

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 iloveclaud.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 iloveclaud.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.