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

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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

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**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

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**Introduction** Bacterial vaginosis (BV) is a common vaginal infection, causing an abnormal vaginal discharge and/or odour in up to 50% of sufferers. Recurrence is common following recommended treatment. Increasing evidence suggests BV may be sexually transmitted, however causative agents for sexual transmission have not been verified. The aim of this study was to explore women's experiences of recurrent BV. This paper reports on findings relating to women's views and experiences around the causes and triggers of recurrent BV.
**Methods** Thirty five women were interviewed face-to-face or by phone about their experience of recurrent BV. Interviews took between 20–45 min. All interviews were digitally recorded, transcribed verbatim and imported into N-Vivo 9 for thematic analysis.
**Results** The majority of women attributed their BV episodes to some form of sexual contact or activity including unprotected sex, sex with casual partners, sex with an untreated female partner, oral sex or frequent sex. Some women reported a combination of sexual and lifestyle triggers however only a few women did not feel that some form of sexual contact had triggered their episodes of BV. While most women attributed their BV to some form of sexual contact they generally did not consider it an STI. Women used a range of self-help remedies in an attempt to treat BV symptoms and prevent further recurrences however most remedies were ineffective and at time exacerbated symptoms.
**Conclusion** Most women felt that their episodes of recurrent BV had been caused or triggered by some form of sexual contact. This study is one of the first studies to explore women's views and experiences around BV transmission. Further large scale studies are required to determine if women from diverse populations report similar experiences around BV transmission.
**Disclosure of interest statement** Dr. Jade Bilardi is in receipt of an NHMRC early career fellowship. There are no other competing interests.

## P14.06 A CHARACTERISATION OF CONCURRENT PARTNERSHIPS IN CAPE TOWN, SOUTH AFRICA

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**Background** Concurrent partnerships (CPs) are hypothesised to be a risk factor for transmitting HIV. Some have noted that their impact on the epidemic depends upon how common they are in populations, the average number of CPs an individual has, and the amount of time they overlap. However, estimates of prevalence of CPs in Southern Africa vary widely, and the length of overlap in these relationships is inadequately described.
**Methods** We conducted a sexual behaviour survey (n = 878) in Cape Town, South Africa, using Audio Computer-Assisted Self-Interviewing to collect sexual relationship histories on partners in the previous year. Using the beginning and end dates for the partnerships, we calculated the point prevalence, 1-year cumulative prevalence and degree distribution of CPs, as well as the duration of overlap for relationships begun in the previous year. Linear and binomial regression models were used to quantify race and gender differences in the duration of overlap and relative risk of having CPs in the past year.
**Results** The overall point prevalence of CPs 6 months before the survey was 8.4%: 13.4% for black men, 1.9% for coloured men, 7.8% black women, and 5.6% for coloured women. The 1-year cumulative prevalence for all sexually active participants was 25.4%. The median duration of overlap in CPs was 7.5 weeks. Women had less risk of CPs in the previous year than men (RR 0.43; 95% CI: 0.32–0.57) and black participants were more at risk than coloured participants (RR 1.86; 95% CI: 1.17–2.97). Overall, of those who had 2 or more relationships in the past year, 85.9% had concurrent as opposed to serially monogamous partnerships.
**Conclusions** Our results indicate that in this population the prevalence of CPs is relatively high and is characterised by overlaps of long duration, implying there may be opportunities for HIV to be transmitted to CPs.
**Disclosure of interest statement** We have no commercial contributions to disclose.

## P14.07 SEXUAL HEALTH PROMOTION AND STI PREVENTION ON THE MARGINS: KINK, BDSM, AND SEXUALLY ADVENTUROUS WOMEN

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**Introduction** Claude is a highly innovative sexual health promotion website and service for women who play with women, primarily within a kink or BDSM context. ACON has a long history of working with marginalised sexual communities and identified priority populations. Recent research has identified women connected with kink or BDSM scenes engage in sexual practices such as blood play (for example piercing and cutting), fisting, and sex with multiple partners, which have higher risks for both STIs and BBVs. The website iloveclaude.com provides targeted sexual health information, safety tips, free play packs (including safe sex resources, information, and materials), and a list of queer- and kink-friendly health services. Its innovation lies in its use of creative pursuits such as photography, writing, performance and video art, and the ways in which the strategies for health promotion focus on sexual practice rather than sexual identity.

This paper will discuss the initial qualitative research that led to the formation of Claude: Kath Albury's 2011 "Safer Sex Beliefs and Practices in Multi-Partner Heterosexuals". This research concluded that women within the swingers, kink, and BDSM scenes were at a higher risk of STI and BBV transmission. This paper will outline the barriers to safe sex practice identified by Albury's research, and explain how Claude and the website iloveclaude.com were formulated as a response to these issues. This paper will focus on two of the main barriers to safe practice: 1) Discrepancy between self-identification as heterosexual, and the actual nature of sexual practice; and 2) Lack of access to specific targeted sexual health resources. Outlining how the Claude project was formulated to implement recommendations from this research regarding STI education and prevention, this paper will discuss the challenges of sexual health promotion within a diverse and often marginalised community.

Claude is run by the ACON Lesbian and Same Sex Attracted Women's Sexual Health Project.