

**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

<sup>1</sup>M Bonner\*, <sup>1</sup>C Bourne\*, <sup>2</sup>J Rhee, <sup>3</sup>F Robinson, <sup>2,4</sup>M Tam. <sup>1</sup>NSW STI Programs Unit (STIPU); <sup>2</sup>University of NSW (UNSW); <sup>3</sup>University of Sydney (USYD); <sup>4</sup>Fairfield Hospital, Sydney

10.1136/sextrans-2015-052270.237

**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

<sup>1</sup>M Bonner, <sup>2</sup>R Rolleston, <sup>3</sup>E Wheeler. <sup>1</sup>NSW STI Programs Unit (STIPU); <sup>2</sup>Roslyn Rolleston Education Services; <sup>3</sup>Australasian Society for HIV Medicine (ASHM)

10.1136/sextrans-2015-052270.238

**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

<sup>1</sup>HJ Denison\*, <sup>1</sup>A Jutel, <sup>1</sup>H Patel, <sup>1,2</sup>EM Dennison. <sup>1</sup>Victoria University of Wellington, Wellington, New Zealand; <sup>2</sup>Medical Research Council Lifecourse Epidemiology Unit, University of Southampton, Southampton, UK

10.1136/sextrans-2015-052270.239

**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

respondent was asked to indicate 'True', 'False' or 'I don't know'. Correct answers were contrasted with incorrect and 'I don't know' answers to give a general overview of STI knowledge in this population.

**Results** Preliminary analysis of the first 159 questionnaires returned showed variable knowledge of STI transmission, treatment and possible consequences. Students had a good knowledge of transmission, with 88% knowing that STIs can be spread even when symptoms are not present. However, knowledge about treatment and potential sequelae was poor, with 58% of respondents indicating they did not know whether Gonorrhoea could usually be treated with antibiotics, and 44% indicating that they were not aware that some kinds of cancer could be caused by STIs.

**Conclusion** This analysis indicates that some areas of STI knowledge could be improved in this population. This is important because knowledge can be addressed through public health interventions.

**Disclosure of interest statement** The authors declare no conflicts of interest.

#### P03.12 RECRUITING TO SEXUAL HEALTH STUDIES: POSSIBLE STRATEGIES IDENTIFIED THROUGH FOCUS GROUP DISCUSSIONS

<sup>1</sup>HJ Denison\*, <sup>1,2</sup>EM Dennison, <sup>1</sup>A Jutel. <sup>1</sup>Victoria University of Wellington, Wellington, New Zealand; <sup>2</sup>Medical Research Council Lifecourse Epidemiology Unit, University of Southampton, Southampton, UK

10.1136/sextrans-2015-052270.240

**Background** Recruiting individuals to take part in studies about sexual health can often be difficult due to the sensitive nature of the study topic. As a result, the sample may be less representative of the general population than desired. Understanding potential participants' views, motivations and concerns may aid in the design of a recruitment protocol that maximises participation and minimises bias.

**Methods** During the initial stages of a study concerning sexually transmitted infections (STIs) at a New Zealand university health centre, a series of focus groups were carried out in order to understand acceptable methods of recruitment. The focus group participants were sought from the study target population and were recruited via posters displayed around the university. Three focus groups of between five and seven participants were conducted. Discussions were audio-recorded and transcribed verbatim. Content analysis methodology was employed using a constant comparative method.

**Results** A key theme that emerged centred around the timing of any approach; students almost unanimously agreed that an approach prior to an STI consultation would be more acceptable than after. Reasons given included wanting to "just get out of there" after seeing the clinician, as well as having something to do during idle time in the waiting room. Many students suggested that they would be less likely to take part after receiving a STI test result that was positive, as they would "not want to think about it".

**Conclusion** Understanding students' views around STI testing and research participation helped us to develop a protocol that was sympathetic to the target population's attitudes and desires, thus improving its acceptability and attractiveness to this population. This information may be useful to other researchers planning sexual health surveys in similar populations.

**Disclosure of interest statement** The authors declare no conflicts of interest.

#### P03.13 THE PROJECT CONNECT PARENTAL MONITORING INTERVENTION: POPULATION-LEVEL EFFECTS ON ADOLESCENT PERCEPTIONS OF PARENTAL ENFORCEMENT OF FAMILY RULES

PJ Dittus\*, CR Harper, E Hoo, KA Ethier. *Centers for Disease Control and Prevention*

10.1136/sextrans-2015-052270.241

**Background** The relationship between parental monitoring and adolescent risk behaviour is well established. Both overall parental knowledge of adolescent activities and parental enforcement of family rules are associated with a decreased likelihood of sexual initiation. Few interventions exist to improve parents' monitoring efforts with their children, particularly at a population-level. Project Connect is a low-cost highly sustainable approach using distribution of print modules to influence parental monitoring practices.

**Methods** Twelve high schools and fourteen middle schools in a public school district in Los Angeles, California were matched on geography, teen birth and Chlamydia rates and then randomly assigned to intervention and comparison conditions. Survey data were collected from 28,470 male and female students sampled cross-sectionally every year for five years, from randomly selected required classes. The sample was 78.6% Latino and 10.6% African American; the mean age was 15.4. Intervention materials were mailed to all parents in intervention schools (more than 33,000). Analyses were conducted in SPSS 21 with linear mixed models that accounted for students being potentially sampled in multiple years.

**Results** Across all years, intervention school students reported higher enforcement of family rules than comparison school students ( $F_{[1,28470]} = 5.25, p = 0.022$ ). Although student reports of family rules enforcement increased across the five years for both intervention and comparison students ( $F_{[4,28470]} = 9.66, p < 0.001$ ) there was a significant interaction between condition and time, with intervention students' reports of family rules increasing more than comparison students' ( $F_{[4,28470]} = 2.54, p = 0.038$ ). Intervention effects on student reported parental knowledge were non-significant.

**Conclusions** We observed a population-level intervention effect on adolescent perceptions of parental enforcement of family rules using a brief, easily administered print-based intervention. Project Connect materials may be used to increase this protective factor against sexual initiation in a variety of contexts where parents of adolescents may be reached, including schools, physician's offices and clinics, and community-based organisations.

**Disclosure of interest statement** Nothing to declare.

#### P03.14 HIGH PREVALENCE OF *LACTOBACILLIS CRISPATUS* AMONG ADOLESCENT GIRLS ATTENDING SECONDARY SCHOOL IN TANZANIA

<sup>1</sup>SC Francis\*, <sup>2</sup>V Jespers, <sup>1,3</sup>C Hansen, <sup>3</sup>J Irani, <sup>1</sup>K Baisley, <sup>1,3</sup>A Andreassen, <sup>4</sup>S Nnko, <sup>2</sup>T Cruditti, <sup>4</sup>C Changalucha, <sup>1</sup>RJ Hayes, <sup>1,3</sup>D Watson-Jones, <sup>2</sup>A Buve. <sup>1</sup>London School of Hygiene and Tropical Medicine; <sup>2</sup>Institute of Tropical Medicine, Antwerp; <sup>3</sup>Mwanza Intervention Trials Unit/National Institute for Medical Research; <sup>4</sup>National Institute for Medical Research, Mwanza, Tanzania

10.1136/sextrans-2015-052270.242