

Research team members reached consensus on coding, content and thematic analysis and key results.

**Results** Preliminary analysis yielded four themes including a) limited reproductive health vocabulary in some ethnic dialects from Burma b) use of euphemisms to increase cultural acceptance of reproductive health terms c) low levels of health literacy and frequent improvising with similes and metaphors for simplification d) deviation of interpreters from conduit roles to practitioner aids for smooth communication. For instance, the word for intercourse in Chin language is “hupa sual nak” with the literal meaning of “man and woman commit sin”. Discussion of sexual intercourse thus requires skillful interpretation.

**Conclusion** A close look at sexual constructs in an unfamiliar language highlights the imaginative resources used by interpreters to assist HCP in understanding patients’ inner world. A real challenge is for the HCP to recognise the meaning when the words used mean something similar to both patient and interpreter but the verbatim translation loses accuracy. Awareness of nuances of sexual health vocabulary will create smooth sexual health dialogue, and generate greater rapport with the patient.

### 003.3 SEX INDUSTRY REGULATION, SEX WORKER HEALTH AND STI/HIV PREVENTION

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**Introduction** The ability of sex workers to access healthcare and STI/HIV prevention education and tools is directly impacted by policy and law. Australia provides a unique case study of the direct effects of criminalisation, licensing, and decriminalisation on access to healthcare and rates of STI/HIV transmission as each state and territory has differing models of regulation operating side by side. New South Wales decriminalised sex work in 1995 in response to government findings of systemic police corruption; criminal laws repealed and police no longer regulators, sex work is regulated through standard occupational, planning and industrial mechanisms.

**Methods** Scarlet Alliance, the peak national sex work organisation, collects data directly from sex workers via forums, working groups and surveys. We conducted an in-depth, five stage consultation with sex workers from a range of genders, experiences and backgrounds. We reviewed health research and government reports to examine policy successes and areas in need of reform.

**Results** Under decriminalisation NSW sex workers have better access to healthcare and STI/HIV education and prevention tools including free, confidential and anonymous sexual health services as well as peer-led services. Higher rates of safer sex, lower rates of STIs and improved Workplace Health and Safety were also evident, while in other jurisdictions sex workers continue to face barriers to treatment and other health services and often work outside legal frameworks.

**Conclusion** Decriminalisation is the optimal regulatory model and is supported by the UNFPA, UNDP, UNAIDS, WHO and Amnesty International as critical to HIV prevention and for human rights. Despite 22 years of evidence of its success, barriers remain to the uptake of this model in Australia and globally including political pressure to criminalise clients, hostile funding environments, the booming “rescue industry and

institutional discrimination. The Australian case study supplies valuable evidence for governments, researchers, the health sector and the global sex work community.

### 003.4 THE ROLE OF SOCIAL SCIENCE AND PUBLIC PATIENT INVOLVEMENT IN THE DEVELOPMENT OF NOVEL RAPID DIAGNOSTIC TESTS FOR STIS AND ANTIMICROBIAL RESISTANCE DETECTION

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**Introduction** Patient and Public Involvement (PPI) is increasingly seen as necessary for conduct of high-impact ethical research, but when focused on short-term treatable sexually transmitted infections (STIs) it can be challenging to gain participants. The Precise Study is a collaboration to develop and evaluate point of care tests (POCTs) for short-term STI infection and Antimicrobial Resistance (AMR) detection. We explored patient opinions concurrent to POCT development, through qualitative interviews and PPI activities.

**Methods** Qualitative 1-on-1 interviews were conducted with a purposive sample of patients in three sexual health clinics (SHCs) in England. PPI activities included development of a patient and public advisory group (PAG). Interview topics were presented for discussion at one PAG meeting. Members were unaware of qualitative interview results until after they gave their opinions. Findings from qualitative interviews were compared with PAG meeting notes to better understand results of the two approaches.

**Results** 31 patient interviews were conducted in SHCs: 11 women, 12 heterosexual men and 8 men who have sex with men. Most patients felt POCTs were preferable to standard care, and many suggested ways to implement the tests in new clinical pathways. Our PAG had 4 members of the public: 3 women and 1 man, all with previous experience in healthcare settings. PAG member opinions of the POCTs and importance of the AMR test mirrored key themes found in patient interviews, however, PAG members focused on the potential for advocacy that POCTs provide, and suggested publicising rapid turnaround of results to encourage testing in high-risk groups with low clinic attendance.

**Conclusion** We have demonstrated that PPI is possible for stigmatised, treatable short-term STIs, provides new insights into care and utility and allows for continued dialogue on implementing solutions to meet patient concerns. We suggest that where possible, qualitative research is used to iterate the diversity of patient opinions, and is complemented by PPI to build patient-centred solutions.

### 003.5 ISEAN-HIVOS PHILIPPINES: STRENGTHENING CAPACITIES OF COMMUNITY-BASED ORGANISATIONS (CBO) THROUGH ORGANISATIONAL DEVELOPMENT (OD) FOR SUSTAINABILITY OF COMMUNITY-LED HIV AND RIGHTS-BASED INTERVENTIONS

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