

intervention was gradually implemented over time through increasing awareness and engagement with education and exposure to the project. Logistical issues, such as remembering to offer a test, were overcome with practical facilitators like computer alerts. However, integration was limited as not all GPs utilised the intervention components or other clinic staff to increase testing because of restrictions in clinic structure.

**Conclusion** GPs reported that the ACCEPt intervention and its implementation within the NPT framework have been effective at facilitating chlamydia testing in general practice.

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#### P04.17 INTRAVAGINAL PRACTICES AMONG RURAL MALAWIAN WOMEN

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**Introduction** Intravaginal practices (IVP) are highly prevalent and commonly performed in many countries for a variety of purposes related to genital health, personal hygiene, and sexual pleasure. However, IVP may also have harmful side effects. Previous research supports an association between IVP and bacterial vaginosis and HIV. Our objective is to understand the prevalence and motivations for IVP among rural Malawian women participating in a community survey on sexual and reproductive health.

**Methods** We used baseline survey data from a community-based cohort study conducted among 650 women in rural Lilongwe District, Malawi. Participants answered questions assessing frequency of use for different types of IVP and reasons for performing IVP.

**Results** Most women reported at least some experience with IVP in the past 30 days: 88% reported internal vaginal cleansing with water, 87% reported cleansing with soap and water, and 84% reported inserting cotton, cloth or tissue. Only 5% of women reported no IVP; most (60%) reported at least three practices. Approximately half of women reported very frequent engagement in at least one type of IVP: among those who inserted cotton, cloth or tissue, 43% did so more than once a day; among those who cleansed internally with soap and water, 51% did so more than once a day. Among IVP engagers, 57% reported sexual- and hygiene-related reasons, 36% only hygiene reasons, 4% neither, and 3% only sexually-related motivations. We found no significant association between motivations for IVP (for hygiene vs. sexual reasons) and frequency of IVP.

**Conclusion** Intravaginal practices are highly prevalent and frequently performed among these rural Malawian women. Women's motivations for IVP were not associated with IVP frequency, and therefore IVP cessation programs targeted to motivations may be unsuccessful in this population. The next phase of this research program will investigate the association between IVP and STI prevalence.

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#### P04.18 ARE INTRAVAGINAL PRACTICES ASSOCIATED WITH PRECANCEROUS LESIONS AND HPV INFECTION?

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**Introduction** Many women engage in intravaginal practices (IVP) to improve genital hygiene and sexual pleasure. However, IVP can disrupt the genital mucosa, possibly increasing acquisition risk of HIV and the reproductive tract infection bacterial vaginosis. Limited prior research also suggests an association between IVP and HPV. In this analysis, we examine associations between IVP, precancerous lesions and high risk HPV (hr-HPV).

**Methods** At a rural clinic in Lilongwe District, Malawi, we began enrolling women in a cross-sectional study in January 2015. As of end of March, 96 women have been enrolled and partial results are available. Enrollment is expected to conclude by May 2015; hr-HPV testing to be complete by June 2015. Eligible women are aged 18 and older and presenting at the clinic with genitourinary symptoms. All women undergo visual inspection of the cervix with acetic acid (VIA) and clinician-collected cervical sampling for hr-HPV testing. Women also answer a questionnaire capturing the type and frequency of IVP.

**Results** IVP were commonly reported among participants: 97% reported cleansing the vagina with cotton, cloth or tissue; 44% cleansed with soap and water; and 8% inserted alum or other powder, herbs, leaves, castor oil or traditional products. IVP was also very frequent, with 85% of women reporting at least one practice daily. Twelve women (15%) had abnormal lesions identified during VIA. We observed no significant association between frequency or type of IVP and the presence of abnormal lesions.

**Conclusion** Our data confirm that intravaginal practices are common in Malawi among care-seeking women. As our sample size increases, any associations will become more precise. If IVP is associated with abnormal cervical lesions or hr-HPV prevalence, these practices could represent a modifiable risk factor to target in future health interventions in this region.

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#### P04.19 ALCOHOL INVOLVEMENT IN SEXUAL BEHAVIOUR AND ADVERSE SEXUAL HEALTH OUTCOMES IN EARLY MIDDLE AGE

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**Introduction** Research on alcohol and sexual behaviour has focused on young adults or high-risk groups, showing alcohol use contributing to riskier sexual choices. Adults now in early midlife have been exposed to heavier drinking norms than previously, raising questions about effects on sexual well-being. We examined self-reported use and consequences of alcohol in sexual contexts, and its association with usual drinking pattern at age 38, and also associations of heavy drinking occasion (HDO) frequency with number of sexual partners, sexually transmitted infection (STI), and termination of pregnancy (TOP), from 26–32 and 32–38 years of age.

**Methods** Members of the Dunedin Study birth cohort answered computer-presented questions about sexual behaviour and

outcomes, and interviewer-administered alcohol consumption questions, at age 26, 32 and 38 years.

**Results** Response level was >90% at each assessment. At 38, drinking before or during sex in the previous year was common (8.2% of men; 14.6% of women reported “usually/always”), and unwanted consequences were reported by 13.5% of men and 11.9% of women, including regretted sex or failure to use contraception or condoms. Frequent heavy drinkers were more likely to “use alcohol to make it easier to have sex” and regret partner choice, particularly women. Heavy drinking frequency was strongly associated with partner numbers for men and women at 32, but only for women at 38. Significantly higher odds of STIs amongst the heaviest drinking men, and TOPs amongst the heaviest drinking women were seen at 32–38.

**Conclusion** Alcohol involvement in sex continues beyond young adulthood where it has been well documented, and is common at 38. Women appear to be more affected than men, and heavy drinking is associated with poorer outcomes for both. Improving sexual health and wellbeing throughout the life course needs to take account of the role of alcohol in sexual behaviour.

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#### P04.20 INCIDENT SEXUALLY TRANSMITTED INFECTION AND POST-INFECTION PARTNER CHANGE

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**Introduction** Sex partner change is necessary to maintain STI within a population. However, most people change partners relatively infrequently, and the timing of partner changes relative to incident STI is poorly understood.

**Methods** 272 participants without STI at enrollment (18–29 years of age; 126 (46%) men/146 (54%) women) from a high STI population completed a 12-week study of daily reports of partner-specific sexual behaviours. None reported commercial sex work. Weekly self-obtained vaginal or urine samples were tested (and treated, if positive) at the end of 12-weeks for *C trachomatis* (CT), *N gonorrhoeae* (GC), and *T vaginalis* (TV) using commercially available NAAT. Survival analysis techniques were used to describe time to first partner change following first NAAT+.

**Results** 15, 12, and 23 participants acquired an incident CT+, GC+, or TV+ NAAT. Partner change after the first NAAT+ test was seen for 7 (47%), 6 (50%), and 3 (13%) participants with CT+, GC+, or TV+ NAAT, respectively. Median time to partner change after first NAAT+ 7.6 and 4.6 weeks following CT+ or GC+, respectively. Among 231 participants with no incident NAAT+ during 12 weeks of followup, 89 (39%) changed partners.

**Conclusion** Persons with incident STI have higher rates of partner change than those without incident STI. Rapid partner change is common following a new CT or GC infection, but less common for TV. Interventions focused on short-term partner change could be especially effective approaches to CT and GC control efforts.

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#### P04.21 EVENT-LEVEL ANALYSIS OF CONDOM USE AND LOVE DURING TRANSACTIONAL VAGINAL INTERCOURSE AMONG WOMEN LIVING IN THE MIDWESTERN UNITED STATES

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**Introduction** Little research has explored how love affects condom use among women engaging in transactional sex. Most interventions for these women focus on non-romantic partners who may not confer the most sexual risk for HIV/STI.

**Methods** 26 women were enrolled into 4-week study during which event-level information about mood and sexual intercourse was collected twice daily via cell phone. We used descriptive statistics and binary logistic regression with generalised estimating equation correction to test associations between person and event-level factors and condom use during transactional sex events.

**Results** Participants reported 88 paid/traded vaginal intercourse events; 50.2% were condom protected. After controlling for partner type, feeling in love on a given day was significantly associated with higher odds of condom use, while time of day and day of were significantly associated with lower odds of condom use. There was a significant interaction between being in love and using condoms ( $p = 0.03$ ). When participants reported being in love, they used condoms during 57.1% of events with romantic partners and 61.1% of events with non-romantic partners. When women did not report being in love, they reported condom use in 64.3% of events with non-romantic partners and 54.0% of events with romantic partners.

**Conclusion** There was a strong association between being in love on a given day and condom use during transactional events. This association was moderated by partner type such that when women reported being in love they were more likely to use condoms with non-romantic partners and less likely to use condoms with romantic partners. Love may mark increased STI/HIV risk in romantic relationships, especially if condoms are seen as barriers to intimacy that distinguishes romantic from non-romantic partners. Unpacking women’s partner-specific perceptions of risk may be help women make the link between affective states and preventive behaviours.

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#### P04.22 SEX PARTNER MEETING PLACES OVER TIME AMONG NEWLY HIV DIAGNOSED MEN WHO HAVE SEX WITH MEN (MSM) IN BALTIMORE, MARYLAND

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