

Introduction Lorenz curves, while developed to measure income inequality, can describe the unequal distribution of sexual contacts in a population. Sexual partnerships are typically skewed with most individuals reporting few and some reporting many, but the degree of concentration is poorly understood. A better understanding has important implications for HIV and STI prevention, care and research, notably targeted PrEP and test-and-treat.

Methods We analysed data collected from an ongoing national HIV behavioural surveillance programme among gay and bisexual men (GBM) conducted in offline and online community settings in 2014. Participation was voluntary, anonymous and self-reported. Data were collected on the number of condomless anal intercourse partnerships (CAIPs) in the previous six months. We aimed to (i) describe the distribution of CAIPs; (ii) measure the concentration of CAIPs using Lorenz curves; (iii) identify potential “core” groups and compare their characteristics to other GBM.

Results Of 3027 GBM responding, 1575 (52%) reported at least one CAIP. Of these 1575, the median, mean and range was 1, 3.5 and 1–250 CAIPs, and the distribution was skewed with 90%, 95% and 99% percentiles being ≤ 6 , ≤ 10 and ≤ 39 CAIPs respectively. An aggregate 5525 CAIPs were reported, with 90% of GBM accounting for 52% of all CAIPs (those reporting > 6 CAIPs); 5% accounting for 40% of all CAIPs (those reporting > 10 CAIPs); and 1% accounting for 19% of all CAIPs (those reporting 40+ CAIPs). The Gini index was 0.59 indicating high inequality. GBM in these three “cores” were more likely to be older, diagnosed HIV positive, have recent STI diagnoses and negative attitudes towards condoms and safe sex obligations.

Conclusion A large volume of condomless sex partnerships in this community sample was generated by a small proportion of GBM representing highly sexually connected nodes. Clinically, interventions with these GBM such as PrEP and early diagnosis and treatment can disrupt transmission of HIV and STIs across sexual networks and must be attractive and accessible to them.

P4.85 YOUNG FEMALE GARMENT WORKERS IN MIGRATION, SEX WORK AND HIV: A STUDY OF MUMBAI CITY

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Introduction HIV/AIDS has become a major public health problem in India. Garment industry is one of the fastest growing industries attracting adolescents and young women. Since many risk behaviours, associated with transmission of HIV, are adopted in young age, it is very important to target the prevention efforts in the young age group. One of the major obstacles in conducting any health education campaign in this industries that, many workers shift from factory for better facilities. Hence governments as well as NGOs have failed to conduct HIV/AIDS awareness programmes in these industries. This has created a situation where in young workers lack proper knowledge about of HIV/AIDS, and also risky behaviour associated with it. To evaluate awareness and attitude regarding HIV/AIDS and high risk behaviour.

Methods Primary data has been collected from selected garment unit in Mumbai city. In-depth interviews and focus

group discussion have been conducted using semi structured questionnaire to among women garment worker in Mumbai.

Results Interviews with migrant garment workers confirmed that poverty was the primary motivator for migration. Women and key informants reported awareness that some migrants had sexual relationships with local men or engaged in sex work to supplement their income. Factory restrictions limited women's ability to access health care services and health education programs. Majority of the women had heard about HIV/AIDS and knew some aspects of it; the knowledge about it was very sparse. Migrant women and adolescent girls are more vulnerable to multiple partner sexual behaviour may be due to many reasons like poverty, harassment etc. Women involving in multiple partner sexual relations, which put them at greater health risk like RTI/STI/HIV.

Conclusion It is really a matter of concern as these women are highly vulnerable and can easily be infected with the HIV, considering the fact that they are not well aware about safe sexual practices. Adequate measures needs to be taken at various levels to address this issue more seriously.

P4.86 WORKPLACE AND HIV-RELATED SEXUAL BEHAVIOURS AND PERCEPTIONS AMONG FEMALE MIGRANT WORKERS: A STUDY OF MUMBAI CITY

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Introduction HIV/AIDS has become a major public health problem in India. Its prevalence among young people aged 15–24 years is high. Migrant workers have been identified as a population at risk for acquiring and transmitting HIV in many countries. For several reasons female migrants are believed to be more vulnerable than their male counterparts. Several studies have established that high risk sexual behaviours are related to the working environment. So it is important to identify the relationship between the workplace and HIV risk this may help researchers to develop appropriately targeted prevention intervention strategies among this vulnerable subpopulation. To evaluate awareness and attitude regarding HIV/AIDS and high risk behaviour related to HIV infection among garment workers.

Methods Primary data has been collected from selected garment unit in Mumbai city. In-depth interviews and focus group discussion have been conducted using semi structured questionnaire among women garment worker in Mumbai.

Results Interviews with migrant garment workers confirmed that poverty was the primary motivator for migration. Mostly migrated to the urban settlements from rural areas. This has significantly changed their socio-economic behaviour and livelihoods; They mostly belong to diversified poor socio-economic background; The workers are very young, having poor knowledge of personal hygiene, sexual and reproductive health, safer sex practices, STI and HIV/AIDS. They have limited access to reproductive and sexual health care and preventive measures. Factory restrictions limited women's ability to access health care services and health education programs. Women involving in multiple partner sexual relations, which put them at greater health risk like RTI/STI/HIV.

Conclusion It is really a matter of concern as these women are highly vulnerable and can easily be infected with the HIV, considering the fact that they are not well aware about safe