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WHICH SEXUALLY TRANSMITTED INFECTIONS DO GAY AND BISEXUAL MEN FIND MOST SCARY AND WHY? A QUALITATIVE FOCUS GROUP STUDY IN FOUR CITIES IN ENGLAND

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10.1136/sextrans-2017-053232.24

Introduction Men who have sex with men (MSM) are a priority for STI prevention interventions including the promotion of regular testing and condom use. Effective intervention design requires understanding of MSM's knowledge and fear of STIs, which may affect attitudes and behaviour related to risk, testing and treatment.

Methods We recruited a diverse sample of MSM in four English cities, through social networking sites and community organisations. 61 men attended eight focus group discussions. Topics included knowledge and attitudes towards 11 STIs. Discussions were audio recorded, transcribed and analysed thematically.

Results Participants demonstrated variable knowledge and awareness of STIs. No focus groups were unanimous in their ranking of fear of STIs, although HIV and HCV were considered the most 'scary' in all groups. Fear of syphilis and herpes was also considerable. Gonorrhoea was considered a 'rite of passage' and was not widely feared. Other infections showed no clear patterning within or between groups. Participants suggested a complex range of explanations for fear of particular STIs. Participants weighed up the scary and less scary attributes depending on the extent of their knowledge and experience, their prevalence among MSM, associated stigma, transmission mechanisms, contagiousness, symptoms, severity, and the availability, effectiveness and ease of use of vaccines, treatment and/or cure.

Discussion Participants expressed a range of nuanced fears and concerns related to individual STIs and STI testing and treatment. Understanding these fears, and how they might be mitigated, will help improve the impact of interventions promoting STI testing and treatment.

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'SIDE CHICKS', AND 'SIDE DICKS': UNDERSTANDING TYPOLOGIES AND DRIVERS OF CONCURRENT PARTNERSHIPS TO PREVENT STI TRANSMISSION AMONG PEOPLE OF BLACK CARIBBEAN ETHNICITY IN ENGLAND

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10.1136/sextrans-2017-053232.25

Introduction In Britain, STI diagnoses rates and concurrent partnerships are higher among black Caribbeans than other ethnic groups. Concurrency (having sexual partnerships overlapping in time), especially when condoms are not used, can

enhance STI transmission probabilities. We sought to understand concurrency typologies and drivers among black Caribbeans in England.

Methods 52 black Caribbeans (n=20 men) aged 15–70 years were recruited from community settings and STI clinics. 4 audio-recorded focus group discussions (n=28 participants) and in-depth interviews (n=24) were conducted from June 2014–December 2015. Transcribed data were thematically analysed to identify concurrency typologies and reasons.

Results Open, situational, and experimental concurrent partnerships were described. Open concurrent partnerships involved having a main partner and additionally men and women having sex with 'side chicks'/'thots' and 'side dicks', respectively. Situational partnerships involved sex with an ex-partner, especially their child's parent, while also having another partner. These partnerships were usually long-term, and condomless sex was common due to emotional attachment, to 'entice' the ex-partner back, or because the relationship was founded on sexual pleasure. Experimental partnerships, common among single participants who were unsure about the type of partner to settle down with, were usually short-term and mostly involved condom use. Concurrency was perceived to be normalised in black Caribbean popular music, on social media, and fuelled by ease of 'ordering sex via app'.

Discussion Understanding of different types of concurrent partnerships experienced by black Caribbeans during clinic consultations can increase the likelihood of effective partner notification. Interventions addressing normative drivers of concurrency are also needed.

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'IT JUST GIVES YOU THE HEEBIE JEEBIES': LATE MIDDLE-AGED ADULTS' ENGAGEMENT WITH KNOWLEDGE OF SEXUALLY TRANSMITTED INFECTIONS

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10.1136/sextrans-2017-053232.26

Introduction Rates of sexually transmitted infections (STIs) among adults over 45 are rising in the UK and other Western countries. While STI rates are higher among men who have sex with men and young people, there is increased fluidity of sexual partnerships across the life course, exemplified by mid-life divorce and re-partnering, with sexual activity continuing beyond the age of 80. In order to develop a risk-reducing intervention for this age group, this qualitative study sought to understand the socio-cultural factors influencing late middle-aged adults' knowledge of STIs.

Methods Recently sexually active heterosexual adults aged 45–65 (n=31) were recruited from a large city sexual health service and sport and leisure centres. In-depth individual interviews explored how STI-related knowledge was acquired across the life course. Interview data were transcribed and analysed thematically.

Results Most participants (n=19) lived in areas of high deprivation and most were divorced, separated or bereaved from partners (n=24). Two key themes revealed that STI-related knowledge was acquired over the life course through personal social circumstances and wider cultural influences: 1) early stigmatisation of STIs influenced current understandings and 2) women in particular learned about STIs through parenting their adolescent children. Further themes showed that 3)