

**P03.06** **SEXUAL EXCHANGES AND COERCION AMONG UNDERGRADUATE STUDENTS IN NIGERIA: IMPLICATIONS FOR SEXUALLY TRANSMITTED INFECTIONS**

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**Background** Numerous studies have been documented in Nigeria to assess the magnitude of sexual coercion there is limited literature that linked sexual coercion with sexual exchanges, and vulnerability among students. This study therefore examines the relationship between sexual exchanges and coercion with its implication on Sexually Transmitted Infections (STI) among undergraduate students in the study area.

**Methods** A multi-stage random sampling procedure was employed in administration of 1458 questionnaires. Three levels of analysis were used for this study.

**Results** From the survey, half of the respondents had their first sexual experiences before age 16 years while 40% of the respondents had sexual intercourse with two or more partners in the last six months preceding the survey. Two-thirds of the respondents did not use condom in their last sexual intercourse. The study established a significant relationship between sexual coercion and ever had STIs, period of relationship, use of condom, having multiple partners and STI treatment behaviour. While the logistic regression shows that respondents aged 15–19 years are 2.568 times more likely to be coerced ( $P$  value  $X^2 = 0.00$  CI 1.717–3.839) when compared with the reference category aged 20–24 years. There is a positive relationship between sexual coercion and sexual gratification; those who received gifts (both materials and money) are 1.947 times more likely to experience sexual coercion when compared with those who receive nothing.

**Conclusion and recommendation** Violence limits women's ability to manage their reproductive health and exposes them to sexually transmitted diseases. There is need for holistic approach to the issue of sexual coercion especially among young females based on the health consequences and the psychological trauma for the experience they did not prepare for. There is need for policy action and health education against sexual coercion in the study area.

**P03.07** **MITIGATING THE IMPACT OF HIV/AIDS AMONG IN AND OUT OF SCHOOL YOUTH THROUGH PEER EDUCATION USING FAMILY LIFE HIV EDUCATION IN FEDERAL CAPITAL TERRITORY ABUJA NIGERIA**

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HIV AIDS has systematically permeated the entire Nigerian social fabric, affecting males and females in both urban and rural areas, as well as adolescent young people.

This paper presents findings from an evaluation of a HIV prevention program designed to determine the effects of HIV prevention intervention (HPI) on in school youths in AMAM Local Government Area Abuja Nigeria.

Data were collected from 75 trained peer educators from 3 Schools in AMAM Local Government Area FCT Abuja Nigeria and also 100 in school youths who were not trained. Data were also collected at the beginning and end of the intervention

among 950 in school youths that were reached with peer education in 3 Schools and also among other 1100 in school youths from 3 other schools that were not reached with the program using qualitative and quantitative research methods.

The findings revealed that the programme had several positive effects on the students such as increase in knowledge of HIV/AIDS, adoption of preventive behaviour and acquisition of life skills. The quantitative data shows the knowledge of the respondents have increased by 71% at the end of the intervention and the result also shows that the students trained as peer educators have higher knowledge of HIV prevention and life skills than those who were not trained.

The quantitative and qualitative data show that the project has produced several positive multiplier effects on the knowledge and behaviour of youths. The findings also show It is necessary to focus on young people because they are at the centre of the HIV/AIDS epidemic. The project shows that Peer education is one of the best approaches to providing comprehensive knowledge on HIV/AIDS/STIs and related issues, as it provide an excellent environment for effective peer-to-peer learning. There is therefore the need to sustain and even expand the program such that we can reach out to other youths in other areas of the city and even other states of the country.

**P03.08** **PREVAILING MYTHS AND MISCONCEPTIONS AND EFFECT OF INTERVENTION IN CHANGING THE ATTITUDE OF SECONDARY SCHOOL STUDENTS OF SOUTH DELHI REGARDING HIV/AIDS AND POSITIVE PERSONS**

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**Background** Despite detailed information available regarding HIV infection, a lot of misconceptions and the infection is still regarded as a taboo and the positive person is discriminated. Youth can play an important role in removing this taboo.

**Methods** The NGO is involved in giving life skills education to school children. This study part of the same involved students of class IX onwards selected from eight schools of South Delhi.

Students were administered anonymous semi structured pre tested pro forma seeking information regarding age, sex, various myths/misconceptions regarding HIV infection and their attitude towards HIV positive person. After a detailed brainstorming interactive session the students were given one hour break and they were asked to visit the hall where IEC material in the form of leaflets and charts was displayed. After the break same pro forma marked 'B' was given to be filled.

**Results** A total of 400 students were given the pro forma and there were 8 refusals, giving a response rate of 98%. Of these 192 males and 200 females responded. Myths/misconceptions regarding transmission were: through blood donation 154 (39.28%), swimming in common pool 225 (57.39%), playing together 278 (70.91%) and shaking hands 202 (51.53%) and after intervention came down respectively to 54 (13.77%), 98 (25.0%), 95 (24.23%) and 89 (22.70%).

Attitude towards a positive person was adjudged by asking fear of eating 276 (70.4%), having friendship 191 (48.7%), allowed to attend school 270 (68.9%) and by taking care 319 (81.4%), and the same changed respectively after intervention to: 116 (29.59%), 331 (84.43%), 352 (89.79%) and 376 (95.91%).

**Conclusion** Intervention helped to improve upon knowledge and change in attitude but one time intervention is not enough and sustained efforts are required to bring adequate and a positive change in the minds of youth to stop stigma and discrimination.  
**Conflict of interest** None.

**P03.09** IMPLEMENTING SEXUAL HEALTH 'SPACED EDUCATION' FOR UNDERGRADUATE MEDICAL STUDENTS IN NEW SOUTH WALES, AUSTRALIA

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**Introduction** Most STIs are managed in primary care settings in Australia, so the New South Wales (NSW) STI Programs Unit supports sexual health education of professionals in these settings. However each NSW undergraduate medical school curriculum is different and is inconsistently taught. To support some consistency in teaching, the Workforce Education Development Group (WEDG) University of Sydney (USyd) agreed to develop and implement a sexual health module for medical students using spaced education (Qstream). Spaced education has been shown to improve knowledge acquisition, increase long-term knowledge retention and change behaviour.

**Methods** The University of NSW and USyd Medical School Academic Departments of General Practice agreed to pilot the module during undergraduate primary care clinical attachments. Sixteen clinical scenarios with questions, model answers, references, and links to key resources were developed.

**Results** Forty two undergraduate medical students completed the pilot providing mostly positive feedback about the delivery method (interactive, daily reminders, retesting knowledge) and content (realistic clinical scenarios). The main criticism was the desire for more case studies to compliment or fill gaps in prior learning.

The sexual health module is now offered during 5<sup>th</sup> and 6<sup>th</sup> year Primary Care attachments at UNSW and is a required learning activity during 3<sup>rd</sup> year Community Health block at USyd.

From August 2014–March 2015, 88 students from UNSW have commenced the course with a 50% completion rate. From October – December 2014, all 61 medical students at USyd completed the course with 64% finding the course very helpful or helpful. Feedback since module implementation remains positive with mobile friendliness, reminders, gradual learning and scenario rationales all rated highly.

**Conclusion** Spaced education has proven adaptable to sexual health education and was accepted as beneficial and a positive style of learning about sexual health. Other NSW undergraduate programs have now been offered the module.

**Disclosure of interest statement** The NSW STI Programs Unit is funded by NSW Health. No pharmaceutical grants were received in the development of this project.

**P03.10** WORKING TOGETHER- PRIMARY HEALTH CARE NURSES TAKING THE LEAD IN SEXUAL HEALTH CARE

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**Introduction** Primary health care nurses (PHCNs) frequently report being interested in sexual health care, believe sexual health care is important, see sexual health care as part of their role and want to further develop their skills in this field. However recent Australian studies demonstrate that opportunities for PHCNs in sexual health care in general practice appears to be underdeveloped and under supported.

**Methods** The Australasian Society for HIV Medicine (ASHM), NSW STI Programs Unit and Australian Primary Health Care Nurse Association (APNA) consulted PHCNs in NSW about their current role, interest in sexual health care and what they believed would assist to further develop their role in this field. Partnerships were formed between NSW primary health care organisations (Medicare Locals), public sexual health services, Family Planning NSW and training providers to also identify how to respond to the identified need.

**Results** Key strategies identified by PHCNs to enhance their role in sexual health care in general practice included the development of competency standards, provision of online training and strong support from GPs. A multi-pronged approach has been undertaken using competency standards and clinical tools to support education and practice, clinical placements in sexual health services to further develop skills and practical resources such as how to bill patients to support this change of practice.

**Conclusion** PHCN are interested in expanding their role in general practice and are in a pivotal position to lead significant changes in general practice for the provision of sexual health care to the community. Key elements to assist this include effective support from GPs, the provision of clinical tools and education and opportunities to connect with sexual health services. Finally primary health care nurses' own determination and perseverance to take a lead role in sexual health care is critical to the success of this practice change.

**Disclosure of interest statement** The NSW STI Programs Unit is funded by NSW Health. No pharmaceutical grants were received in the development of this project.

**P03.11** KNOWLEDGE ABOUT SEXUALLY TRANSMITTED INFECTIONS AMONG A NEW ZEALAND UNIVERSITY POPULATION

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**Background** Sexually transmitted infection (STI) rates are known to be high in New Zealand, for example the incidence rate of Chlamydia is almost double that of Australia and the United Kingdom. If public awareness about STIs is low, including knowledge about transmission, risk factors, symptoms and treatment, this could be a contributing factor to the high rates observed. To date however, there has been very little assessment of STI knowledge in New Zealand. We addressed this in this pilot study.

**Methods** This analysis is part of a larger study assessing health-seeking behaviour for STI among students. A questionnaire-based survey was used to obtain basic demographic information and STI knowledge information from students attending a university health centre in the North Island of New Zealand. Students could self-select to take part by picking up a copy of the questionnaire in the waiting room. Seven STI knowledge questions were used, each comprising a statement for which the