

networks were often described as a medium for emotional support, information on HIV/STIs, and referrals to clinics serving MSM. Instead, many relied on the internet to find MSM. This strategy was considered to be safer, but it may have increased participants' exposure to HIV/STIs through exposure to more sex partners and increased their vulnerability for blackmailers to locate and extort them for money.

Conclusion These interviews suggest that interventions that reduce sexual stigma and leverage social resources in networks among Nigerian MSM can support improved HIV and STI outcomes such as improved awareness of services, earlier diagnosis and engagement in care. Capitalising on the broad use of social media applications represents an important platform for these services.

P4.30 INTEGRATING SEXUAL AND REPRODUCTIVE HEALTH EDUCATION IN PREVENTING THE SPREAD OF STI & AIDS

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Introduction Sexual and Reproductive Health (SRH) encompasses all stages of life. Women have rights to quality life. It is attained by practicing, exercising SRH in preventing Violence Against Women (VAW). SRH education is integrated in the total health package service-delivery system of the Medical Social Worker (MSWr) and health service-providers availed from the medical-health services, from health facilities. This paper presented the cause, prevalence, effects of VAW for not practicing/violating SRH. It proposed to the Stakeholders to formulate Matrix of Action Plan by integrating SRH in the holistic approach of the Medical Social Work, practice and health service-delivery thereby preventing VAW and spread of STI and AIDS.

Method VAW cases showed that victim and violators are known to each other, related, living together. Cases of VAW transpired at home, reported, investigated in the police station, filed in the legal courts of law inclusive of Y-2016 from the City of Dasmariñas. Data from police blotters, reports, filed cases, social/medical case studies were gathered by MSWr. Qualitative analysis identified causes, prevalence, effects of VAW related in violating SRH. The MSWr served innovative interventions by implementing his/her SRH background, knowledge/skills in educating/counselling and managing cases of the client-victims to end VAW and prevent spread of STI and AIDS.

Results 65 VAW cases reported the causes and effects related to violating SRH were varied from: Due to non-negotiation or refusal of practicing SRH by the couples, non-acceptance of Family Planning, wrong choice of FP methods by the partners yielded helpless battered women, transmission of STI and AIDS, unwanted and unplanned pregnancies, abandoned and neglected children. Unattended or neglected pre-post natal/maternal care caused medical complications and death of mother or infant. Rape, incest led to adverse trauma effect to the changing behaviour of the victim and result to her suicide or death. Unsafe, unprotected sex transmitted STD and AIDS to the incest or rape victim. From the presented cases, VAW is eliminated by promoting the SRH and preventing the spread of STI and AIDS.

Conclusion Youths, PWDs, LGBTs, Elders of non-health seeking-behaviour, non-access to SRH from health facilities, from MSWr, health service-providers violated the: Rights to life, quality health care/protection; Rights to information/education; Rights to plan family; Rights from torture/ill-treatment. VAW brings adverse effects of psychosocial trauma to victim's well-being/well-being and humaneness. MSWr's interventions on SRH and VAW's findings/results are recommendations to Stakeholders in making quality SRH education available by integrating SRH to the health-service delivery thereby promoting SRH: empowering women's rights to development, gender equality, thus preventing the spread of STI and AIDS and ending VAW. Therefore, Stakeholders must vouch in duplicating this best-practice to access SRH as implemented by the MSWr and health service-providers from the medical-health facilities.

P4.31 KISSING IS ASSOCIATED WITH THE SOURCE FOR MEETING CASUAL PARTNERS: AN IMPLICATION FOR GONORRHOEA TRANSMISSION AND CONTROL IN MEN WHO HAVE SEX WITH MEN

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Introduction Kissing has been identified as one of the most common sexual practices among men who have sex with men (MSM), and it has also been identified as one of the risk factors for pharyngeal gonorrhoea. We conducted this study to understand the kissing pattern amongst MSM by different sources for meeting partners.

Methods A cross-sectional questionnaire-based study was conducted amongst MSM attending Melbourne Sexual Health Centre between March and September 2015. Participants were asked about the sources they used to meet their casual sexual partners and about their kissing practices in the previous three months. Multivariate logistic regression analyses were performed to determine whether kissing is associated with the source for meeting partners.

Results A total of 753 men completed the questionnaire with a median age of 29 (IQR 25–36). Our results showed that men who met partners at gay bars were 7.3 (95% CI 2.1–25.0) times more likely to kiss their sexual partners and they were less likely (aOR 0.6; 95% CI 0.4–0.8) to have sex-without-kissing partners after adjusting for age and other sources for meeting partners. Men who met partners via smartphone applications were 7.0 (95% CI 3.0–15.9) times more likely to kiss their partners. Kissing was not associated with men who met partners at sex on premises venues (SOPV) and via friends. In contrast, men who met partners at SOPV were 2.3 (95% CI 1.6–3.3) times more likely to have sex-without-kissing partners.

Conclusion There is considerable difference in kissing practices among men who met partners at different locations. Our data suggest kissing may be a more important contributor to gonorrhoea transmission among men who met partners at gay bars, while penile-anal sex may be the major mode of gonorrhoea transmission among men who met partners at SOPV.