

was conducted among YMSM in two large cities of Myanmar in 2014 with the objective of determining the pattern of S and D experienced by YMSM.

**Methods** A cross-sectional study was conducted by using quantitative and qualitative research methods. Respondent driven sampling was applied to recruit YMSM. Face-to-face interviews were done by using a structured questionnaire and in-depth interviews were also done with YMSM.

**Results** A total of 400 YMSM (200 each in Yangon and Monywa) included in the study. Their age ranged from 18–26 years with the median age of 22. Over 42% self-identified as Apwint (feminine). Most YMSM (55.8% and 69.6%) reported having a regular job, but a higher percentage in Monywa reported an estimated monthly income of >100,000 Kyats compared to YMSM in Yangon ( $p<0.01$ ). Around half (48.2% and 51.5%) reported ever experiencing discrimination because of their same sex attraction. Among those who experienced discrimination, 60% in Yangon and 53% in Monywa reported experiencing discrimination exhibited as insults/verbal abuse and (34% and 37%) reported discrimination exhibited as physical abuse or beating. Seventy percent of YMSM reported experiencing discrimination most often in public places. The largest percentages of YMSM who reported ever experiencing discrimination, were among Apwint (64% and 50%). “Exclusion from social occasion” and “beating” were indicated as the worst type of discrimination by the many YMSM in Yangon (40% vs. 15%,  $p<0.01$ ) and Monywa (47% vs. 27%,  $p>0.05$ ). Some YMSM stated that they are experiencing S and D even among the family members and sometimes at health care settings resulting in delayed seeking care. They thought that people would not discriminate them if they become famous and could earn much money.

**Conclusion** S and D still existed towards YMSM especially in public places. Community awareness raising programs should be strengthened to reduce S and D towards YMSM.

#### P4.73 ATTITUDES AND PRACTICES OF NURSES UPON THE DELIVERY OF HEALTH CARE TO COMMERCIAL SEX WORKERS (CSW) IN THE WESTERN PROVINCE, SRI LANKA

<sup>1</sup>N Jayasinghe, <sup>2</sup>S Tissera, <sup>3</sup>N Silva, <sup>1</sup>Deputy Head – Nursing Faculty, International Institute of Health Sciences, Sri Lanka; <sup>2</sup>3rd year student, Nursing Faculty, International Institute of Health Sciences, Sri Lanka; <sup>3</sup>Head of Academic Affairs, International Institute of Health Sciences, Sri Lanka

10.1136/sextrans-2017-053264.569

**Introduction** The traditional socio-cultural norms of countries like Sri Lanka pose challenges to health care access to those engaged in tabooed and illegal professions like the commercial sex trade. CSWs accessing health services in similar countries have been proven to be of a low socio-economic background. Therefore it is important to prompt a behavioural change by placing strong policies in place to address the psychosocial issues of both the patient and the carer. Certain STI's like HIV, being immuno-compromising in nature, increase the susceptibility of many other illnesses, to which these CSWs should seek treatment promptly. In order to make policy level decisions to tailor the training of health care workers to improve acceptance of CSWs at their settings, it is first important to assess the current gaps in delivering holistic care to CSWs. The goal was to understand attitudes and perceptions of nurses (in multi-sectors) when attending to sexual and

general health needs and delivering holistic health care to CSWs in the Western Province of Sri Lanka.

**Methods** A qualitative research which consisted of 3 focus group discussions were carried out on a total of 23 nurses from the government and private sectors where each group consisted of 7–8 participants with 2 moderators per group. Scenarios and questions were posed to evaluate the perceptions of nurses towards CSWs when delivering STI related and general health care.

**Results** Thematic analysis revealed three strong themes. They were, ‘No difference in the level of care delivered’, ‘Social marginalisation based on assumptions’ and ‘Labelling and stereotyping of CSWs’. No difference was made in the level of care provided for CSWs compared to non-CSWs, or for STIs compared to other disease conditions. Though the level of care delivered is the same, the manner in which CSWs are ‘made comfortable’ in terms of ‘holistic care’ within the hospitals seemed less compared to other patients. Labelling and stereotyping were common practices, where the nurses did believe that their attitudes and behaviour could have a negative affect on health promotion and health seeking behaviour.

**Conclusion** It is better to invest on training nurses so that the CSWs are made to feel more accepted when accessing STI related and general health care needs.

#### P4.74 ABSTRACT WITHDRAWN

#### P4.75 EXPLORING THE RELATIONSHIP BETWEEN SOCIAL FACTORS AND TREATMENT ADHERENCE AMONG CLINICALLY STABLE ART PATIENTS: STRUCTURAL EQUATION MODELLING TECHNIQUE

<sup>1</sup>Ndumiso Tshuma, <sup>2</sup>Peter Nyasulu, <sup>1</sup>Community AIDS Response, Johannesburg, South African Republic; <sup>2</sup>Wits University, Johannesburg, South African Republic

10.1136/sextrans-2017-053264.570

**Introduction** Socio-cultural factors such as fear of disclosure of HIV status, lack of social support and fear of stigma from family are some of the aspects that prevent ART adherence amongst patients. Moreover, home stability and family support have been linked to better ART adherence. One study has revealed that males who had long-term housing, living with a partner and belonged to an HIV support group had better antiretroviral adherence. The study sought to establish the relationship between social factors and treatment adherence among adherence clubs members.

**Methods** A cross-sectional survey was conducted among 830 Adherence Club patients in Ekurhuleni, Gauteng. A closed-ended questionnaire was administered and the internal consistency of the scale was assessed by Cronbach's alpha coefficient. The proposed model was tested using structural equation modelling (AMOS software: ADC, Chicago, IL, USA).

**Results** Adherence clubs were found to improve treatment adherence among patients. Patients who were in adherence clubs are also receiving more support from their family members or the people they stay with. Perceptions and experiences of stigma and discrimination were found to be generally low among patients attending adherence clubs. These low levels of stigma and discrimination lead to an improvement in the levels of treatment adherence among the club members.

**Conclusion** Adherence clubs, family support and low stigma and discrimination are key factors to improve treatment adherence for people living with HIV and other non-communicable diseases. Interventions to increase family support and reduction in stigma and discrimination are encouraged.

#### P4.76 HOW DO I NOTIFY PARTNERS? CHALLENGES FACED BY HEALTHCARE PROVIDERS MANAGING SYPHILIS IN CHILE

<sup>1</sup>Nicole Iturrieta, <sup>1</sup>Meredith Temple-Smith, <sup>2</sup>Jane Tomnay. <sup>1</sup>Department of General Practice – University of Melbourne, Melbourne, Australia; <sup>2</sup>Department of Rural Health – Centre for Excellence in Rural Sexual Health – University of Melbourne, Melbourne, Australia

10.1136/sextrans-2017-053264.571

**Introduction** Partner Notification (PN) has long been considered an essential strategy for sexually transmitted infection (STI) control, but both policies and methods of implementation vary between countries. In Chile, syphilis is the most commonly reported STI in the general population; however, congenital syphilis is close to being eliminated. In this study, we explore the challenges faced by healthcare providers (HCP) when they perform PN for syphilis in public health services in Chile.

**Methods** To identify the nuances of delivering PN, semi-structured face-to-face interviews were conducted with HCP. A third of the interviews were transcribed verbatim and translated from Spanish to English for thematic analysis, which followed an inductive approach based on grounded theory. Following the identification of themes, remaining interviews were coded utilising constant comparison.

**Results** 48 HCP were interviewed in PHC centres and sexual health units. The primary challenge revealed by HCP in this study was the low level of awareness about STI risk and potential long-term implications for patients. HCP recognised that a significant lack of recognition of PN for the value of STI control, and consequently it is not undertaken routinely. Index patients are reluctant to reveal partner information, likely to avoid perceived stigma. Furthermore, HCP identified several limitations within the Chilean system, such as lack of available counselling for patients, absence of resources for provider referral, and insufficient training and specialist support for effective PN.

**Conclusion** Improvements in syphilis management have achieved a significant reduction in congenital syphilis. However, our findings suggest syphilis elimination could be assisted by improved PN. Hence, it is vital to develop clear referral pathways for HCP to perform PN at the grassroots level.

#### P4.77 SOCIAL-MEDIA USE AND SEXUAL BEHAVIOUR AMONG IN-SCHOOL ADOLESCENTS IN IBADAN, NIGERIA

Oladipupo Samuel Olaleye. Department of Health Promotion and Education, College of Medicine, University of Ibadan, Nigeria, Ibadan, Nigeria

10.1136/sextrans-2017-053264.572

**Introduction** Adolescence is a developmental period characterised by various opportunities including the social media. Adolescence is also embedded with several challenges that are dangerous to sexual health. In Nigeria, research focusing on the effects of social media on adolescents' sexual behaviour (SB) is very rare. This study was therefore designed to

determine the use social media (SM) and its effects on SB of in-school adolescents in Ibadan, Nigeria.

**Methods** A cross-sectional study was carried out among randomly selected 194 senior secondary students in four secondary schools in Ibadan. The questionnaire explored the socio-demographic data, SB, frequency of use of SM, and activities on SM. Data was analysed using descriptive statistics and Chi-square at 0.05 level of significance.

**Results** The mean age of the respondents was  $14.7 \pm 1.2$  and 50.3% were females. Some (15.2%) reported ever experienced sexual intercourse. The mean age of sexual debut was  $12.2 \pm 2.8$ . Most (88.0%) reported the use SM, the highest used social medium was Facebook (71.2%) followed by Whatsapp (55.0%) while the most frequently used was Whatsapp followed by facebook; 44.7% and 25.4% reported everyday use respectively. Activities reported on SM included reading of news (60.7%), download/listen to music (62.8%), watch/download pornographic pictures (5.2%), watch/download pornographic videos (8.4%), search for sexual partners (16.8%), share pornographic pictures (4.2%) and videos (4.7%). Significantly, more of those who had ever experienced sexual intercourse watched/downloaded pornographic pictures (24.1% vs 1.9%) and videos (37.9% vs 3.1%), and search for sexual partners (58.6% vs 9.3%) using the SM.

**Conclusion** A number of the adolescents use social-media and many engage in activities that could be risky to their sexual life on these media especially those who have ever experienced sexual intercourse. Intervention to ensure safe use of the social-media should be carried out among these young persons.

#### P4.78 USING A SYSTEMS APPROACH TO DESIGN HIGHER-IMPACT INTERVENTIONS: ILLUSTRATING LEVELS OF LEVERAGE FOR REDUCING CONCURRENCY-LINKED SEXUALLY TRANSMITTED INFECTIONS IN AFRICAN AMERICAN ADOLESCENTS FROM DISADVANTAGED COMMUNITIES

<sup>1</sup>Pamela A Matson, <sup>2</sup>Andra Wilkinson, <sup>3</sup>Kristen Hassmiller Lich, <sup>4</sup>Jonathan Mark Ellen, <sup>3</sup>Seri Link Anderson. <sup>1</sup>Johns Hopkins University School of Medicine, Baltimore, USA; <sup>2</sup>Child Trends, Chapel Hill, USA; <sup>3</sup>University of North Carolina Gillings School of Public Health, Chapel Hill, USA; <sup>4</sup>Johns Hopkins All Children Hospital, St. Petersburg, USA

10.1136/sextrans-2017-053264.573

**Introduction** High sexually transmitted infection (STI) rates among African American adolescents living in disadvantaged communities represent a complex public health problem that has remained unsolved despite the efforts of governments (both state and federal) and communities. Systems thinking is an approach that can give new insight into why previous attempts to tackle this problem have failed and how to design more impactful and sustainable interventions in the future. In this paper, we introduce a system dynamics framework that describes increasingly impactful levels of leverage that public health actions might target to reduce incidence of sexually transmitted infections among adolescents in disadvantaged communities. Then, we use the levels of leverage framework to describe why previous interventions to reduce high STI rates among African American adolescents from disadvantaged communities have had minimal success as well as to suggest some interventions that are likely to have a higher impact. We propose several previously overlooked targets for interventions that are aligned with existing feedback loops affecting STI

outcomes, and provide substantial opportunities for creating long-lasting reductions in STI rates.

#### P4.79 THE DISTRIBUTION OF SEX PARTNERS IN THE UNITED STATES BY SEXUAL IDENTITY: DATA FROM THE NATIONAL SURVEY OF FAMILY GROWTH

<sup>1</sup>Patricia Dittus, <sup>2</sup>Oscar Beltran, <sup>3</sup>Laura Haderxhanaj, <sup>1</sup>Jami Leichter, <sup>1</sup>Harrell Chesson, <sup>1</sup>Sevgi Aral. <sup>1</sup>Centres for Disease Control and Prevention, Atlanta, USA; <sup>2</sup>OAK Ridge Institute for Science and Education, Atlanta, USA; <sup>3</sup>Indiana University Bloomington, Bloomington, USA

10.1136/sextrans-2017-053264.574

**Introduction** Risky sexual behaviour and STIs cluster within subpopulations. Examining the concentration of behaviours can help to target interventions to those at highest risk. Given STI disparities by sexual identity, we examined the distribution of sexual partners among heterosexual, homosexual, and bisexual males and females.

**Methods** Data from the 2006–15 U.S. National Survey of Family Growth were used to analyse the number of opposite-sex and same-sex partners in the past 12 months, focusing on means and the percentage of sex partners accounted for by the top 20% of each subpopulation; 95% confidence intervals were used to examine significant differences. Demographics will also be reported.

**Results** Bisexual women reported a higher mean number of recent opposite-sex partners (1.81; 95% CI: 1.66,1.96) than heterosexual (1.21; 95% CI: 1.19,1.24) and homosexual (0.79; 95% CI: 0.26,1.32) women, whereas homosexual women reported a higher number of same-sex partners (1.55; 95% CI: 1.39,1.72) than bisexual (0.74; 95% CI: 0.64,0.84) and heterosexual women (0.21; 95% CI: 0.17,0.25). Within each subgroup, the top 20% of bisexual and heterosexual women accounted for 45% and 37.6% of opposite-sex partners, respectively. Among males, there was no difference in the mean number of recent opposite-sex partners between heterosexual and bisexual men (1.5 partners), whereas homosexual men reported a significantly higher mean number of recent same-sex partners (2.39; 95% CI: 2.11,2.67) than bisexual (1.16; 95% CI: 0.87,1.45) and heterosexual men (0.18; 95% CI: 0.12,0.24). Within each subgroup, the top 20% of heterosexual men accounted for 47.1% of opposite-sex partners compared to the top 20% of gay and bisexual men accounting for 48.1% and 59.8% of same-sex partners, respectively.

**Conclusions** In general, sexual minorities reported higher numbers of recent sex partners, however, interesting gender differences emerged, particularly with regard to the top 20% of subpopulations. Interventions targeting high-risk persons within subpopulations may be more impactful.

#### P4.80 EMPOWERING ADOLESCENTS THROUGH ART EDUCATION FOR SEXUAL HEALTH PROMOTION

<sup>1</sup>Patricia Neyva da Costa Pinheiro, <sup>2</sup>Anny Gisely Milhome da Costa Farre, <sup>1</sup>Fabiane do Amaral Gubert, <sup>1</sup>Neiva Francenely Cunha Vieira. <sup>1</sup>Universidade Federal do Ceará, Fortaleza – CE, Brazil; <sup>2</sup>Universidade Federal de Sergipe, Lagartos – SE, Brazil

10.1136/sextrans-2017-053264.575

**Introduction** The objective of this study was to evaluate the contributions of Art Education for sexual health promotion of adolescents in the context of urban social vulnerability, through the process of consciousness and empowerment.

**Methods** Community-based participatory research developed with 21 adolescents who were participating in a governmental program of Art Education and resocialization located in a Brazilian poor community. Data were collected in five months by Fetterman's method of Empowerment Evaluation through weekly group meetings and participant observation by critical friends. Data analysis was supported by Freire's concepts of Critical Consciousness with a qualitative approach to data categorization.

**Results** Adolescents oriented their needs and priorities of health into two main themes and their categories: 1) Community: health care, diseases, trafficking, violence, drugs and leisure; 2) Adolescence: body, mind, friendships, dating, sex and fun. The Art Education activities - visual, audiovisual and dance - were articulated with reflections about these subjects and showed the power of community relationships in sexual health promotion of adolescents. Some changes were observed after reevaluation of the process and involved the triad: individual, community and program. A predominantly negative view of the neighbourhood was becoming a vision full of possibilities, examples and personal empowerment for health and wisely choices.

**Conclusion** This research proposed a model of Adolescent Health Promotion Based on Art Education and Community-Centred. The group walked towards intransitive consciousness, for the transitive-naïve and critical, featuring an awareness process that began with the seizure of a health reality initially considered fateful and immutable, past the living situations that favoured the questioning of this reality and culminated with the perception of the possibilities of change and self-determination for change.

#### P4.81 ADOLESCENT CHAT: MOBILE APPLICATION ON SEXUALITY, STD/HIV/AIDS PREVENTION

<sup>1</sup>Patricia Neyva da Costa Pinheiro, <sup>2</sup>Mariana Borges Sodré, <sup>3</sup>Thailane Maria Silva Santana, <sup>2</sup>Adrian Gomes Nogueira Ferreira, <sup>4</sup>Geraldo Braz Junior. <sup>1</sup>Universidade Federal do Ceará, Fortaleza – CE, Brazil; <sup>2</sup>Universidade Federal do Maranhão, Imperatriz – MA, Brazil; <sup>3</sup>Universidade Federal do Maranhão, Imperatriz – Ma, Brazil; <sup>4</sup>Universidade Federal do Maranhão, São Luís – MT, Brazil

10.1136/sextrans-2017-053264.576

**Introduction** The popularisation of mobile devices has been considered by many to be the technological revolution of greatest impact in recent years. Thus, the development of computational solutions in the form of applications for mobile devices represents an effective means of making available health education contents for adolescents. The objective of the study was to describe the development of the application Adolescent Chat with information on sexuality and STD/HIV/AIDS prevention.

**Methods** This is a research and methodological development, carried out in 2016. In this study, an application was developed based on the website already developed, Adolescent Chat, containing subjects on sexuality and STD/HIV/AIDS prevention as a tool to promote Adolescents that attend the Catholic Church. Ethical aspects were respected in accordance with protocol No. 1.165.118.