

**Background** Innovative interventions to prevent persistently high rates of STIs and pregnancy among Latino youth in the U.S. are needed. We developed *Yo Puedo* ("I can"), a sexual health intervention that combines conditional cash transfers (CCTs) and life skills, for youth in a high-risk, urban neighbourhood.

**Methods** *Yo Puedo* targeted small social networks of youth aged 16 to 21 (both in-school and out-of-school). CCTs were tied to completion of educational goals and use of reproductive health clinical services. We conducted feasibility research through randomization of networks to *Yo Puedo* or an observational control arm.

**Results** 72 social networks comprised of 162 youth enrolled in *Yo Puedo*, with 92% follow-up over six months. At baseline, participants had a mean age of 17 years and one-third were foreign-born. 80% of males and 65% of females had ever had sex ( $p = 0.06$ ), with males reporting a higher mean lifetime number of partners (5.8 vs. 3.1,  $p < 0.01$ ). Half (58.2%) of participants had gang-affiliated close friends. Nearly all (94%) participants reported not wanting to become pregnant or get someone pregnant, yet one-third of sexually active youth reported unprotected sex in the past six months. Social networks clustered significantly (intraclass correlations ranged from 0.31–0.92) across sociodemographic and risk profile characteristics; analyses were adjusted for network clustering. 72% of youth randomized to the intervention participated: 53% received at least one CCT payment; 66% came to at least one life skills group. The median amount earned was \$30 (range \$0–\$200). There was little evidence that cash payments financed illicit or high-risk behaviour. A higher proportion of youth who participated, compared to those who did not, had been to a reproductive health clinic at follow-up ( $p < 0.01$ ).

**Conclusions** *Yo Puedo* showed promise as a sexual health intervention for high-risk, urban youth. Targeting youth's social networks may yield sustained effects over time.

## 012.5 TRADITIONAL EXPLANATORY MODELS OF DISEASE AND MESSAGING AROUND HIV AND STI RISK AND PREVENTION: FINDINGS FROM AN EXPLORATORY STUDY WITH TRADITIONAL HEALTH PRACTITIONERS IN SOUTH AFRICA

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**Background** Research has shown that traditional medicine and Traditional Health Practitioners (THPs) represent the first line of healthcare for the majority in sub-Saharan Africa (SSA). In this context, understanding traditional beliefs is critical, if we are to design effective health messages and improve health outcomes. The aim of this study was to identify and understand how traditional knowledge and beliefs influence explanatory models of disease and patient actions to avoid risk of HIV and STI infection.

**Methods** An exploratory qualitative study involving THPs and their patients was conducted in 2011 at five sites in provinces Gauteng and KwaZulu-Natal. THPs ( $n = 54$ ) were recruited through local forums and patients ( $n = 48$ ) recruited by their THP. Diviners, herbalists, traditional birth attendants and traditional surgeons were all represented. Data were analysed using NVivo 9.

**Results** THPs provide a holistic 'catch all' service that would involve multiple providers within the allopathic sector. Whilst participants acknowledged allopathic risk factors and modes of transmission, beliefs around aetiology were generally located in the spiritual dimension with infection often blamed on lack of respect for/non-adherence to traditional practises resulting in 'pollution' and 'dirt in the blood'. THPs demonstrated a willingness to refer patients to clinics for diagnosis and treatment, recognised benefits

of circumcision, and encouraged patients on ARVs to continue treatment. However, protective and preventive properties of traditional medicines were frequently highlighted.

**Conclusion** It was clear from this study that for many in South Africa traditional beliefs are often held alongside an acknowledgement of some aspects of germ theory. Given the pervasive traditional belief-based explanatory model of disease, health messaging and interactions that do not acknowledge this are likely to fail. It is critical that the allopathic/western system understands these core beliefs of patients accessing their services so as to optimise health messages, treatments, behaviours and clinical outcomes in SSA.

## 012.6 UNDERSTANDING EXPERIENCES AND IMPACT OF DOMESTIC VIOLENCE AND ABUSE IN GAY AND BISEXUAL MEN ATTENDING A SEXUAL HEALTH SERVICE IN THE UK

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**Background** Domestic violence in men who have sex with men (MSM) is common and associated with adverse health consequences. This study aims to (i) explore the nature and impact of domestic abuse in gay and bisexual men attending a UK sexual health clinic and (ii) explore men's views on routine enquiry for domestic abuse by health practitioners.

**Methods** A self-completion survey was implemented in the waiting rooms of sexual health clinics at a UK hospital. Men aged 18 and over, attending alone, who could read and write English were invited to participate in a male patient survey on relationships and health. The 2-part survey examined potentially abusive behaviours and health outcome including: anxiety and depression; alcohol and drug abuse; use of services; and views on routine enquiry within a health context.

**Results** 1,135 men completed a survey, of which 523 (46.0%) identified themselves as either gay or bisexual, 501 (95.8%) answered all questions relating to domestic violence in Part 1 of the survey. 145 (28.9%) men reported experiencing at least one abusive behaviour from a current or former partner; 81 (16.2%) men reported carrying out at least one abusive behaviour towards a current or former partner; 55 (11.0%) men reported both experiencing and perpetrating at least one abusive behaviour towards a partner. The majority of men supported the idea of health practitioners asking about domestic abuse during consultations.

**Conclusion** This study provides a greater understanding of domestic abuse in gay and bisexual men by including questions on impact as well as severity. The survey also examines the impact of these behaviours on men's health and the role of sexual health practitioners in responding to gay and bisexual men affected by domestic abuse.

## 0.13 - Epidemic appraisal and strategic planning

### 013.1 THE USE OF RAPID EPIDEMIC APPRAISALS FOR PLANNING AND SCALING UP FOCUSED HIV PREVENTION PROGRAMMES FOR FEMALE SEX WORKERS IN NIGERIA

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**Background** The HIV epidemic in Nigeria is complex with substantial heterogeneity in its distribution across different regions and