

injection frequency and HIV prevalence of 28.65% underlines the need for continued behaviour change communication. Low injecting rates and moderate to high sexual activity among Nagaland IDUs indicates communication strategies should shift towards sexual risk behaviours. The 3rd PBS is underway and will enable to see how behaviours are changing over time.

## Social and behavioural aspects of prevention poster session 6: Men who Have Sex with Men

### P2-S6.01 SOCIAL, BEHAVIOURAL CHARACTERISTICS, AND SEROPREVALENCE OF HIV INFECTION AMONG MEN WHO HAVE SEX WITH MEN (MSM): ABOUT 92 CASES COLLECTED IN A COMMUNITY MEDICAL CENTER NAMED CENTRE OASIS "OF ASSOCIATION AFRICAN SOLIDARITÉ (AAS), OUAGADOUGOU, BURKINA FASO"

doi:10.1136/sextrans-2011-050108.353

<sup>1</sup>Ter Tiero Elias Dah, <sup>2</sup>T S Koala. <sup>1</sup>Association African Solidarité, Ouagadougou, Burkina Faso; <sup>2</sup>GGlobal Fund, Burkina Faso, Ouagadougou, Burkina Faso

**Background** Like many African countries, the issue of sex between men in Burkina Faso remains taboo and is often the cause of social exclusion. Our objective in this study was to determine social and behavioural characteristics and seroprevalence of HIV infection among MSM in Ouagadougou.

**Methods** A questionnaire (closed questions) written by the medical team at Centre Oasis" was submitted to the MSM. Our sample of 92 consisted of MSM who frequented the center and some who did not. Data were collected by medical staff and peer educators. They were: -Social, -Behavioural, -The results of HIV serology.

**Results** The average age of MSM surveyed was 28.6 years with extremes of 18 and 56 years. MSM were predominantly students with a proportion of 34.8%. 21.7% were traders, 2.2% were unemployed. More than half of respondents were single (54.8%). 22.8% were living with a common-law wife, and 20.7% were legally married. 78.3% of MSM had had sex with a woman. 2 / 3 of all MSM (65.2%) were bisexual. In 90.2% of cases, the MSM used condoms two out of three times during sexual intercourse. 77.2% of MSM used water-based gels two out of three times during sexual intercourse. The majority of MSM (82, 6%) had more than one sexual partner. In 82.1%, none of the MSM had discussed their situation with their family for fear of being rejected. Of 55 MSM who had had an HIV test, 8 had been diagnosed positive for HIV giving a prevalence of 14.5%.

**Conclusion** In our study, it appears that the MSM community in Ouagadougou is highly vulnerable given the high rate of HIV seroprevalence and its marginalisation. Targeted interventions for the recognition of support are needed to help sustain the achievements of the national fight against HIV.

### P2-S6.02 USE OF A COMPUTER ALERT INCREASES DETECTION OF EARLY, ASYMPTOMATIC SYPHILIS AMONG HIGHER RISK MEN WHO HAVE SEX WITH MEN

doi:10.1136/sextrans-2011-050108.354

<sup>1</sup>M Bissessor, <sup>1</sup>C Fairley, <sup>2</sup>D Leslie, <sup>1</sup>M Chen. <sup>1</sup>Melbourne Sexual Health centre, Carlton, Australia; <sup>2</sup>VIDRL, Aruba

**Background** More frequent screening of higher risk men who have sex with men (MSM) for syphilis could reduce the transmission and prevalence of syphilis. This study assessed the impact of a computer

alert on the rate of syphilis testing and diagnoses among higher risk MSM.

**Methods** In October 2008, a computer alert was introduced at the Melbourne Sexual Health Centre. This alert appeared during consultations for MSM who reported more than 10 male partners in the prior 12 months, reminding clinicians to test such higher risk men 3 monthly for syphilis. Syphilis testing rates and diagnoses among MSM were determined for the 12 months before and the 12 months after the introduction of the alert.

**Results** The proportion of MSM who were identified as being higher risk who were tested for syphilis in the two time periods increased from 77 % (1559/2017) to 89% (1282/1445) ( $p < 0.001$ ). The proportion of higher risk men diagnosed with early syphilis and who were asymptomatic for syphilis was 16% (5/31) and 53% (31/58) respectively ( $p = 0.001$ ). By contrast, there was no significant increase in the proportion of MSM who were identified as being lower risk who were tested for syphilis: 65% (1228/1885) and 68% (1667/2448) ( $p = 0.4$ ). Nor was there a significant increase in the proportion of lower risk men diagnosed with early syphilis who were asymptomatic: 10% (1/10) and 19% (3/16) respectively ( $p = 0.6$ ).

**Conclusion** The use of a computer alert was associated with increased syphilis testing of higher risk MSM attending a clinical service as well as increased detection of early, asymptomatic syphilis.

### P2-S6.03 ABSTRACT WITHDRAWN

### P2-S6.04 NEEDS ASSESSMENT ON STI PREVENTION SERVICES AMONG MEN WHO HAVE SEX WITH MEN WITH HIV IN GUATEMALA CITY, 2010

doi:10.1136/sextrans-2011-050108.356

<sup>1</sup>N Farach, <sup>1</sup>S Boyce, <sup>2</sup>C Barrington, <sup>3</sup>C Galindo, <sup>1</sup>G Paz-Bailey. <sup>1</sup>TEPHINET, Tegucigalpa, Honduras; <sup>2</sup>University of North Carolina, Chapel Hill, USA; <sup>3</sup>Universidad del Valle, Guatemala City, Guatemala

**Background** STI prevention and support services for MSM living with HIV in Guatemala are limited. The aim of this study was to collect information on STI risk among MSM living with HIV to inform the development of integrated prevention and care services for this population.

**Methods** As part of a qualitative study with MSM in Guatemala City, nine MSM living with HIV were purposely selected and interviewed in March 2010. Interviews addressed STI-related risk behaviours, experiences with HIV/STI services, social network characteristics and life after HIV diagnosis. Participants were recruited through referral from NGO representatives, key informants, clinic staff and other participants. In-depth interviews were recorded and transcribed and field notes were incorporated into the transcriptions. After multiple readings of the transcripts, key themes were identified and a codebook was developed. Codes were applied using the qualitative software Atlas.ti. Data was further analysed using analytic memos and discussions with research team.

**Results** Despite reporting HIV-related risk behaviours, including multiple, concurrent sexual partners, inconsistent condom use, and alcohol and drug use, most participants did not report an STI infection after their HIV diagnosis. Attitudes towards current HIV/AIDS treatment services tended to be favourable, especially among those who compared them to earlier treatment experiences, and participants described preferences for a one-stop venue for sexual health services. Participants were generally not familiar with STI services and identified several barriers to access including insufficient information on STI, lack of confidentiality and fear

of stigma and discrimination from health workers. Many participants experienced a double burden of family rejection, first for their sexual orientation and then for their HIV diagnosis. In response to this alienation, participants created alternative networks of social support, frequently with other MSM or people with HIV, which provide moral support and motivation for treatment adherence.

**Conclusions** STI prevention, diagnosis and treatment services among MSM with HIV in Guatemala should be strengthened. Prevention interventions should contemplate using social support networks as an additional communication channel for STI prevention and antiretroviral adherence messages. Confidential STI prevention, diagnosis and treatment services should be integrated into existing HIV/AIDS services.

### P2-S6.05 EXPLORING DYNAMICS AROUND FEMALE CONDOM USE FOR ANAL SEX AMONG MSM

doi:10.1136/sextrans-2011-050108.357

S B Kokku, S Tucker, S Punyam. *India HIV/AIDS Alliance, Hyderabad, India*

**Background** Studies around the world have reported about the use of female condom (FC) for anal sex by men who have sex with men (MSM). No studies have been conducted in India about FC use for anal sex. This study was designed to know the reasons, perceived benefits, concerns and other issues around FC use in Andhra Pradesh where India HIV/AIDS Alliance implementing a HIV prevention program.

**Methods** A qualitative study was carried out among MSM at three sites, selected using purposeful sampling method. Total eight Focus Group Discussions (FGDs) with 83 participants and 18 in-depth interviews (IDI) were conducted. IDI respondents were selected by purposeful sampling method from the self-reported FC users. A structured questionnaire was used for the study.

**Results** In two sites, 18 out of 53 respondents (34%) reported using FC while none of the respondents at the third site had heard of using FC for anal sex. The practice is mainly due to peer influence within the local sexual networks. The decision to use FC is made by the recipient partner who is influenced by various factors like difficult partners/clients who don't like to wear male condom and in anticipation of having sex with more than one partner or group sex etc. A few MSM (11%) are using single condom with multiple clients. The perceived benefits with FC use include sense of security, having control, client satisfaction hence better income, and they can use a single condom for multiple encounters with multiple partners. Participants reported frequent problems with FC use, particularly rectal bleeding (100%), discomfort (72%) and slippage (28%). Despite bleeding from anus on first time use, majority (83%) of them said they will continue to use FC. One of the myths observed during the FGDs is the use of spit with mud as lubricant which was attributed to better satisfaction due to the presence of finer granules in the mud.

**Conclusions** The study clearly shows that despite frequent problems with FC use, considerable number of MSM (83%) prefer to continue using FC. Therefore the need for modifying condom design, conducting training, and research on safety outcomes becomes absolutely imperative. IEC (Information, Education & Communication) materials need to be designed to spread the message on proper use and disposal of FC, and also to address the use of single condom with multiple partners. Using of mud with spit as lubricant needs to be explored further to better understand its consequences.

### P2-S6.06 PREVALENCE, INCIDENCE AND PREDICTORS OF SEXUAL ASSAULT IN THE COMMUNITY-BASED HIM COHORT OF SYDNEY HOMOSEXUAL MEN

doi:10.1136/sextrans-2011-050108.358

D Templeton, F Jin, G Prestage, M Poynten. *National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Darlinghurst, Australia*

**Background** Sexual assault (SA) is commonly reported in cross-sectional studies of men who have sex with men (MSM) worldwide, but there are few community-based longitudinal data.

**Methods** Participants in the Health in Men (HIM) cohort study reported lifetime history of SA at baseline and annual experience of SA at each interview. Predictors and outcomes of lifetime and incident SA were assessed using logistic and Cox regression analyses, respectively.

**Results** At study entry 319 of 1427 participants (22.5%, 95% CI 20.4 to 24.8%) reported past SA. Independent demographic predictors of past SA were being on pension or benefits ( $p < 0.001$ ), Asian v Anglo ethnicity (OR=0.37,  $p=0.015$ ) and Indigenous vs non-Indigenous ethnicity (OR 3.79,  $p=0.024$ ). Those reporting past SA had more lifetime male sexual partners ( $p < 0.001$ ) and more often reported past gonorrhoea infection ( $p=0.010$ ). Past SA was associated with cigarette smoking ( $p < 0.001$ ), marijuana use ( $p < 0.001$ ), amyl nitrate use ( $p=0.034$ ) but not use of alcohol or other recreational drugs. During 7392.7 person years of follow-up 55 incident SA were reported (incidence 0.74 per 100PY, 95% CI 0.57 to 0.97). Incidence was significantly higher among those with lower incomes ( $p=0.015$ ) and those who reported a past history of SA at baseline (HR 2.61,  $p=0.009$ ). In the previous 6 months, those suffering incident SA had more male sexual partners ( $p=0.056$ ), more unprotected receptive anal sex with casual partners ( $p=0.004$ ), but were no more likely to acquire HIV ( $p=0.313$ ). There was no association of incident SA with current sex work, smoking, alcohol or other recreational drug use. After adjustment for age both past and incident SA were predictors of current erectile dysfunction ( $p < 0.001$  &  $p=0.005$ , respectively), low libido ( $p=0.050$  &  $p=0.028$ , respectively) and other problems affecting sexual satisfaction (both  $p < 0.001$ ). Lifetime and incident SA were both also associated with a range of adverse psychological correlates.

**Conclusions** As far as we are aware, these are the first prospective data to examine sexual violence among MSM. A number of demographic and behavioural correlates suggest socioeconomic disadvantage and potentially heightened STI/HIV risk in these MSM victims. There was a strong association of SA with adverse markers of psychological and psychosexual health. Routine enquiry regarding SA experience of MSM should occur in sexual health clinics due to its association with a broad range of adverse sexual health outcomes.

### P2-S6.07 INTENTIONAL VIRAL SORTING AS A FREQUENTLY PRACTICED HIV RISK REDUCTION STRATEGY AMONG HIV-POSITIVE MSM WITH HIV DISCORDANT AND CONCORDANT PARTNERS

doi:10.1136/sextrans-2011-050108.359

<sup>1</sup>U Davidovich, <sup>1</sup>W Van den Boom, <sup>2</sup>R Witlox, <sup>1</sup>I Stolte. <sup>1</sup>Public Health Service Amsterdam, Amsterdam, Netherlands; <sup>2</sup>Dutch HIV Association, Amsterdam, Netherlands

**Background** Viral sorting is a risk reduction strategy based on the perception that an undetectable viral load reduces HIV transmission risk during unprotected anal intercourse (UAI) with casual partners. We examined how frequently HIV-positive men who have sex with men (MSM) practice intentional viral sorting with HIV-positive and HIV-negative or unknown casual sex partners and sex buddies.