

who engage in age disparate sex compared to those who do not engage in age disparate sex.

Methods The data for this study comes from the third National HIV communication Survey (NCS) of South Africa conducted in 2012. The sample consists of 4065 randomly selected men between the ages of 16 and 55 years. Respondents were interviewed by means of a structured questionnaire. Men were classified according to the types of sexual partnerships they had engaged in during the previous 12 months. Multiple logistic regression models were used to assess the association between SES and sexual partnership type, controlling for potential confounders.

Results Sixty percent of men had been involved in only age similar partnerships, 31% in at least one age disparate partnership (partner is 5 to 9 years younger) and 10% in relationships where the female partner is 9 years or more years younger. The results indicate that household wealth is not significantly related to the likelihood of men engaging in age disparate sex or intergenerational sex. Interestingly, experiencing deprivation in informal urban areas increases men's likelihood of engaging in age disparate sex (AOR: 1.3, $p < 0.05$).

Conclusion The results reveal that it is poorer men in informal urban settlements who are engaging in age disparate sex. Literature suggests that young women primarily engage in transactional sex with older men to support their basic needs. However, these data do not support this hypothesis and future research must identify the full range of factors fueling age disparate relationships.

P4.44 PRIMARY HEALTHCARE WORKERS' PERCEPTIONS REGARDING CALLING SEXUAL PARTNERS OF PREGNANT WOMEN WITH SYPHILIS FOR TREATMENT

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Introduction Due to low treatment coverage of sexual partners of pregnant women with syphilis in Brazil, this study aims to investigate the perceptions of primary healthcare workers about the calling of these partners for treatment.

Methods This is a descriptive study with qualitative designs conducted in six primary healthcare facilities including those with the highest numbers of pregnant women with syphilis in the city of Fortaleza, Ceará, Brazil. A total of 20 healthcare workers were included (seven physicians and thirteen nurses) and six healthcare unit's coordinators. The study was performed from June to September 2016 through semi-structured interviews, and content analysis was done.

Results According to interviewed healthcare workers, the calling and treatment of sexual partners of pregnant women with syphilis are complex and challenges activities, especially when they are not from the healthcare unit area or are illicit drug users. They pointed chauvinism as one of the main barriers and gender issues that causes resistance to go to the healthcare units for treatment. Lack of symptoms also makes partners believe they have no infection. There are also marital problems caused by the infection's diagnosis. The healthcare workers said not to feel able to these types of demands and require training. They believe that higher disclosures in different medias about syphilis and its consequences and "men

prenatal care" would be important strategies to improve syphilis treatment coverage.

Conclusion Physicians and nurses in the primary care, as well as health units' coordinators, have several difficulties for calling and treating sexual partners of pregnant women with syphilis and do not feel able enough to face this problem.

P4.45 INDIVIDUAL AND PARTNERSHIP FACTORS ASSOCIATED WITH ANTICIPATED VERSUS ACTUAL PARTNER NOTIFICATION FOLLOWING STI DIAGNOSIS AMONG MEN WHO HAVE SEX WITH MEN AND/OR WITH TRANSGENDER WOMEN IN LIMA, PERU

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Introduction A detailed understanding of partner notification (PN) practices following STI diagnosis can improve PN strategies. Using data from 2 PN intervention trials in Lima, Peru, we assessed participant- and partner-level factors guiding partner-specific STI notification behaviour, including discordances between anticipated and actual notification.

Methods From 2012–14, newly STI-diagnosed (gonorrhoea, chlamydia, syphilis) men who have sex with men (MSM) and/or with transgender women in Lima reported recent partners' characteristics, anticipated PN practices, and actual PN outcomes 14 day following STI diagnosis. In this sub-analysis of control-arm participants, GEE Poisson regression analyses assessed factors guiding PN outcomes.

Results Participants ($n=150$) predominantly identified as homosexual (70%) and *moderno* (versatile sexual role, 55%); 55% of partners ($n=402$) were casual. 35% of partners were notified overall, though only 51% of anticipated PN occurred and 26% of notifications were unanticipated. 47% of participants did not notify any partners, while 24% notified all partners. PN was more frequent for main vs. casual (adjusted prevalence ratio [aPR] 0.55, $p < 0.01$; adjusted for anticipated PN) or commercial (aPR 0.29, $p < 0.05$) partners, with a trend toward notifying partners that used condoms (crude PR 1.30, $p=0.09$). PN frequency did not differ by STI diagnosis. Anticipated PN predicted actual PN (aPR 1.60, $p < 0.01$) imperfectly as 81 (54%) participants' PN practices did not match anticipated behaviour. Successful notification despite anticipated silence (40 participants, 63 partners) was associated with stable partnerships and perceived community norms supporting PN. Failure of PN despite intent (43 participants, 73 partners) more frequently occurred when oral sex with the partner was exclusively reported, with a trend towards identifying the partner as *activo* (insertive role).

Conclusion Anticipated PN imperfectly reflects actual PN behaviour. Future interventions to improve notification should acknowledge the differing partnership contexts maintained by MSM.