

Conclusion Results suggest AI youth with higher risk factors (lower levels of knowledge, beliefs, intentions and skills) are more likely to respond to RCL. By identifying characteristics of unresponsive youth, we can modify RCL to improve its effectiveness among these subgroups. RCL is one of the first HIV risk-reduction programs developed for and rigorously evaluated with AI communities, thus replication implications are relevant for other AI/AN and indigenous populations.

007.6 EXPLORING THE ROLE OF SEX AND SEXUAL EXPERIENCE IN PREDICTING AMERICAN INDIAN ADOLESCENT CONDOM USE INTENTION USING PROTECTION MOTIVATION THEORY

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Introduction Worldwide, indigenous communities including American Indian(AI) youth in the United States experience poor sexual health outcomes. Inconsistent condom use among AI youth is a primary factor driving these inequalities. The Protection Motivation Theory (PMT) is valuable in explaining condom use intention (CUI) among youth and can inform the development of interventions to improve CUI and actual condom use. This analysis identifies factors of the PMT across sex and sexual experience, for predicting CUI among AI youth.

Methods 267 AIs ages 13–19 from one reservation community completed a self-report measuring sociodemographic variables, psychosocial intentions and behaviours and PMT constructs (self-efficacy, response efficacy, response cost, intrinsic reward, extrinsic reward, severity, and vulnerability). Analyses were conducted using generalised estimating equation regression models, Poisson for dichotomous.

Results Mean age was 15.1 years, 56% were girls and 22% sexually experienced. Among inexperienced youth, belief condoms prevent HIV, perceived severity of HIV and extrinsic rewards of sex were significantly associated with CUI. Among girls and boys, belief condoms prevent HIV, vulnerability to HIV and extrinsic rewards were significantly associated with CUI. Perceived severity was associated with CUI among boys and intrinsic rewards among girls.

Conclusion This is the first study to examine PMT constructs by sex and sexual experience among AI youth. Among all but sexually active youth, PMT factors were associated with CUI indicating utility for the PMT in predicting CUI among AI youth. Results indicate HIV prevention programs may be more impactful if tailored by sex and sexual experience; among AI boys and inexperienced youth, knowledge about consequences of unsafe sex may be beneficial while addressing factors associated with internal satisfaction from sexual risk behaviours may be efficacious for girls. Programs addressing factors associated with CUI by sex and sexual experience may be more efficacious in reducing risk behaviours among AI youth.

Oral Presentation Session 8

STIs/HIV Amongst Populations

008.1 UNDERSTANDING THE EXPERIENCES OF YMSW IN ACCESSING HEALTH SERVICES, STI, HIV AND OTHER REALTED SERVICES IN LAHORE, PAKISTAN

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Introduction In Pakistan, Young males sex workers (YMSW) community is socially excluded from the main stream society which makes them vulnerable towards HIV and STI. YMSW seldom access health care services due to stigma and discrimination by health care providers.

Methods Naz Male Health Alliance (NMHA) is the first ever non-governmental technical support agency in Pakistan that exists to improve sexual health, welfare and human rights for MSM, TG, sexual minorities and their partners. FGD was conducted in Lahore city with 11 YMSW between the age of 18 to 24, sample was gathered by using cross sectional technique with the support of peer lead approach.

Results 55% respondent reported the extreme level of sexual abuse and 50% reported they were raped by their doctor. 70% reported to bring their family that leads to breach of confidentiality however 80% agreed that YMSW would be sent back to bring their parents for STI treatment. 70% reported, it was harder to negotiate condom with client. None of the participants knew of any Young PLHIV MSW however the participants were of the view that medical staff would ask the young PLHIV to bring his family along with. Effects of breach of confidentiality about sexuality have very negative consequences because some reported, cases of suicide as a result of inappropriate disclosure made to family.

Conclusions NMHA established a drop-in-centre in Lahore where MSM/MSW of any age can get services of STI treatment, VCCT, Psychosocial counselling and condoms/lubricants free of cost and without any stigma, discrimination. Although there is a need to establish more drop in centres to cover more geographical area also public and private sector partnership would enhance the services in more effective way.

008.2 A NATIONAL SURVEY OF CANADIANS ON HPV: COMPARING KNOWLEDGE, BARRIERS AND PREVENTIVE PRACTICES OF PHYSICIANS TO THOSE OF CONSUMERS

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Introduction This Canadian survey of physicians and consumers aimed to explore knowledge, barriers and preventive practices regarding HPV.

Methods We surveyed general practitioners (GPs) (n=337) and obstetrician/gynaecologists (OB/GYNs) (n=81); vaccinated

(VW) (n=337) and unvaccinated 18–45 year old women (UW) (n=802), and 18–26 year old men (M) (n=200) in May and June 2016 using an online panel. A probability sample of the same size would yield a margin of error of $\pm 4.8\%$ for physicians and $\pm 2.7\%$ for consumers, 19 times out of 20. Two posters with more detailed individual information about both groups will be presented at the Cape Town, South Africa IPVS meeting in March 2017.

Results 83% GPs recommend or administer HPV vaccine to adults. 93%–98% of consumers said doctors are trustworthy sources of information. 99%–100% of physicians compared to VW (93%), UW (85%) and M (59%) somewhat or strongly agree that vaccination is an important aspect of disease prevention. A higher proportion of patients were concerned about vaccine safety (VW (26%), UW (40%) and M (36%)) than were physicians (5%–11%). 58%–61% of consumers were generally cautious about taking any vaccine. Cost was seen as a barrier by 92%–95% of physicians, however only 18%–20% of consumers considered cost a barrier. Consumers accurately answered a majority of questions about HPV, however physicians rated consumers' understanding of HPV to be low (11%–14% very good and 49%–56% somewhat good knowledge). VW (34%–31%) and VM (13%–31%) said physician recommendations/discussions did motivate them to be vaccinated. UW (55%–38%) and UM (57%–49%) said physician recommendations/discussions would motivate them to be vaccinated. 60%–66% of physicians say they routinely discuss HPV vaccination with patients.

Conclusions Some divergent views about HPV knowledge, barriers and preventive practices exist between physicians and consumers. These divergent views should be taken into account in consumer counselling and physician training.

008.3 INCIDENCE AND PREDICTORS OF UROGENITAL C. TRACHOMATIS AND N. GONORRHOEAE AMONG MEN WHO HAVE SEX WITH MEN IN KISUMU, KENYA

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Introduction Multiple studies identify a high prevalence of STIs among men who have sex with men (MSM) in sub-Saharan Africa, though few have measured incidence and associated factors. We measured the incidence and associated factors of urethral and rectal *N. gonorrhoeae* (NG) and *C. trachomatis* (CT) among a Kenyan cohort of MSM.

Methods Enrolled MSM underwent audio computer assisted self-interview for behaviour and socio-demographics, with medical examination every 6 months. Antibody testing detected HIV. NG and CT were diagnosed by polymerase chain reaction assay in urine and rectal swabs. We identified factors associated with incident urogenital infection using multivariable Cox regression and report adjusted hazard ratios (aHR) and 95% confidence intervals (CI).

Results By September 2016, 713 participants were enrolled, with 20% completing 12 month follow-up at time of analysis: median age 23% and 11% with HIV. At baseline, 15.2% (107/702) of men were infected with CT and/or NG, 8.4% (33/392) at 6 months, and 15.6% (10/64) at 12 months. The incidence of anorectal and/or urogenital infection was 6.0 per 100 person-years (P-Y), and 4.6 per 100 P-Ys for urogenital

infection alone. Increased risk of urogenital infection was associated drug use in the past year (aHR=2.44; 95% CI: 1.17–5.08), versatile (compared to insertive) usual sexual positioning (aHR=2.40; 95% CI: 1.01–5.71) or water-based lubricant use compared to no lubricant use (aHR=5.72; 95% CI: 1.28–25.5). Protective factors ($p < 0.10$ each) included increasing age (aHR=0.94), condom use at last sex (aHR=0.53), and increasing social support (aHR=0.73 per quartile increase). Child abuse scores, depressive symptom measures, HIV status, and alcohol use were not associated with incidence.

Conclusions NG and/or CT and incidence was high despite baseline testing and treatment, quarterly visits, and peer counselling and support for reducing HIV risk. Partner treatment and program exposure measures will be analysed as data accrual completes with follow-up continuing to September 2017.

008.4 RATE OF STI AMONG SELECTED MSM AND TRANSGENDERS IN 5 CITIES OF PAKISTAN

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Introduction In Pakistan, males who have sex with males (MSM) and transgender (TG) community is socially excluded from the main stream society which makes them vulnerable towards HIV as well as STI. There are no known surveys previously conducted among MSM in Pakistan. There is a strong need to conduct study on STI rate among MSM/TG in Pakistan. Naz Male Health Alliance (NMHA) is the first ever non-governmental technical support agency in Pakistan that exists to improve the sexual health, welfare and human rights for MSM, TG and their partners. NMHA established 6 CBOs in 5 cities across Pakistan namely Lahore, Rawalpindi, Karachi, Hyderabad and Larkana. The service delivery on the CBO level, includes HIV VCT, BCC, condom/lubricant distribution and STI diagnoses and treatment. The main objective of the study was to see the prevalence of different STIs among MSM and TG population also to recommend the need of interventions at local and policy level.

Methods A total of 2531 comprising DIC (Drop in centre) walk-in clients who had been invited through DIC out-reach program, were provided the treatment of STI services by STI Specialist at CBO (Community Based Organisation) in the 5 cities namely Lahore, Karachi, Rawalpindi, Hyderabad and Larkana. CBOs were technically and financially supported by Naz Male Health Alliance. National guidelines for STI syndromic Management had been followed.

Results 36.07% study population diagnosed by Gonorrhoea, 35.17% diagnosed by Chlamydia, 8.13% diagnosed by Scabies, 4.76% diagnosed by Herpes Simplex, 3.46 diagnosed by Genital Warts, 3.26% diagnosed by Syphilis and 9.15% study population diagnosed by other STIs.

Conclusion There is a need to conduct the surveillance study on STI at National level among MSM population. As these results indicates the prevalence of STI infection among MSM so this highlights the strong need of more STI intervention program with peer lead approach so that MSM can get treatment of STI with no discrimination. Also recognition of MSM population at policy level is highly required.