

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

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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

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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

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10.1136/sextrans-2015-052270.242

Introduction Prevalence and incidence of HIV infection and other sexually transmitted infections (STIs) are particularly high among adolescent girls in sub-Saharan Africa. The role played by the vaginal microbiota in susceptibility to HIV and other STIs in adolescent girls is unclear. The aim of this study was to characterise the vaginal microbiota of adolescent girls in Tanzania around the time of their sexual debut.

Methods Girls aged 17–18 years old attending secondary schools in Mwanza City were invited to join a cross-sectional study. After informed consent/assent, girls were interviewed and vaginal swabs were obtained and tested for the following species by in-house quantitative PCR: *Lactobacillus crispatus*, *L. iners*, *L. gasseri*, *L. jensenii*, *L. vaginalis*, *Atopobium vaginae*, and *Gardnerella vaginalis*. Differences in the prevalence of bacterial species were analysed using logistic regression.

Results Of the 403 girls enrolled, 385 provided samples for this analysis. Of these, 163 reported having had sexual intercourse. Prevalences of bacterial species were as follows (overall; sexually active/sexually naïve): *L. crispatus* (69%; 60%/75%), *L. iners* (83%; 85%/80%), *L. gasseri* (22%; 21%/23%), *L. jensenii* (49%; 40%/55%), *L. vaginalis* (66%; 55%/74%), *A. vaginae* (44%; 56%/34%), and *G. vaginalis* (62%; 75%/52%). Prevalences of *A. vaginae* and *G. vaginalis* were higher among girls who reported sexual intercourse (OR: 2.5; 95% CI: 1.7–3.8 and OR: 2.8; 95% CI: 1.8–4.4, respectively), while prevalences of *L. crispatus*, *L. jensenii*, and *L. vaginalis* were lower in sexually active girls (OR: 0.5; 95% CI: 0.3–0.8, OR: 0.5; 95% CI: 0.4–0.8, and OR: 0.4; 95% CI: 0.3–0.6, respectively).

Conclusion Among girls attending secondary school in Tanzania, sexual debut was associated with quantifiable changes in vaginal microbiota. BV-associated bacteria were present in many girls before reported sexual debut. Additionally, the prevalence of *L. crispatus* was higher than expected; a recent study showed the prevalence among African women to be relatively low (17–38%). This challenges the view that women in sub-Saharan Africa have less *L. crispatus* colonisation.

Disclosure of interest statement The authors do not have a conflict of interest. No pharmaceutical grants were received in the development of this study.

P03.15 PEER EDUCATION IN PRACTICE: AN EXAMPLE OF A YOUTH-LED SEXUAL HEALTH PROGRAM

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10.1136/sextrans-2015-052270.243

Introduction It's no secret that young people seek sexual health information from other young people, and peer education is an effective health promotion strategy to engage with young people about sexual health. The Youth Affairs Council of Western Australia (YACWA)'s 'Youth Educating Peers' (YEP) Project is a youth-led peer education program, which aims to give young people opportunities to connect with other young people, and take action in regards to sexual health and blood-borne virus (BBV) issues.

Methods After extensive research on peer-led sexual health education in the WA youth sector, YACWA established the YEP Crew, a group of volunteer peer educators. These young people aim to reduce the rates of sexually transmitted infections (STIs) and BBVs in WA youth by building young peoples' capacity to negotiate safer sexual practices. The YEP Crew meet regularly to design and deliver sexual health interventions through online

social media, activity based workshops, and outreach at various youth sector events.

Results The YEP Crew currently has 17 active peer educators. Since July 2014 to present, the YEP Crew have facilitated seven education workshops, attended three opportunistic testing events, and conducted outreach at four festival and community events. Online, YEP Crew have a following of over 620 people on Facebook with a peak post reach of over 1,500. Young people who participate in YEP Crew workshops report increases in their knowledge of sexual health and BBV issues as well as feeling more 'confident' and 'prepared'.

Conclusion In an environment where STI rates in young people are rapidly increasing, peer education models are an effective strategy to provide relevant and engaging sexual health information focusing on protective behaviours. This model of engagement allows us to keep on top of regularly changing sexual health issues for young people, which can inform policy development and guide research priorities.

Disclosure of interest statement Nothing to declare.

P03.16 SEXUAL ABUSE REPORTED BY YOUNG AUSTRALIAN WOMEN

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10.1136/sextrans-2015-052270.244

Introduction Young women are under-represented in health research despite their transitioning a life stage critical for future health outcomes. Sexual abuse has become a critical issue, globally, leading to significant long term morbidity. We investigated the prevalence of unwanted sexual experiences (USEs) in young women, residing in Victoria, Australia.

Methods The Young Female Health Initiative (YFHI) and Safe-D are comprehensive studies of physical, sexual, reproductive, and mental health of young females. Participants (aged 16–25 years) are recruited through Facebook. Consenting participants complete an extensive online health survey and attend a site visit. USEs are assessed using questionnaires and a protocol for protection of participants developed to ensure their safety.

Results Data available for 398 participants (YFHI: N = 178; Safe-D: N = 220) shows 14% recalled a USE when they were < 16 years of age, of whom, 62% indicated they suffered from depression, 32% reported penile-genital contact, and 20% had been diagnosed by a doctor or health professional with a sexually transmitted infection. In women who recalled a USE between 16–18 years of age (60/398, 15%), 42% stated they felt pressured into sexual intercourse with a man, and 28% reported having been raped. In women aged ≥18 years, no significant differences were observed between the proportion of women from the YFHI study, who reported a USE at < 16 years of age (19%), compared to participants from the Safe-D study (11%, $p > 0.05$).

Conclusion To our knowledge this is the first Australian study in which the prevalence of USE in women as young as 16 years has been assessed. Prevalence was lesser than in other Australian