

P4.062 GROUP SEX, DRUGS, AND INTERNET USE AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN BANGKOK, THAILAND

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W Thienkruea, ^{2,1,3}C S Todd, ¹A Varangrat, ¹T Chemnasiri, ¹J Tongtoyai, ¹P Luechai, ¹K Pancharoen, ¹A Sriporn, ⁴A Chitwarakorn, ^{1,5}T H Holtz. ¹Thailand Ministry of Public Health - U.S. Centers for Disease Control and Prevention Collaboration, Nonthaburi, Thailand, ²FHI360, Bangkok, Thailand, ³AVRAM Corporation, Miami, FL, United States, ⁴Thailand Ministry of Public Health, Nonthaburi, Thailand, ⁵Centers for Disease Control and Prevention, Atlanta, GA, United States

Background In several urban areas globally, reports describe increasing sexually transmitted infection (STI) prevalence attributed to group sex characterised by Internet-based networks and drug use among men who have sex with men (MSM). In Thailand, “high parties” (HPs) (group sex with concomitant drug use) have emerged as possible drivers of STI epidemics among MSM; this analysis aims to describe associated factors.

Methods In the ongoing Bangkok MSM Cohort Study, participants are Thai MSM aged > 18 years followed every 4 months for 60 months for HIV testing and behavioural questionnaire completion. Questions regarding HPs were introduced in April 2010, with analysis limited to men contributing HP data through January 2013. We assessed HP descriptors among attendees using proportions and factors associated with HP attendance using generalised estimating equations.

Results Of 1340 men, prior HP attendance was reported by 207 (15.4%), of whom 161 joined in the previous 4 months. Of recent attendees, 60.3% reported consistent condom use, while 11.7% reported never using condoms at HPs. In a multivariable model, HP attendance in the previous 4 months was independently associated with sex while intoxicated (Adjusted Odds Ratio (AOR) 7.60, 95% CI: 4.43–13.0), methamphetamine (AOR 7.10, 95% CI: 4.15–12.1), gamma hydroxybutyrate (AOR 3.08, 95% CI: 1.15–8.20) and Viagra (AOR 2.35, 95% CI: 1.60–3.43) use, finding partners in Internet chat rooms (AOR 1.56, 95% CI: 1.12–2.27), and sex with casual partners at school/work (AOR 2.61, 95% CI: 1.05–6.53), in a partner's home (AOR 1.66, 95% CI: 1.20–2.29), or in a hotel (AOR 1.56, 95% CI: 1.12–2.17) in the previous four months.

Conclusions HP attendance is strongly associated with multi-drug use and sex while intoxicated, increasing STI transmission risk. Internet-based education regarding drug use and condoms and non-coitally dependent prevention technologies are urgently needed among MSM in Bangkok.

P4.063 CORRELATES OF VOLUNTARY HIV TESTING AND COLLECTING TEST RESULTS AMONG MEN WHO HAVE SEX WITH MEN IN INDIA

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K Nagarajan, ²S Ramanathan, ¹M K Mainkar, ²L Ramakrishnan, ¹R S Paranjape. ¹National AIDS Research Institute, Pune, India; ²FHI 360, New Delhi, India

Background As HIV prevention programmes in India prioritise voluntary HIV counselling and testing, among high-risk groups, hidden populations like Men Who Have Sex with Men (MSM) face barriers in accessing these services. Previous studies among MSM have focused on testing behaviours and rarely considered if test results were obtained. To inform prevention interventions we examined factors facilitating both voluntary HIV testing and collecting test results (VT&CTR) in two high HIV prevalent states in India.

Methods Data for the current analysis were drawn from a large scale bio-behavioural surveys conducted among MSM between 2009–2010 in Tamil Nadu (TN) (n=1757) and Maharashtra (MH) (n=692), India. A composite variable for VT& CTR was created and chi-square test, multiple logistic regression analysis adjusted for

socio-demographic and contextual factors were used to assess the correlates of VT& CTR.

Results Of the total, nearly half have undertaken VT&CTR in MH (48.3%) and TN (57.8%). Bivariate analysis in MH indicates, “early sexual debut” distinguished MSM who opted for (37.6%) VT&CTR from MSM who did not(23%). In the multivariate analysis, factors associated with increased odds for VT& CTR were: having received HIV/STI information from peers in MH (AOR=4.3 CI=1.7–10.5) & TN (AOR 5 CI 3.5 1.0–6.5) and knowing AIDS can lead to death in TN (AOR 2.5 CI=2.3–10.8) and MH (AOR=1.5 CI=1 –2.3). Knowledge on HIV transmission (TN: AOR 1.5, CI=1.0–2.3), HIV risk perception (MH: AOR 2.8, CI=1.2–6.3) consistent condom use with regular male/hijra partners (TN:AOR 2.2, CI=1.5–3.3) and female partners (MH: AOR 4.4 CI 1.1–16) were additional factors associated with VT&CTR. However, sexual-identity, collective membership and past STI symptom were not associated with VT&CTR.

Conclusion Findings indicate that HIV prevention efforts can be successful in increasing voluntary testing behaviours among MSM. Strengthening the existing behavioural interventions and providing tailored strategies can increase voluntary testing beyond the current levels.

P4.064 STATUS OF STIS AMONG MSMS AND TRANSGENDERS IN THE EASTERN REGION OF NEPAL

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N Lamichhane. Koshi Health and Science Campus, Biratnagar, Nepal

Background Sexually transmitted infections are the major problems among most high risk population of HIV and AIDS in Nepal. Studies were showed Men having sex with men and transgender has higher risk of HIV and STI in the eastern of Nepal.

Methods The cross-sectional descriptive studies conducted among 156 MSM and transgender in the eastern region of Nepal. The clinical examination and syndromic informations were taken through checklist and questionnaire was asked to assess the risk behaviour. The verbal consent was taken from the respondents.

Results Fifty six percent of respondents didn't use condom and lubricants during their sexual intercourses. One quarter of respondents didn't hear about lubricants. Fifteen percent of them did sexual contact after taking alcohol and most of them didn't care about their correct process of condom application. Twenty percent of respondents have more than two sexual partners which they had to involve in sexual intercourse at least two times in the months. The use and non use of condom is associated with the STI incidence ($P = 0.001$, $\alpha = 5$). Among the total respondents forty percent had at least one symptoms of STI such as urethral and anal discharge, genital wart, itching and ulceration. Most of the respondents feared to go to the doctors because of social stigma.

Conclusion STI among MSM and Transgender was higher. The social acceptance was low. The MSM and Transgenders should encourage attending STI clinics for their sexual problems remedies.

P4.065 HIGH RATES OF NON-CONSENSUAL SEX AND ASSOCIATION WITH SEXUAL HEALTH AMONG A LARGE NATIONAL SAMPLE OF YOUNG PEOPLE IN THE NETHERLANDS

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C Somers, ^{1,2}N H T M Dukers-Muijers, ³H de Graaf, ⁴S Meijer, ^{1,2}A Niekamp, ^{1,2}C J P A Hoebe. ¹Department of Sexual Health, Infectious Diseases and Environmental Health, South Limburg Public Health Service, Geleen, The Netherlands; ²Department of Medical Microbiology, School of Public Health and Primary Care (CAPHRI), Maastricht University Medical Centre (MUMC+), Maastricht, The Netherlands; ³Research Department, Rutgers WPF, Utrecht, The Netherlands; ⁴Youth Department, STI AIDS The Netherlands, Amsterdam, The Netherlands

Background Non-consensual sexual activity between young people continues to be a major public health problem with long-term negative health outcomes. To our knowledge no study has yet evaluated violation and rape separately in girls, boys and boys who have sex with men (MSM).

Methods Data were obtained from 'sex under the age of 25', a large national study on sexual behaviour and sexual health of 10,404 young people (12–25 years), Netherlands. Current analyses were restricted to sexually experienced young people ($n = 6,200$). Multinomial regression was used to examine associations for ever experienced (1) violation (unwanted kissing and touching) or (2) rape (vaginal or anal penetration by finger, penis or mouth) compared to consensual sex. Evaluated determinants included sexual behaviour, drug use, social network and attitude. Analyses were stratified for girls ($n = 3,779$), boys ($n = 2,209$) and MSM ($n = 212$) and controlled for age, educational level and ethnicity.

Results Violation was reported by 29.6% of sexually experienced girls, 20.6% of boys, and 22.6% of MSM. Rape was reported by 24.2%, 4.4% and 14.2% in the three groups, respectively. Rape was significantly associated with a negative attitude to porn (in girls, boys, MSM), receiving non-monetary goods in exchange for sex (girls, boys), use of alcohol and drugs (girls), sex on the internet (girls, boys), talking to friends about sex (MSM), sexual problems (girls, boys), negative self image (girls), multiple sex partners (girls, boys, MSM), early sexual debut (girls) and low self efficacy (girls). All these factors except porn were also associated with violation, although associations were sometimes observed in different groups than for rape.

Conclusion The prevalence of non-consensual sex is alarmingly high in young people who have experience with sex. Girls and young MSM boys appear to be especially vulnerable. Healthcare providers and educators should continue to address these issues in care and education.

P4.066 SEXUAL HEALTH OF OLDER MEN ATTENDING A GENITO-URINARY MEDICINE CLINIC

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E C Wainwright, J Sherrard. *Genito-urinary Medicine Department, Oxford University Hospitals NHS Trust, Oxford, UK*

Many healthcare professionals, particularly non-specialists, do not consider older men to be at risk of sexually transmitted infections (STIs). Recent Health Protection Agency data show that the percentage of STIs in older age groups in the UK is increasing and are considerably higher for men than women. Men who have sex with men (MSMs) remain at high risk of STIs throughout the age groups.

There is a scarcity of published data on older men attending genito-urinary medicine (GUM) clinics. This project aimed to review men aged 50 and over presenting to a GUM outpatient clinic in the first 3 months of 2012.

4056 men attended during the 3 months, of whom 105 (3%) were 50 years and older. Records were available for 102 men. The age range was 50 to 90 years (mean 58; SD 7.2) and 31 (30%) were MSMs.

12/31 (39%) MSMs and 35/71 (49%) heterosexuals reported that they never use condoms. 7/31 (23%) MSMs and 7/71 (10%) heterosexuals were married to women. A significantly higher proportion of MSM-episodes (17/31; 55%) reported > 1 partner in the preceding 3 months compared to heterosexual-episodes (17/72; 24%; P value 0.004). An STI was diagnosed in 6/31 (19%) MSM and 23/72 (32%) heterosexuals: including non-specific urethritis, proctitis, epididymo-orchitis, warts, gonorrhoea, chlamydia, herpes, syphilis, scabies, pubic lice, HIV and hepatitis B.

This case note review found significant numbers of older men presenting to the GUM clinic. There was a high prevalence of STIs.

A surprisingly high proportion of MSMs were married, which suggests that, if they were to attend a non-specialist setting, it is unlikely they would be identified as being at risk of STIs.

Many people remain sexually active into their 80s and beyond. These data support the need to challenge preconceptions regarding sexual health and STI risk in older men.

P4.067 PHOTOVOICE

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S Lex. *Aids Hilfe Wien, Vienna, Austria*

Background In Austria, Sub-Saharan African migrants are disproportionately affected by HIV. Since HIV is also a social issue and its transmission is often conditioned by vulnerability, we wanted to look on the following questions from a broader point of view:

- Which factors support my integration in Austria?
- Which factors hinder my integration in Austria?

These questions seemed relevant in order to get to know a target group's life situation and to be able to adapt preventive measures to it.

Method The method used to answer these questions was Photovoice - a participatory visual method for a critical questioning of social structures. It evolved from participatory research and should enhance communities to share their experiences and to work collaboratively on change. It also gives insights into how they conceptualise their circumstances and their hopes for the future. Photovoice also wants to bring about positive change into communities through providing them with photographic training.

Implementation Six people from sub-Saharan African countries were invited to five workshops, led by a professional photographer and the project leader. During the workshops, basic techniques of photography were taught and participants were asked to take pictures according to the research questions. Together with the group the taken pictures were discussed together, narratives to go with their photos were developed, and conducting outreach or other action was reviewed.

Outcome The product of the project is a booklet telling the storeys of the participants together with their taken pictures. The booklet will be shared with various organisations and politicians. The gotten information will be integrated in existing prevention projects among the sub-Saharan African communities in Vienna.

P4.068 HAZARDOUS ALCOHOL CONSUMPTION AND SEXUAL PARTNER CONCURRENCY AMONG ADULTS IN RURAL SOUTH AFRICA

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¹K Lancaster, **²S Lippman**, **¹S Maman**, **³K Kahn**, **⁴C MacPhail**, **¹A Pettifor**. *¹University of North Carolina, Chapel Hill, Chapel Hill, NC, United States; ²Center for AIDS Prevention Studies (CAPS), UCSF, San Francisco, CA, United States; ³Wits University Rural Public Health and Health Transitions Research Unit, Agincourt, South Africa; ⁴Wits Reproductive Health and HIV Institute (WRHI), Johannesburg, South Africa*

Objectives Sexual partner concurrency and hazardous alcohol consumption patterns both lead to accelerated transmission of HIV/STIs. While there has been considerable research undertaken documenting the correlation of alcohol and HIV risk behaviours, there is less research examining the association of hazardous and harmful drinking patterns and concurrent sexual relationships.

Methods A 2012 cross section of 483 (49%) males and 501 (51%) females, aged 18–35 years, in rural Bushbuckridge, South Africa, were surveyed. Hazardous and harmful patterns of alcohol consumption were identified using Alcohol Use Disorders Identification Test (AUDIT) score ≥ 8 . Having concurrent sexual partners was determined as more than one ongoing, sexual partnership reported on the day of the interview. Prevalence ratios were estimated using