

P13.14 EDUCATING WOMEN ABOUT NORMAL FEMALE GENITAL APPEARANCE: THE EFFECTIVENESS OF TWO BRIEF INTERVENTIONS

G Sharp*, M Tiggemann. *School of Psychology, Flinders University*

10.1136/sextrans-2015-052270.512

Introduction There has been a rapid increase in the demand for labial reduction surgery or labiaplasty in recent years. Labiaplasty is commonly performed for aesthetic reasons, more specifically; patients desire a smooth vulvar surface with 'tucked in' labia minora. In general, women are not aware of the great diversity in normal female genital appearance and believe that the 'tucked in' look shown in the media is the norm. The current study aimed to educate women from the general Australian community about the large variation in normal female genital appearance in order to improve their knowledge and also their attitudes towards their own genital appearance.

Methods Two freely available online resources were employed as educational interventions. The first intervention involved viewing a photographic array of normal female genitals and the second consisted of a short video addressing the digital airbrushing of women's labia minora in media images. A sample of 136 women aged 18–49 years were randomly assigned to view the photographs, video, both the photographs and video, or neither.

Results It was found that the video intervention significantly increased women's perceptions of the diversity of female genital appearance, as well as their knowledge of the digital airbrushing of genital images. Although there was no effect of the interventions on women's attitudes towards their own genital appearance, women who viewed the video indicated they would assist other women with genital appearance concerns by educating them about the digital airbrushing of media images.

Conclusion The results suggest that health practitioners could potentially use this short video to educate women who are concerned about the normality of their genital appearance and are considering labiaplasty. Moreover, this video could be used in sexual education programs in schools with young girls to potentially prevent the development of genital appearance concerns as they mature.

Disclosure of interest statement Nothing to declare.

P14 - Social sciences, policy and programmes

P14.01 IS KNOWLEDGE POWER? ASSOCIATIONS BETWEEN CHLAMYDIA KNOWLEDGE AND SEXUAL PRACTICES IN YOUNG AUSTRALIAN ADULTS: FINDINGS FROM THE AUSTRALIAN CHLAMYDIA CONTROL EFFECTIVENESS PILOT (ACCEPt)

¹A Vaisey*, ¹JL Goller, ²A Yeung, ¹A Wood, ¹AL Bingham, ³RJ Guy, ⁴M Temple-Smith, ¹JS Hocking. ¹Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, University of Melbourne; ²School of Public Health and Community Medicine, University of New South Wales; ³The Kirby Institute, University of New South Wales; ⁴General Practice and Primary Health Care Academic Centre, University of Melbourne

10.1136/sextrans-2015-052270.513

Introduction Chlamydia knowledge and sexual practice data were collected from 16–29 year olds during the ACCEPt baseline chlamydia prevalence survey. We report patient chlamydia

knowledge and explore whether knowledge is associated with reported sexual practices.

Methods A consecutive sample of 16–29 year olds was recruited from participating general practice clinics. Participants were tested for chlamydia and completed a demographic, sexual practice and knowledge questionnaire. Chlamydia knowledge was assessed via nine true/false questions. Two markers of sexual risk were assessed: two or more partners in the last 12 months and any concurrent sexual partners in the last 12 months. Logistic regression was used to investigate associations between knowledge items and sexual risk. All analyses were adjusted for participant gender and age.

Results A total of 4261 patients (72% female) participated (response rate 70%). 35% reported two or more partners in the last 12 months and 15% reported concurrency. 49% answered seven or more questions correctly and 16% answered four or fewer questions correctly. Participants were less likely to report concurrent sexual partners if they correctly answered questions about the fact that chlamydia is often asymptomatic (OR = 0.84; 95% CI: 0.73–0.96; $p < 0.01$), that chlamydia is transmissible via oral sex (OR = 0.88; 95% CI: 0.81–0.95; $p < 0.01$) and that the Pap smear does not test for chlamydia (OR = 0.89; 95% CI: 0.82–0.97; $p < 0.01$). Participants were less likely to report two or more partners in the last 12 months if they correctly answered questions about how common chlamydia is (OR = 0.91; 95% CI: 0.84–0.98; $p < 0.01$), the fact that chlamydia is transmissible via oral sex (OR = 0.91; 95% CI: 0.85–0.96; $p < 0.01$) and that the Pap smear does not test for chlamydia (OR = 0.93; 95% CI: 0.87–0.98; $p < 0.01$).

Conclusion Chlamydia knowledge appears to be associated with some reported sexual risk practices. Findings can feed into education and behaviour change strategies aimed to control chlamydia.

Disclosure of interest statement ACCEPt was commissioned and funded by the Australian Government Department of Health and Ageing. Additional funding has been received from the National Health and Medical Research Council, the Victorian Department of Health and NSW Health.

P14.02 SYSTEMATIC REVIEW: DOES A POSITIVE HUMAN PAPILLOMAVIRUS VACCINATION STATUS INCREASE THE RISK OF UNSAFE SEXUAL HEALTH PRACTICE IN AUSTRALIAN WOMEN?

^{1,2}N Kuk*, ^{1,2}J To, ^{1,3}C McBride, ^{1,2}A Hong, ^{1,2}E Ng, ^{1,3}N Li, ^{1,2}M Teo, ^{1,2}V Zhang, ^{1,4}D Velasco, ^{1,2}L Ling, ^{1,2}Y Sun, ^{1,3}M Keem. ¹Asian Medical Students Association (Australian Chapter); ²Monash University, VIC, Australia; ³The University of Melbourne, VIC, Australia; ⁴Deakin University, VIC, Australia

10.1136/sextrans-2015-052270.514

Background The human papillomavirus (HPV) is a sexually transmitted infection responsible for the majority of cervical and anogenital cancers. HPV vaccination aims to reduce this risk especially against the four most influential strains, HPV genotype 6, 11, 16 and 18. However, it is not known if HPV vaccination also exerts an influence over sexual behaviour. The objective of this study is to investigate whether a positive HPV vaccination increases the risk of engaging in unsafe sexual health practice.

Methods A systematic literature search was conducted in MEDLINE, Scopus, Embase, Discovery and Google Scholar, from the 1st of January 2007 to the 1st of March 2015. Titles, abstracts and in case of relevance, full-texts, were screened according to predefined inclusion and exclusion criteria. Relevant study

characteristics and results were transcribed and narratively synthesised into a pre-specified form. Each study was critically appraised by three researchers in accordance with internationally accepted criteria (STROBE, CONSORT, PRISMA).

Results Four relevant studies were identified and each assessed differing aspects of HPV vaccination and its association with sexual health. Vaccination was not a significant predictor of perceived vulnerability to cervical cancer ($p = 0.601$), intention to participate in HPV screening ($p = 0.521$) or uptake of cervical screening ($p = 0.181$). HPV vaccination was not a significant predictor of safer sexual behaviour ($p = 0.515$) or consistent condom use ($p = 0.876$).

Conclusion The results have proven inconclusive, as there is insufficient evidence to support or refute that HPV vaccination increases the risk of unsafe sexual behaviours. Notwithstanding, we observed a number of misconceptions regarding HPV, vaccination programs and cervical cancer screening. A positive HPV vaccination status contributed to a sense of complacency regarding the need for regular cervical cancer screening. Moreover, unvaccinated women were more likely to believe that HPV vaccine could be used as treatment for cervical cancer. As such these issues must be addressed in future research.

Disclosure of interest statement Nothing to declare

P14.03 CHRONIC VULVAL PAIN/VULVODYNIA? PSYCHOSEXUAL ISSUES? TAKING A DIFFERENT APPROACH

RA Hamilton*. *University Hospital Barwon Health Geelong*

10.1136/sextrans-2015-052270.515

Vulvodynia was defined by the International Society for the Study of Vulvovaginal Disease (ISSVD) in 2003 as vulval discomfort, described as burning, stinging or irritation within the vulvovaginal region. This definition was to be in the absence of visible findings or identified clinical signs of neurological conditions. The condition can either be localised or general, with the discomfort experienced, being spontaneous or provoked by physical contact.

Other causative potential diagnosis include infections and dermatological issues. Importantly psychosexual concerns are to be ruled out as a causative nature. More often than not, the woman ends up on a long and arduous journey from General Practitioner, to Gynaecologist, onto a Physiotherapist and to a Psychologist. Too infrequently, she may be referred to a Sexologist.

Although a multidisciplinary approach is ideal to address the various often layered problems that gives rise to such a diagnosis of vulvodynia, from a retrospective clinical observation, it would be more beneficial to introduce the concept of a sexologist directly. Moreover, many women appear to be labelled with this diagnosis when in fact, it is often a complex psychosexual issue peppered with relationship difficulties.

The label of vulvodynia has the negative ability to cause increased emotional trauma, fear, anxiety and guilt. Subsequently, causing sexual problems rather than answers.

So who begins this discussion with the woman? Who opens the line of communication up to explore the layers? More importantly, why should we?

Disclosure of interest statement Nothing to Declare.

P14.04 WHICH PSYCHOSOCIAL FACTORS ARE ASSOCIATED WITH POOR SEXUAL HEALTH OUTCOMES IN WOMEN OF REPRODUCTIVE AGE? A SYSTEMATIC REVIEW OF PROBABILITY SURVEYS

^{1,2}N Edelman, ³R de Visser, ⁴C Mercer, ⁵L McCabe, ^{1,4}J Cassell*. ¹Brighton & Sussex Medical School; ²University of Brighton; ³University of Sussex; ⁴University College London; ⁵Leeds Teaching Hospital NHS Trust

10.1136/sextrans-2015-052270.516

Introduction Interventions such as screening for sexually transmitted infections (STIs) and Contraceptive Advice and Supply (CAS) are increasingly provided in community settings, where populations are heterogeneous in risk. Identification of psychosocial determinants of poor sexual health may inform targeting strategies. We undertook a systematic review to identify psychosocial correlates of STI risk, risky sexual behaviours, unplanned pregnancy and abortion among women in the general population.

Methods We searched 7 databases (PsycInfo, Medline, ASSIA, Cochrane, CINAHL, Web of Science, Embase) to identify probability surveys and baseline longitudinal studies of women aged 16–44 reporting on associations between psychosocial factors and unplanned pregnancy, STI acquisition and sexual risk behaviours. We included studies from the European Union, USA, Canada, Australia, UK or New Zealand between 1/1994–1/2014.

Results Eleven papers were included. Unplanned pregnancy was associated with smoking, depression, relationship status and sexual debut <16 years. Abortion was associated with lack of parental closeness, leaving home at an early age, and abusive experiences. Non-use of contraception was associated with smoking, obesity, relationship status, sedentary lifestyles, and fatalistic attitudes to pregnancy. Condom non-use at first sex was associated with a partner 5+ years older and with less stable partnerships. Multiple partnerships were associated with smoking, drug and alcohol use. STI diagnosis was associated with relationship break-up and young male partners.

Conclusion Relationship status and smoking were the factors most commonly reported to be associated with the adverse sexual health outcomes considered. Psychosocial variables may have utility in identifying women experiencing sexual risk behaviours in community settings, but STIs are too rare in the general population to be identified in this way. We plan to investigate the acceptability of psychosocial questions in targeting, and to explore whether unplanned pregnancy and STI acquisition are associated with different psychosocial factors.

Disclosure of interest statement This work is funded by England's National Institute for Health Research. No pharmaceutical grants or other funds were received in the development of this study.

P14.05 SEXUAL CONTACT IS THE TRIGGER! WOMEN'S VIEWS AND EXPERIENCE OF THE CAUSES AND TRIGGERS OF BACTERIAL VAGINOSIS

¹J Bilardi*, ²S Walker*, ²M Temple-Smith, ²R McNair, ³J Mooney-Somers, ^{1,4}C Bellhouse, ⁵C Fairley, ⁵M Chen, ⁵C Bradshaw. ¹Monash University, Melbourne, Australia; ²The University of Melbourne, Melbourne, Australia; ³The University of Sydney, Sydney, Australia; ⁴Melbourne Sexual Health Centre, Melbourne, Australia; ⁵The University of Melbourne & Melbourne Sexual Health Centre, Melbourne, Australia

10.1136/sextrans-2015-052270.517