P2-S4.07 UNSAFE CASUAL TRAVEL SEX WITH DISCORDANT AND CONCORDANT PARTNERS IS COMMON AMONG VISITORS OF A LARGE STI OUTPATIENT CLINIC IN AMSTERDAM; RISK FOR INTERNATIONAL SPREAD OF STI

doi:10.1136/sextrans-2011-050108.339

¹A Urbanus, ¹T Heijman, ²G Sonder, ²A van den Hoek. ¹Amsterdam Public Health Service, Amsterdam, Netherlands; ²Center for Infection and Immunology Amsterdam, CINIMA, Academic Medical Center, AMC, Netherlands

Background Travelling has always been an important factor in the spread of STI. In the last decades international travelling has become very popular and therefore the risk for spreading STI internationally has become higher. Here we examine determinants of casual travel sex among visitors of a large STI clinic in the Netherlands. With these results specific advice about safe casual travel sex might be given.

Methods During three waves of the bi-annual anonymous survey (mid 2008–mid 2009), 2971 attendees of the STI clinic Amsterdam, were interviewed about risk factors for blood-borne and sexually transmitted infections and about casual travel sex in the past 6 months. Determinants of casual travel sex were analysed using logistic regression. Analyses were done combined and separately for participants with Western, Surinam, and other ethnicity.

Results In total 949/2971 (32%) participants had casual travel sex in the 6 months preceding the visit to our STI clinic. Of these participants 265 (28%) were women, 299 (32%) heterosexual men and 385 (41%) MSM. Participants who had casual travel sex were more often heterosexual men (OR 1.66, 95% CI 1.37 to 2.01) or MSM (OR 3.03, 95% CI 2.50 to 3.68), were older (median 31 vs 27; $p < 0.0001$), had more often a history of STI (OR 1.66, 95% CI 1.42 to 1.94) and had a higher number of life time sexual partners (median 26 vs 13; $p < 0.0001$). Participants who had unsafe travel sex were younger (mean 29 vs 33; $p < 0.001$) and had less often a STI in the past (OR 1.41, 95% CI 1.08 to 1.82). In particular Western participants reported a high number of casual travel sex with discordant ethnic partners. In addition they reported more frequently unsafe sex with both discordant and concordant ethnic partners (see table). Around 60% of Western women, heterosexual men and MSM who had casual travel sex, had sex with a discordant ethnic partner. However, Western MSM were more likely to use a condom during casual travel sex (OR 2.39, 95% CI 1.45 to 3.92) than heterosexual men and women see Abstract P2-S4.07 Table 1.

Conclusion Casual travel sex is very common among visitors of our STI clinic compared with the ca. 5% reported among visitors of a travel clinic, in particular among visitors who are older, with a high number of lifetime sex partners and with previous STI. These findings give insight in the risk of the international spread of STI and may be of help in providing specific pre-travel advice on safe sex abroad.

Abstract P2-S4.07 Table 1 Number of participants who have casual travel sex per ethnicity group

	Casual travel sex	With discordant ethnicity group	Unsafe sex with discordant ethnicity group	Unsafe sex with concordant ethnicity group
Participant				
Western*	647/1931 (33.5%)	384/647 (59.0%)	201/380 (52.9%)†	160/263(60.8%)
Suriname	70/358 (19.6%)	35/70 (50.0%)	13/35 (37.1%)	18/34 (52.9%)†
Other	232/682 (34.0%)	93/232 (40.1%)	48/93 (51.6%)	73/136 (53.7%)†

*Dutch included.

†Missings excluded.

P2-S4.08 PATTERNS AND CORRELATES OF CONDOM USE AT LAST SEX EPISODE IN A POPULATION PRESENTING FOR VOLUNTARY HIV COUNSELLING AND TESTING IN SOWETO, JOHANNESBURG

doi:10.1136/sextrans-2011-050108.340

¹T Nshimiyimana, ¹E Thandekile, ²I Katz, ¹N Martinson, ¹G Gray, ¹G de Bruyn. ¹Perinatal HIV Research Unit, Johannesburg, South Africa; ²Harvard Medical School, USA

Background Promotion of condom use remains an important public health intervention to prevent HIV transmission and acquisition. Routine data from voluntary counselling and testing (VCT) can inform evaluation of prevention efforts that emphasise condom use. This study uses a Johannesburg township VCT data to characterise the correlates of condom use at the sexual episode that preceded VCT visit.

Methods This retrospective analysis uses a service level data on 2829 individuals seeking VCT at a Soweto-based testing center between 2008 and 2010. Multivariate models were used to compare the correlates of condom use with clients' HIV-1 serostatus.

Results Women were 1800 (63.6%) with a mean age of 32 while men were 1029 (36.4%) with a mean age of 35. Out of 1,862 clients reporting sexual intercourse within the month that preceded VCT visit, 27.8% were HIV-1 infected. Among 1,916 HIV-1 seronegative clients, 51.8% reported not using condom at last sexual episode compared to 44% among 911 clients in the HIV-1 seropositive subgroup. HIV-1 seropositive clients reporting not having a sex partner but who described their most recent sexual episode as casual were less likely to have used a condom during that sex act compared to those who reported having their last sex with their regular partners (Adjusted Odd Ratios [AOR], 0.4; 95% CI, 0.2 to 0.6). This difference was not observed in the HIV-1 seronegative subset. In the HIV-1 seropositive subgroup, those reporting previous exposure to VCT were more likely to have used a condom during the sex episode that preceded their VCT visit compared to those reporting it was their first encounter with VCT (AOR, 2.6; 95% CI 1.6 to 4.3). However, the effect of previous exposure to VCT on condom use was not significant in the HIV-1 seronegative subset. For both the HIV-1 seronegative and seropositive subsets, condom use likelihood was higher among men compared to women (AOR, 1.6; 95% CI 1.2 to 2.0 and AOR 1.7; 95% CI 1.1 to 2.7), respectively.

Conclusion The findings underline a need for distinguishing HIV risk reduction counselling targeted at the HIV-1 infected from those aimed at the HIV-1 uninfected, especially in Soweto context.

P2-S4.09 ABSTRACT WITHDRAWN

P2-S4.10 CHARACTERISTICS ASSOCIATED WITH CONDOM BREAKAGE/SPLIAGE OR PARTIAL USE DURING VAGINAL SEX WITH MAIN AND NON-MAIN PARTNERS: FINDINGS FROM THE SAFE CITY PROJECT STUDY

doi:10.1136/sextrans-2011-050108.342

¹L D'Anna, ²A Margolis, ²L Warner, ¹O Korosteleva, ³L O'Donnell, ⁴C Rietmeijer, ⁵J Klausner, ¹C K Malotte. ¹California State University, Long Beach, Long Beach, USA; ²Centers for Disease Control and Prevention, Atlanta, USA; ³Education Development Center, Boston, USA; ⁴Denver Public Health, Denver, USA; ⁵University of California, San Francisco, USA

Background Condom use problems including breakage, slippage, or partial use (delayed application or early removal) jeopardise condom effectiveness. Our research aims were to: 1) assess the prevalence of condom use problems among urban US STD clinic users; 2) identify participant and partner characteristics and behaviours associated with condom use problems; and 3) examine how these

characteristics are associated with the odds of experiencing condom breakage/slippage or partial use during vaginal sex.

Methods Patients (n=1609) attending STD clinics in 3 cities (Denver, Long Beach, and San Francisco) between June 2004 and May 2005 were enrolled in a study evaluating the behavioural effects of a video-based waiting room intervention modelling couples overcoming barriers to safer sexual behaviours. Two surveys were conducted (baseline and 3-months) measuring behaviours during the previous 3 months. Bivariate analysis using χ^2 and multivariable analysis using logistic regression were conducted.

Results At baseline, 767 men and women (median age=26 years) reported using a condom at least once during vaginal sex with their most recent partner (64.4% main and 35.5% non-main) in the preceding 3 months. A majority did not use condoms consistently (62.3%). Among 100% condom users, 152 (52.6%) reported no errors, while 137 (47.4%) experienced errors (56 breakage, 49 partial use, and 32 both errors). Among all users, the per-condom use rates of breakage/slippage, but not partial use, varied significantly by partner type (5.96% main and 9.35% non-main). Multivariable analysis revealed the following characteristics associated with increased odds for condom breakage/slippage: African American race (OR=2.0; CI 1.3 to 3.1), Latino ethnicity (OR=2.0; CI 1.3 to 3.1), drunk/high during sex (OR=1.5; CI 1.1 to 2.1), STI among recent sex partner (OR=1.7; CI 1.2 to 2.3); and main partner status (OR=1.8; CI 1.3 to 2.6); and for partial use: female gender (OR=1.4; CI 1.0 to 1.9), drunk/ high during sex (OR=1.5; CI 1.1 to 2.0), and main partner status (OR=1.4; CI 1.0 to 2.0).

Conclusions In this population of condom users at high risk for STI/HIV, inconsistent condom use and consistent condom use with errors were reported frequently. These results suggest that clinicians should not assume that patients use condoms correctly, and that patients may benefit from condom use counselling tailored to individual and partnership characteristics and behaviours.

Social and behavioural aspects of prevention poster session 5: High Risk Groups

P2-S5.01 A QUALITATIVE STUDY OF BARRIERS TO CONSISTENT CONDOM USE AMONG HIV-1 SERODISCORDANT COUPLES IN KENYA

doi:10.1136/sextrans-2011-050108.343

¹K Nguni, ¹N Mugo, ²C Celum, ²J Baeten, ²M Morris, ³O Olungha, ³J Olenja, ¹H Tamooh, ²B Shell-Duncan. ¹Kenyatta National Hospital, Nairobi, Kenya; ²University of Washington, Washington, USA; ³University of Nairobi, Nairobi, Kenya

Background Consistent condom use reduces HIV-1 risk and is important for HIV-1 serodiscordant couples (where one partner is HIV-1-infected and the other is HIV-1-uninfected). This study explored barriers to consistent condom use among heterosexual HIV-1 serodiscordant couples.

Methods This qualitative study used 28 in-depth interviews and 9 focus group discussions. The participants were purposively-selected heterosexual HIV-1 serodiscordant couples from Thika and Nairobi districts in Kenya.

Results A majority of HIV-1 serodiscordant couples reported challenges in consistent condom use. The main barriers to consistent condom use included male partners' reluctance to use condoms regardless of HIV-1 status, female partners' inability to negotiate condom use, poor knowledge of condom use leading to condom breakage, misconceptions about HIV-1 serodiscordance, challenges in disclosing HIV-1 positive results to new sexual partners, desire for conception, and reduced sexual pleasure reported by both male and female partners. Condom use was cited as one of the main challenges of living with HIV-1 serodiscordance.

Conclusions Serodiscordant couples face multiple challenges in using condoms for HIV-1 prevention, and need couples-centred counselling to address barriers to consistent condom use. Specific areas of focus should include provision of information about the substantial risk of HIV-1 transmission within serodiscordant partnerships, development of skills for women to effectively negotiate condom use, disclosure of HIV-1 serostatus to new sexual partners, and strategies for conception that minimise risk of HIV-1 transmission.

P2-S5.02 CONFINED OUTREACH CLINICS: INCREASING UTILISATION OF HIV/STI CLINIC SERVICES BY IDUs IN HARD TO REACH RURAL SETTINGS: AN EXAMPLE FROM NORTH-EAST INDIA

doi:10.1136/sextrans-2011-050108.344

C Z Sono, M Lalawmpui. EHA-Project ORCHID, Dimapur, India

Issue Clinics in fixed locations have limited effectiveness in HIV/STI prevention programs among injecting drug users (IDUs) in North-East India. Mountainous terrain and poor roads make physical accessibility difficult, and designated IDU clinics are often stigmatised by the general community, reducing acceptability among IDUs.

Setting Nagaland state in Northeast India has a porous border with Myanmar and is characterised by difficult terrain, poor infrastructure, and a conservative religious climate generally intolerant of IDUs. HIV and STI prevalence rates among IDUs are among the highest in India. HIV prevalence is 1.8% (2008), while syphilis prevalence is as high as 17% (2009) and chlamydia as high as 13% (2009) in some districts.

Project Project ORCHID, funded by Avahan India, has been implementing HIV/STI targeted interventions among IDUs in Nagaland since 2004. In response to the high prevalence of STIs and the clinic access challenges facing IDUs, an outreach clinic service known as the Confined Outreach Clinic (COC) was developed. The COCs are conducted by trained clinical staff and outreach teams in locations convenient to the IDUs. Timing and locations for the clinics are chosen by the IDU community in consultation with the outreach teams to ensure maximum acceptability and attendance. Clinical services follow standardised national guidelines. They provide STI treatment as well as HIV/STI prevention and referral services. To maximise acceptability, some general medical services are also provided.

Outcomes Clinic visits more than doubled after introduction of this model, from 1734 (July–December 2009) to 4347 (January–June 2010), while the number of individuals accessing the clinic increased by 68%. The COC model therefore not only increased population coverage but also the number of repeat clinic visits within the reporting period. COCs are a low cost and highly acceptable model of service delivery for IDUs, effective in improving poor service uptake.

P2-S5.03 HYPERFEMININE AND VULNERABLE: GENDER IDENTITIES AND HIV/AIDS IN TRANSGENDER WOMEN IN BOGOTÁ, COLOMBIA

doi:10.1136/sextrans-2011-050108.345

J H Estrada-Montoya, A García-Becerra. Universidad Nacional de Colombia, Bogotá, Colombia

Background Studies in current literature show high HIV prevalence rates in transgender women all around the world. Transgender women face very high-levels of marginalisation, violence, stigma