

resources in an online PN “toolkit” available to support people diagnosed with STI is ideal.

Disclosure of interest statement The authors have no conflicts of interest to disclose.

P02.05 SEXUAL HEALTH LITERACY – AN EMERGING FRAMEWORK FOR RESEARCH AND INTERVENTION TO IMPROVE SEXUAL HEALTH FOR GAY MEN

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10.1136/sextrans-2015-052270.226

Introduction Health literacy is an important determinant of health yet has not been formally applied to sexual health. An expert event brought 38 researchers, community members, and service providers together to explore gay men's sexual health literacy (SHL).

Methods Using a World Café method, three rounds of discussion posed questions about SHL in relation to gay men, providers, and underlying systems. Documented notes were analysed thematically through two rounds of group synthesis and a subsequent review by one investigator.

Results SHL was influenced by ways men access information, through peer networks, and coded communications with prospective partners. The Internet influences access to, delivery of and engagement with information, while new technologies and changing sexual norms complicate message consistency and risk assessment. Actionable risk assessment requires numeracy skills. Gay men were generally perceived to have high SHL with concern that SHL may be lower for some sub-populations (e.g., youth, immigrant men). Participants valued bottom-up/community-based over top-down/expert models of providing SHL. Health care provider attitudes, cultural competency, knowledge and communication skills were seen as key determinants of SHL and non-traditional health sectors also play key roles (e.g., education, pornography). Underlying determinants of SHL included stigma related to HIV or sexual orientation, access and organisation of health care services, systemic shifts to self-care models, political ideologies and funding. Syndemic, intersectional, and holistic health approaches to SHL were advocated. Participants recognised the strong history of activism and mobilisation within gay communities as integral to SHL.

Conclusion Critical health literacy has been a core component of the gay men's health movement to date. Innovations in biomedical technologies and access to online information are critically shaping experiences of SHL for gay men. The expanded theoretical framework emerging from these findings serves as a starting point to inform enhancing SHL and designing effective interventions.

Disclosure of interest statement The authors have no conflict of interest to disclose.

P02.06 IDENTITIES IN MOTION: CYBERSPACE AND MYANMAR MEN HAVING SEX WITH MEN

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10.1136/sextrans-2015-052270.227

The enquiry was financed by the World Society Foundations and the Thabyay Education Network.

This paper explores how Myanmar men-having-sex-with-men (MSM) create identity through lived and mediated realities, by using cyber social networks, 30 in-depth interviews were conducted through snowballing among MSM cyber social network members. Content analysis was guided by a social network analysis framework. Networking positively affected connectedness and social support however norms and values were challenged. Age, experience, sex-roles, and peer-relationships seem to influence self-efficacy. Interpersonal dynamics were driven by online-cruising, dating, cyber-sex and off-line encounters. In conclusion, access to social networking offers an outlet for socio-cultural and legal oppressed Myanmar MSM, however building life-skills among younger users' needs attention. Social networks could be appropriate channels for social and health programs targeting MSM.

P02.07 UTILISATION OF RISK SCORE TOOL OF INTERNET I WANT THE KIT (IWTK) HOME SELF-COLLECTION PROGRAM FOR SEXUALLY TRANSMITTED INFECTIONS (STIS) IN MALES

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10.1136/sextrans-2015-052270.228

Introduction In our previous pilot study on the internet I Want The Kit (IWTK) home self-collection program for sexually transmitted infections (STIs), a voluntary risk score tool predicted STIs well for the female volunteers but not for the males. We investigated the association of IWTK risk score and the presence of STIs in male users when the risk score quiz became mandatory for the program.

Methods A six-question quiz which includes demographic and sexual risk behaviour became a mandatory part of IWTK in August 2103. This analysis was restricted to male participants living in Maryland and Washington DC using IWTK August 2013–April 2015. Cochran-Armitage trend test was performed to determine if the prevalence of STIs (chlamydia, gonorrhoea, or trichomonas infection) increased with the higher score of risk score category.

Results Overall, 592 male participants submitted specimens for STI testing and completed risk score quizzes. The majority (57%) were < 30 years (mean: 30.1 ± 9.3 years); 42% white, 42% black, and 16% other races. 203 (34.3%) resided in zip codes of Baltimore City. The majority (53%) of the participants had risk score of 4–6, followed by scores of 0–3 (25%), and 7–10 (22%). The overall prevalence of STIs was 10.5% (62/592). The prevalence of STIs was 6.2% for users with risk score of 0–3, 10.9% for those with 4–6, and 14.3% for those with 7–10 (trend test: $p = 0.026$). 52% (13/25) of STI positive participants resided in three zip codes located in central and north-east Baltimore City and participants in these three zip codes had a marginally higher risk score than others ($p = 0.082$).

Conclusions After excluding potential selection bias, IWTK risk score tool predicted the presence of STIs for male users and could potentially be used for identifying hotspots for STI intervention.

Disclosure of interest statement The research group has received research funding from U54EB007958, NIBIB, NIH; AI068613–01, NIH, NIAID.

P03 - Adolescent sexual health

P03.01 AGE OF FRIENDS AND NORMS ABOUT SEXUAL BEHAVIOUR ARE ASSOCIATED WITH HIV AND HSV-2 STATUS AMONGST YOUNG SOUTH AFRICAN WOMEN IN THE HPTN 068 STUDY

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10.1136/sextrans-2015-052270.229

Introduction Friends can be an important influence on HIV and sexual health via connexions to sexual partners, influential sexual behaviour norms, or provision of social support. In this study from rural South Africa, we examined associations between the characteristics of young women's friendships and their risk of Herpes Simplex Virus Type 2 (HSV-2) and HIV infection.

Methods In 2011–2012, we tested 2325 13–20 year-old young women participating in the HPTN 068 study baseline for HIV and HSV-2 and we collected descriptions of 5 friendships. We used logistic regression to analyse associations between HIV and HSV-2 and generated friendship net summary measures of the 5 friends' socio-demographic characteristics and the number of friends perceived to have had sex. We excluded those HIV positive and reporting never having had sex from the HIV analyses, as likely perinatal infections (n = 37).

Results Adjusted for participant and friendship net socio-demographic characteristics, each additional friend at least one year older than the participant was associated with raised odds of HIV (adjusted Odds Ratio = 1.45, 95% Confidence Interval 1.09–1.93, p = 0.014) and HSV-2 (aOR = 1.45, 95% CI 1.22–1.73, p < 0.001). Each additional friend perceived to have ever had sex also raised the odds of HIV (aOR = 1.32, 95% CI 1.04–1.68, p = 0.020) and HSV-2 (aOR = 1.21, 95% CI 1.06–1.38, p = 0.005).

Conclusion We found evidence that the ages of young women's friends and her perceptions of their sexual behaviour increase her risk for HSV-2 and HIV infection. While further longitudinal research would assist in disentangling causal relationships, the extent to which policies or programmes influence age-mixing and young people's normative environments, for example in school classes and youth groups, should be examined.

Disclosure of interest statement E Fearon was supported by a Bloomsbury Colleges and London International Development Centre PhD Studentship. The HPTN 068 trial is part of the HIV Prevention Trials Network and funded by the National Institutes of Health, United States.

P03.02 STI AND HIV KNOWLEDGE, PREVALENCE AND RELATED BEHAVIOUR AMONG YOUNG FEMALE TRADERS IN AN URBAN SLUM IN LAGOS NIGERIA

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10.1136/sextrans-2015-052270.230

Background Globally, sexually transmitted infections are responsible for a high burden of morbidity and mortality and the complications of improperly managed infections are felt years after the event. It has also been linked to development of cancers. In sub-Saharan Africa, poverty, gender inequality and unemployment puts young females at risk. This study was carried out to assess STI and HIV knowledge, prevalence and related behaviour among young female traders in Mushin community Lagos, Nigeria

Methods A cross-sectional descriptive study was conducted using interviewer-administered questionnaires among female trader's 15–24 years of age who sell wares in garages in an urban slum. Sample size of 290 was calculated. Simple random sampling was used to select divisions of garages. Data was analysed using Epi info version7, association was established using chi square at p < 0.05.

Results The mean age for the females was 21 ± 2.39. Majority were single (63.8%), had at least a secondary school education (82.8%) and had heard of STIs. The main source of information was friends/family (41.9%) and media (41.2%). Approximately half of the respondents had good knowledge regarding transmission, prevention, symptoms and types of STI. 13.8% reported symptoms of STI in the six months preceding the study mainly itching, discharge and painful urination. Most practiced self-medication (85.0%) and did not use condoms while having symptoms (80.0%). Less than 40% had been tested for HIV, mainly to know their status. Among sexually active traders 32.4% tested with their main partner and 44.9% know the HIV status of their sexual partners. Married traders (p = 0.002), older females (0.009) and those with at least a secondary school education (p < 0.000) were more likely to have been tested for HIV.

Conclusion Young female traders in this study had poor knowledge, high prevalence of STI and engage in risky behaviour.

P03.03 SEROPREVALENCE OF *CHLAMYDIA TRACHOMATIS* (CT) IN AMERICAN CHILDREN AND ADOLESCENTS – IMPLICATIONS FOR VACCINE DEVELOPMENT

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10.1136/sextrans-2015-052270.231

Background CT remains the most prevalent sexually transmitted infection in developed and developing countries. Prevention of infection is an ideal application for a vaccine program. Similar to the HPV vaccine, the timing of immunisation for a future CT vaccine should optimally precede sexual debut. However, there are limited epidemiologic studies of CT infection in an unselected paediatric and adolescent population since universal screening and treatment of pregnant women was implemented in the US in 1993.