

Background Casual sex among travellers is common. It is unknown whether travellers use condoms differently with local versus western casual partners when visiting HIV endemic areas. We determined the number of casual sexual partners and consistency of condom use among Dutch long-term, non-expatriate travellers to (sub)tropical regions according to the ethnicity of their casual sexual partners, and estimated the incidence of HIV and syphilis on their return.

Methods A prospective mono-centre study of Dutch long-term travellers ≥ 18 years, attending the Public Health Service travel clinic in Amsterdam (2008–2011) and travelling to any (sub)tropical country for ≥ 12 and ≤ 52 weeks, was conducted. Travelers reported their travel purpose, duration, destinations(s), number and nature of sexual contacts while travelling: ethnicity, gender, partner type (steady/casual) and consistency of condom use with each partner. Analyses were conducted using Poisson regression (generalised estimating equations to account for multiple partnerships). Blood samples, taken before and after travel, were tested for HIV and *Treponema pallidum* antibodies.

Results There were 552 respondents and 11671 person-weeks of follow up (median age:25 years, 36% male, median travel time:20 weeks, 45% for work/study). Post travel, 34%(n = 190/552) reported ≥ 1 casual sexual partner, men a median of 3 (range:1–8) and women 2 (range:1–7) partners. Of 462 casual sexual partnerships, 42%(n = 192) were with local partners at travel destination. Equally, 39% of partnerships with western and local partners were unprotected. Single travellers (IRR_{steady partner(ref)}: 2.2.95% CI: 1.2–4.0) and those on holiday (IRR_{work/study (ref)}: 1.9.95% CI: 1.2–3.0) had more unprotected casual sex. Partner's ethnicity was not significant in predicting condom use. No HIV or syphilis seroconversions were recorded.

Conclusion Unprotected casual sex was common among Dutch long-term travellers, occasionally with multiple local partners in HIV-endemic regions. Single travellers and those travelling for holiday purposes were most at risk. These groups should be advised on the need for safe sex while abroad.

P4.089 REDUCE THE RISK AND VULNERABILITY TO HIV

doi:10.1136/sestrans-2013-051184.0987

P Nyany. University of Ghana, Accra, Ghana

Background Before the people can reduce the risk and vulnerability to HIV, individuals and communities must understand the urgency to the epidemic. They must be given basic facts about HIV/aids, taught set of protective skills and offered access to appropriate services and products.

Methods A cross sectional community based survey have been conducted between January 2011 to April 2011 by interview of 419 heads of the households regarding the knowledge of HIV transmission means in Accra, Ghana

Results Out of the interviewed 419 household heads,287(68.5%) were females.36%,28% and34.3% were in the age group of 40+,31–40 and15–30 respectively. The findings revealed that only21(5%)of study participants mentioned four ways of HIV transmission(unprotected sex, mother to child, sharp materials and blood transfusion).On the other hand,63(15%) mentioned any three of the above route of transmission, whereas the majority, 209(50%) and 86(20.5%) mentioned two and one means of HIV respectively. On contrary about 40(10%) of interviewed heads of house hold mentioned hardly any of the transmission means. Males were about 2.4 times more likely to mention unprotected sex as one means of transmission than females

Conclusion In general, knowledge of residents of Medina in the capital town of Ghana about HIV transmission and prevention means was low. Appropriate HIV/Aids education means ought to be tailored to residents

P4.090 REMINDERS REMAIN THE BEST CLIENT DRIVEN ADHERENCE COPING STRATEGY FOR THOSE TAKING LIFELONG ON ANTI RETRO VIRAL THERAPY (ART)-THE AIDS SUPPORT ORGANIZATION (TASO) OPERATIONAL RESEARCH FINDINGS

doi:10.1136/sestrans-2013-051184.0988

A Kawuba, M Denis, K Nathan, N Faridah, M Shafik. The AIDS Support Organization, Kampala, Uganda

Background For one to register ART success, good adherence is of utmost importance. With Art paradigm shift clients face a number of challenges in the long term that requires long term strategies for success.

A study to assess the major ART adherence coping strategies among clients enrolled on treatment with a four years and above experience was conducted.

Method This was a cross sectional study by design using semi structured questionnaires. Data was analysed using logistic regression model. Convenient sampling targeting a total of 400 TASO clients aged 18 years and above, with over four years experience on ART first line Regimen.

Results A total of 400 clients were interviewed and 43% coped by using reminders, 0.3% by their times of brushing their teeth, 7.5% by before and after morning and evening prayers, 1% by counsellors support, 9.5% by their medicine companions and 38.8% had this as a habit.

Conclusion Majority of the clients use reminders for good adherence in the long term. Baseline adherence preparation is very important since it directly leads to development of positive adherence habits.

P4.091 SEXUAL ATTITUDE, CONDOM USE AND ACCESS AMONG YOUNG REFUGEES IN ORU REFUGEE CAMP NIGERIA

doi:10.1136/sestrans-2013-051184.0989

F O Agbaje, O A Folayan, N I Ifionu. OROL Youth Empowerment Initiative, Lagos, Nigeria

Background Act of violence committed against young girls in refugee camps may increase susceptibility to HIV and this is due sexual gender- based violence such as psychological abuse and discriminatory practises. The girls are forced to have sex with boys without condoms because of lack of household and decision making power. This Study explored the perception, knowledge, access and consistent use of condoms among young refugees and we hypothesised that there exit a significant relationship between them.

Methods Adolescent refugees (n = 187.13–19 years of age)from simple and stratified sample in Oru Refugee camp completed a self-administered questionnaire and focus group discussion was conducted differently for boys and girls between October and December 2008. We performed the analysis using SPSS and frequency distribution was also used.

Results The study shows that 52.4% of the respondents are female and 47.6% of them are Male. 56.7% of the refugees know of a place where one can get condom still about half of the girls did not use condom at their last sex because their partner will not allow and also because of discrimination. Chi-square test was used to compare their access to condom and use of condom which shows a significant relationship between them (Chi value = 39.724, DF = 1, P value = 0.000 < 0.05).

Conclusions The result shows that the young refugees are at risk of getting infected with HIV especially the female ones. The focus group shows that half of the female refugees reported that their partner will not allow them to use condom. The young girls need to be empowered on how to negotiate condom use with their partners. It is also necessary to achieve behavioural change communication

programmes among these vulnerable people so that they can embrace safe and healthy behaviour, such as consistent use of condoms anytime they want to have sex

P4.092 BARRIERS TO ANTIRETROVIRAL TREATMENT FOR HIV PREVENTION AMONG HIV+ MEN WHO HAVE SEX WITH MEN IN THE UK: A QUALITATIVE STUDY

doi:10.1136/sextrans-2013-051184.0990

¹S Wyal, ¹G Hart, ²S Edwards, ³J Cassell. ¹University College London, London, UK; ²NHS Camden Provider Services, London, UK; ³Brighton and Sussex Medical School, Falmer, UK

Background UK and USA guidelines recommend offering antiretroviral treatment (ART) for HIV prevention to patients at risk of sexually transmitting HIV irrespective of CD4 cell count. We explored the attitudes of HIV+ men who have sex with men (MSM) towards use of ART, and ART for HIV prevention.

Methods 24 men (16 on ART and 8 not on ART) attending an HIV clinic in central London, UK participated in semi-structured interviews (May 2010–February 2011). Thematic analysis was conducted.

Results Era of HIV diagnosis, and meanings ascribed to CD4 cell count and ART influenced men's attitudes towards starting ART. Men diagnosed with HIV before 2001 considered themselves to be fortunate to be on ART; while those diagnosed later were more likely to have fatalistic attitudes and perceived starting ART as resigning to "popping pills for life" and "getting closer to death". They also experienced resentment and lack of control over their health if they felt physically well but were told to start ART due to low CD4 cell count. Most men believed being on ART with undetectable viral load reduces but does not eliminate HIV infectivity, so engaging in unprotected anal intercourse with non-concordant partners (ncUAI) was considered as reckless. However, some men believed that ART reliably prevents HIV transmission and engaged in ncUAI. Men usually discussed their ART/viral load status with partners prior to engaging in ncUAI but some considered this unnecessary due to the reduced risk of HIV transmission. Engaging in UAI with HIV+ men with undetectable viral load was also perceived to reduce the risk of HIV super-infection.

Conclusions Health promotion among HIV+ MSM should address fatalistic attitudes towards ART, and negative effects of low CD4 cell count and delaying ART. The limited effectiveness of ART for HIV prevention also needs to be emphasised, along with STI risk.

P4.093 HIV/AIDS RISK REDUCTION AND PREVENTION AMONG DRUG USERS THROUGH BEHAVIOURAL INTERVENTIONS IN AN URBAN SETTING

doi:10.1136/sextrans-2013-051184.0991

K Galappaththi, M Nissanka, P Sumanasekara. Alcohol and Drug Information Centre (ADIC), Colombo 05, Sri Lanka

Drug use is a major risk factor in spreading HIV infection. Drug users (DUs) might trade sex for drugs or for money to buy drugs and/or vice versa. Drug use can reduce a person's commitment to use condoms and practise safer sex. Often, substance users have multiple sexual partners. This increases their risk of becoming infected with HIV or another STI. Therefore, changing drug-related behaviours contributes to eradication of transmission of HIV.

A behaviour change (BC) model, which directly address BCs than merely conducting awareness/training workshops was implemented in Negombo, a tourist destination located in west coast of Sri Lanka where dwellers are vulnerable for drug use and sex trade. BC intervention tools used included low-cost community camps, group, ex-user and one-to-one discussions, brainstorming sessions to demystify myths about drug use and HIV while strengthening target groups. Conducted a rapid situation and response analysis, prior to commencing interventions. Interventions concentrated

more on 10 specific spots in Negombo. 350 DUs, their families, peers, 170 regular sex partners (RSP) including commercial sex workers (CSW), and neighbours were targeted through interventions.

As a result, of BC model 80 quitted drug use, 59 reduced use, 29 changed their behaviours, 21 work as peer educators, 37 directed to STD clinics. 59 relapsed. The interventions with RSP resulted in following; 32 supported DUs to quit, 35 were educated on safer sex practises, 13 requested for condoms.

BC model resulted in BCs in DUs, RSP, families and in their localities going beyond awareness and education. DUs and RSPs reduced individual risk behaviours, promoted and practised safer sex practises (ex: condom use), motivated to get medical assistance for symptoms and suspected exposure to STDs and if engaged in risky behaviour, to be tested. Changing behaviours related to drug use itself results in HIV risk reduction and prevention.

P4.094 RELATIONSHIP BETWEEN SOCIAL COGNITIVE THEORY CONSTRUCTS AND SELF-REPORTED CONDOM USE: THE SAFE IN THE CITY TRIAL

doi:10.1136/sextrans-2013-051184.0992

M C Snead, A M O'Leary, M G Mandel, A P Kourtis, J Wiener, D J Jamieson, L Warner, SITC Team (Jeffrey Klausner, Kevin Malotte, Lydia O'Donnell, Kees Rietmeijer, Andrew Margolis). CDC, Atlanta, GA, United States

Background Previous studies have found Social Cognitive Theory (SCT)-framed interventions successful for improving condom use and reducing STIs. We conducted a secondary analysis of behavioural data from the *Safe in The City* trial to investigate the influence of social cognitive theory constructs on study participants' self-reported use of condoms at last intercourse.

Methods The main trial was conducted (2003–2005) at three public U.S. sexually-transmitted infection (STI) clinics. Patients (n = 38,635) were either shown a safer sex video in the waiting room, or received the standard waiting room experience, based on their visit date. A nested behavioural assessment was administered to a subsample following their index clinic visit (n = 1,609) and at three months follow-up (n = 1,392). We used multivariable modified Poisson models to examine social cognitive theory constructs (sexual self-efficacy, self-control self-efficacy, self-efficacy with most recent partner, hedonistic outcome expectancies, and partner expected outcomes) and individual characteristics with self-reported condom use at last sex act.

Results Of 1252 participants included in analysis, 39% reported using a condom. Male gender, homosexual orientation and single status were significant predictors of condom use. Both unadjusted and adjusted [for demographic variables and study intervention (RR: 95% CI)] models indicate that sexual self-efficacy (1.50: 1.23–1.84), self-control self-efficacy (1.67: 1.37–2.04), self-efficacy with most recent partner (2.56: 2.01–3.27), more favourable hedonistic outcome expectancies (1.83: 1.54–2.17), and more favourable partner expected outcomes (9.74: 3.21–29.57) were significantly (p ≤ 0.001) associated with condom use at last sex act.

Conclusions Social cognitive theory constructs were significantly associated with condom use at last sex act, independent of the video intervention. Social cognitive skills, such as self-efficacy and partner expected outcomes, are an important aspect of condom use behaviour.

P4.095 YOUNG PEOPLE'S KNOWLEDGE, ATTITUDE, AND BEHAVIOUR REGARDING REPRODUCTIVE HEALTH IN THE CONTEXT OF TIRANA, ALBANIA

doi:10.1136/sextrans-2013-051184.0993

A Subashi. Vitrina University, Tirane, Albania