

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

community studies (25–30%). This may be related to age or reluctance to disclose. USEs should be researched further in this population, to develop intervention strategies.

Disclosure of interest statement Nil.

P03.17 THE VICTORIAN ABORIGINAL HEALTH SERVICE (VAHS) CONDUCTED A YOUNG PEOPLE'S SEXUAL HEALTH AND SEXUALLY TRANSMISSIBLE INFECTIONS AND BLOOD BORNE VIRUS (STI/BBV) KNOWLEDGE, ATTITUDES AND BEHAVIOUR SURVEY IN NOVEMBER 2014

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10.1136/sextrans-2015-052270.245

The survey was an outcome identified within the Research Excellence in Aboriginal Community Controlled Health (REACCH) collaboration between the Kirby Institute, University of NSW, the National Aboriginal Community Controlled Health Organisation and five Aboriginal Community Controlled Health Services (ACCHS): Younger staffs employed in the service were involved in the development and delivery of the project as a research capacity building component of the project.

Methodology A cross sectional survey, using a self-completed questionnaire was developed as part of the overall REACCH Project. The survey has been coordinated in a number of REACCH stakeholder ACCHOs, it was then reorientated toward the Victorian Aboriginal community by VAHS Staff in collaboration with members of the REACCH Study team.

Participants were Aboriginal and Torres Strait Islander aged 16–29 years. Potential participants were approached as they attended VAHS. The young peoples' survey included fifty seven questions that were sectionalised on Demographic characteristics, General Health and Wellbeing, Knowledge of STIs/BBVs, Behaviour and Risks, and Health Service Utilisation.

Results 102 Young People participated in the survey. Overall there was good knowledge of STI/BBV with some gaps clearly identified. Eighty Seven young people identified as being of Aboriginal heritage, with two people being Torres Strait Islander, five people identified as both Aboriginal and Torres Strait Islander and four participants identified as non-Indigenous.

Conclusion Overall there was excellent knowledge of STI/BBV and contraception and reported strategies for accessing health care and information. Specific gaps were identified that can inform future Health Promotion messages and clinical care. VAHS was considered to be an appropriate health service for a majority of these young people to discuss sexual and reproductive health care.

P03.18 KNOWLEDGE REGARDING HIV/AIDS AND VIEWS ON HIV TESTING BEFORE MARRYING MIGRANT WORKERS AMONG RURAL HIGHER SECONDARY SCHOOL STUDENTS IN BANGLADESH

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10.1136/sextrans-2015-052270.246

Introduction The social context of Bangladesh does not permit adolescents to discuss reproductive health topics as well as sexually transmitted diseases like HIV/AIDS openly with their parents, teachers, or other senior members of the community.

Methods This was a cross-sectional study to investigate knowledge regarding HIV/AIDS and views on HIV testing before marrying migrant workers among rural grade 11 and 12 students in Bangladesh.

Results A total of 92 students completed anonymous, self-administered questionnaire. The average age of the students was 16.8 ± 0.9 years. All the students had heard about AIDS before they complete the questionnaire. Media (75%) was the main source of information. Overall, students had average knowledge regarding selected aspects of HIV/AIDS. A high (>73%) proportion of students were conversant with the major modes of spread of HIV. Many misconceptions were still noted relating to HIV/AIDS, 40% believing that healthy looking person cannot be infected with HIV, 27% and 25% believing that coughing and sneezing and mosquito bites spread AIDS respectively. Majority (75%) of the students indicated that they would not ask to do HIV test before marriage and amongst them more than a quarter reasoned as it might lead to break the marriage/marriage might not take place.

Conclusion The knowledge level seems to be low and misconceptions about the routes of transmission were common. It is recommended that strategies for adolescents AIDS risk reduction be developed in Bangladeshi high schools.

Disclosure of interest statement There is nothing to declare.

P03.19 SCREENING FOR SEXUALLY TRANSMITTED INFECTIONS IN ADOLESCENT GIRLS AND YOUNG WOMEN IN MOMBASA, KENYA

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10.1136/sextrans-2015-052270.247

Introduction As adolescents and young women become sexually active, they are at risk of adverse reproductive health outcomes including sexually transmitted infections (STIs). We assessed feasibility and acceptability of STI screening among 15–24 year-old women in Mombasa County, Kenya.

Methods Participants were recruited from three high schools and one university. Study staff conducted informational sessions. Students interested in participating were given informed assent/consent forms to take home, and asked to visit our clinic for STI screening. During clinic visits, participants completed a self-administered questionnaire and provided a urine specimen to test for *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, and *Trichomonas vaginalis* using the Hologic Aptima Detection System.

Results Between August 2014 and March 2015, 463 high school and 165 university students collected assent/consent forms. Of these, 293 (63%) from high schools versus 158 (95%) from university attended clinic for STI screening ($p < 0.001$). Of the 153 (34%) who reported any history of insertive vaginal sex, 76 (50%) reported condom use, and 31 (20%) reported hormonal contraceptive use at the last sex act. Twenty-six (5.8%) students had STIs (7 [1.6%] with *N. gonorrhoeae*, 16 [3.6%] with *C. trachomatis* and 3 [0.7%] with *T. vaginalis*). Older age (OR 1.28;