self-reported. Fewer women reporting anal sex could stop having sex with partners having sex with others (64.7% vs. 76.2%) while more believed it's okay to have a man on the side for more variety/sex (43.9% vs. 18.3%), he fools around so why shouldn't I? (25.8% vs. 15.1%) or I get high and lose control (24.2% vs. 14.5%).

Conclusions Conceptualization of anal sex behaviour within partner relationships is important for modification of evidence-based sexual health promotion interventions to enhance efficacy for prevention of violence, substance use, unintended pregnancy and STI/HIV among ethnic minority adolescent women.

P4.026 INDIAN BOARDING SCHOOL EXPERIENCE AND HIV SEXUAL RISK BEHAVIORS AMONG URBAN TWO-SPIRIT AMERICAN INDIAN/ALASKA NATIVES

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Background As part of a systemic effort of assimilation between the late 19th and mid-20th centuries, thousands of American Indian/Alaska Native (AIAN) children were placed in residential Indian boarding schools. To understand the impact of forced attendance in Indian boarding schools on HIV risk, we explored sexual risk behaviours, STI diagnosis, and substance misuse among AIAN two-spirit (gay, lesbian, bisexual, and transgender) adults who had attended Indian boarding school as children compared to those with no history of boarding school.

Methods The current investigation was part of a comprehensive multi-site, cross-sectional national health survey of 447 AIAN two-spirit people from seven metropolitan areas in the U.S. To minimise selection bias, multiple sampling strategies were used including targeted, partial network, and respondent-driven sampling (RDS) techniques.

Results Eighty-two (22.9%) respondents had a history of Indian boarding school attendance. Compared to others, respondents who attended boarding school were more likely to have a diagnosis of alcohol abuse or dependence (58.5% vs. 44.9%, $p < 0.05$) and reported higher illicit drug use in the past 12 months including: club drugs (18.3% vs. 9.6%, $p < 0.05$), crack-cocaine (43.9% vs. 29.6%, $p < 0.01$), and erectile dysfunction drugs (7.3% vs. 2.7%, $p < 0.05$). Former boarding school attendees also reported more lifetime partners (5.9 vs. 5.4, $p < 0.05$), were more likely to have had an STI (42.7% vs. 30.7%, $p < 0.05$), and were more likely to have ever traded sex for drugs, money, or food (56.8% vs. 33.5%, $p < 0.001$).

Conclusion Findings from this study provide some of the first data on boarding school experience and HIV risk among an urban two-spirit AIAN community sample and underscore the need for increased HIV/STI prevention efforts in AIAN communities. In addition, advanced statistical models are needed that identify mediational pathways to health outcomes and risk behaviours.

P4.027 THE PRACTISE OF ANAL SEX AMONG THE THE FEMALE SEX WORKERS IN THE WESTERN PART OF ASSAM, INDIA

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Background Unprotected anal sex is associated with the highest risk of transmission of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV). This is due to the delicate nature of the rectal mucosa and anal sphincter. Any from of trauma

to rectal mucosa in the receptive partner provides opportunity for the transmission of HIV/STI. The risk is more if the receptive partner is female. The aim of this study was to observe the prevalence and associated factors associated with anal sex practises among female sex workers (FSWs) in the western part of Assam, India.

Methods All total 64 FSWs were interviewed with a questionnaire to collect information regarding the respondents' knowledge and their practises related to anal sex as well as related socioeconomic factors.

Results 61 FSWs (95.3%) reported having ever engaged in anal sex. 75% FSWs (48 cases) were aware of HIV/AIDS. Only 10.9% FSWs (seven cases) were aware of the fact that unprotected anal sex has the higher risk of HIV transmission.

Conclusion This study showed the practise of anal sex is quite common among FSWs, but their perception of HIV transmission risk associated with anal sex is very low. This is an alarming situation. It is important for HIV prevention programmes to focus not only on vaginal sex but also on risk associated with anal sex.

P4.028 CHILD MARRIAGE AND SEXUALLY TRANSMITTED INFECTIONS: IMPLICATIONS FOR HIV PREVENTION AMONG YOUNG MOTHERS IN ADAMAWA STATE NIGERIA

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In Nigeria, the practise of child marriage is deeply entrenched in culture and the country has one of the highest rates of child marriage in the world. The risks associated with early marriages are many especially among young girls, these include domestic violence, forced sexual act and increased vulnerability to Sexually Transmitted Infections (STIs). The study therefore examines the impact of child marriage on the spread of STIs and its implications for HIV infections.

The study was conducted in Gombi LGA in Adamawa State. Qualitative and quantitative methods were used for data gathering. Stratified sampling technique was employed to select the sample for the study. Two hundred young women aged 15–24 years who married before age 16 years were interviewed and 6 FGDs were conducted. Data collected were subjected to basic demographic analytical techniques and supported with qualitative data.

The median age of first marriage of the respondents is 15.5 years and 60% had primary school education. Sixty-two percent reported having diagnosed of at least one type of STIs. Treatments of STIs were more often than not outside government hospitals and clinics (77.5%). Only 25% of the respondents ever discussed the need to use condoms with their husbands even when they are at risks. There is a significant relationship ($P < 0.001$) between age, sexual negotiations, level of education, use of condoms and ever contacted STIs

In the context of widespread STIs and growing evidence of HIV/AIDS against women within permissive traditional practises, the health implications of early marriage as practised in Gombi are grave for Nigeria. There is need to focus on the cultural traps to which the practise of child marriage has confined girls in Gombi and other parts of the country, through renewed commitment to compulsory education beyond primary school level for girls.

P4.029 CONCURRENT SEXUAL PARTNERSHIPS IN A NATIONAL SAMPLE OF AUSTRALIAN GAY MEN

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Concurrent sexual partnerships, where individuals have two or more sexual partners at the same time, are major contributors to the transmission of sexually transmitted infections (STIs). Yet, very little is known about the prevalence and predictors of sexual concurrency in populations of men who have sex with men. This presentation reports on the findings of a national community-based survey of 1,049 Australian gay men aged 18–39 years, who were asked about their sexual partners over a 12-month period. Of those who reported having sex in the past 12 months ($N = 901$), 28% reported at least one period in which they had concurrent sexual partners. Of this group, 57% had sex concurrently with two partners, 25% with three partners, and 18% with four or more partners. Worryingly, 64% reported having unprotected sex with one or more of their concurrent partners. A multivariate logistic regression found sexual concurrency was just as likely among men of all ages. However, sexual concurrency was significantly more prevalent among those on higher incomes ($P = 0.01$), who were not in an ongoing relationship ($P = 0.009$), and who reported having large numbers of sexual partners in the past 12 months ($P < 0.001$). Of men who were tested for an STI in the past 12 months, STIs were more prevalent among those who reported sexual concurrency (20% vs. 13%, $P = 0.04$). In all, concurrent sexual partnerships appear to be common among 18–39 year old gay men in Australia. Discussion will focus on ways in which these data provide information for understanding and controlling STI epidemics in populations of gay men and other men who have sex with men.

P4.030 FACTORS INFLUENCING CONDOM NON-USE IN TURKS & CAICOS ISLANDS

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Background The Turks and Caicos Islands (TCI) is a UK overseas territory in the Caribbean, with an estimated population of 35,000. In 2003/2004, the National AIDS Programme became fully operational, offering voluntary counselling and treatment, in addition to other efforts to prevent the spread of HIV/AIDS. In 2010, the European Union commissioned this study to assess current knowledge, attitudes and risk practises for HIV in the Turks and Caicos Islands, after the Programme's decade of operation.

Methods A KABP questionnaire was administered to a random sample of 837 persons representative of the territory's 15–49 year old population and the data generated was manipulated and analysed using SPSS.

Results 92.1% of respondents were sexually active and overwhelmingly heterosexual (97.7%). Of these, more than half (54.1%) did not use condoms, with percentage non-use increasing with age. Factors significantly associated with condom non-use were number of partners, living arrangements, age and sex while under the influence of alcohol or drugs.

62.8% of those not using condoms, gave "trust my partner" as their reason, yet 65% of trusting partners tested within the past year. Further, 58% of all respondents were unsure of their partner's reaction to using a condom, feared that their partner would be upset and/or were embarrassed at the use of a condom.

Conclusion These data speak to a dire need for condom negotiating skills among older persons, reputedly in committed relationships, especially given that one in nine had multiple partners. The challenge is to employ a strategy that is appropriate to and acceptable by such a population. One possibility is to promote condom use as a sign of respect and care for one's partner.