

Methods A probability-sample survey undertaken 2010–2012 (Natsal-3) using a combination of computer-assisted personal and self-interviewing (CAPI/CASI). Participants rated themselves as ‘greatly’, ‘quite a lot’, ‘not very much’ or ‘not at all’ at risk of getting an STI (excluding HIV) given their current sexual lifestyle. We analysed weighted data on risk perception and behaviour from sexually-active individuals aged 16–44 (3391 men, 4966 women), and used multinomial regression to calculate relative risk ratios (RRRs) for rating oneself as greatly/quite a lot or not very much at risk (both compared with not at all at risk).

Results Most participants (64% of men, 73% of women) rated themselves as ‘not at all at risk’ of STIs, 30% of men and 23% of women as ‘not very much at risk’, and 6% of men and 4% of women as ‘greatly/quite a lot at risk’. After adjustment for age, increasing risk perception was associated with reporting risk behaviours in the past year (RRRs for men presented for illustration, associations for women were generally similar): 1 new condomless partner (RRR 5.97 [4.24–8.40] for ‘greatly/quite a lot’ and 2.60 [2.08–3.25] for ‘not very much’, both compared with ‘not at all at risk’), same-sex partners (RRR 19.85 [8.56–46.03] for greatly/quite a lot, 7.11 [3.99–12.66] for ‘not very much’), and concurrent partners (RRR 16.21 [10.27–25.59] for greatly/quite a lot, 5.77 [4.10–8.11] for ‘not very much’). However, these behaviours were also reported by a substantial proportion of those not rating themselves as at risk. For example, 27% of men and 26% of women who self-rated as ‘not very much at risk’, and 10% of men and 9% of women who self-rated as ‘not at all at risk’ reported 1 new unprotected partner in the past year. Similarly, 18% of men and 12% of women who self-rated as ‘not very much at risk’ reported concurrent partnerships in the past year.

Conclusion Most participants did not perceive themselves as being at risk of STIs, however many of these people reported sexual behaviours that are strongly associated with STI acquisition. Health promotion efforts should take account of mismatches between perceived and actual risk.

007.4 CHALLENGES OF IMPROVING REPRODUCTIVE HEALTH LITERACY: LEARNINGS FROM PRACTITIONERS CARING FOR HUMANITARIAN ENTRANTS FROM BURMA

¹Amita Tuteja, ¹Lena Sanci, ²Lester Mascarenhas, ³Elisha Riggs, ²Lynette O Dwyer, ²Di Van Villet, ²Katrina Sangster, ²Kim McGuinness, ¹Meredith Temple-Smith. ¹Department of General Practice, University of Melbourne, Australia; ²Isis Primary Care, Hoppers Crossing, Melbourne, Australia; ³Murdoch's Children Research Institute, Royal Children's Hospital, University of Melbourne, Australia

10.1136/sextrans-2017-053264.39

Introduction In 2015, among 65.3 million displaced worldwide were 1.53 million people displaced from Burma, awaiting resettlement. Primary care practitioners (PCP) in settlement areas of Melbourne, Australia, have limited understanding of reproductive health literacy of refugees from Burma. Prior to migration they face significant human rights violations creating a culture of silence, and have no experience of informed decision making or voluntary consent. Based on this need articulated by PCP, we examined factors affecting sexual health literacy, to determine areas of priority and potentially effective strategies for delivering sexual health education to this refugee group.

Methods We conducted 27 semi-structured interviews on sexual health consultations with PCP involved with refugees from Burma. A conceptual framework based on principles of “humanization”, and “sustainable development” underpinned interview guide development. Interviews were audio-recorded and transcribed. Content and thematic analysis followed independent coding and consensus discussion by team members.

Results Preliminary analysis suggests that although people from Burma originate from the same country, their diverse cultural and linguistic backgrounds impacts the entire spectrum of reproductive health related literacy. Knowledge of people who had lived in the plains appeared greater compared to people from hills or remote areas. Time in refugee camps and access to schooling also affects health literacy. All PCP prioritised winning the trust of patients over preventive health endeavours. PCP noted that Burmese refugees were not embarrassed by sexual health discussions and were eager to learn about it. Finally, ‘word of mouth’ was the most effective health engagement strategy. Actively involving clients in communication activities such as using drawings of reproductive organs to stimulate discussions were helpful.

Conclusion Health education delivered using culturally appropriate strategies focusing on patient engagement will definitely improve the uptake of reproductive health services.

007.5 PREDICTORS OF RESPONSIVENESS AMONG AMERICAN INDIAN ADOLESCENTS TO A COMMUNITY-BASED HIV RISK-REDUCTION INTERVENTION

Anne Rompalo, Rachel Chambers, Summer Rosenstock, Novalene Goklish, Francene Larzelere, Angelita Lee, Lauren Tingey. Johns Hopkins University, USA

10.1136/sextrans-2017-053264.40

Introduction American Indian/Alaska Native (AI/AN) adolescents suffer disparities in sexually transmitted infection, HIV/AIDS and unintended pregnancy. Deficits in culturally relevant risk-reduction interventions exacerbate sexual health inequalities. Our tribal-academic partnership evaluated a culturally congruent HIV risk-reduction intervention called: Respecting the Circle of Life (RCL) through a randomised controlled trial. This analysis assesses individual level predictive factors for unresponsiveness to the RCL program.

Methods 267 AIs ages 13–19 participated; data was collected at baseline, immediately post, 6- and 12 months post-intervention. Regression analyses examined how baseline levels of 5 factors, established as pre-requisites for behaviour change, predicted responsiveness to the RCL program including: HIV prevention/treatment knowledge, belief condoms prevent pregnancy/infection, condom use intention, condom use self-efficacy, and partner negotiation on condom use.

Results The strongest intervention impact was observed immediately post-intervention. RCL had greater impact on all 5 factors among low and medium initial scorers. Overall, high initial scorers in HIV prevention/treatment knowledge and belief that condoms prevent pregnancy/infection were predictive of unresponsiveness to RCL. Specifically, never skipping school was predictive of unresponsiveness to RCL for HIV/AIDS knowledge; female gender was predictive of unresponsiveness for condom belief; and high baseline HIV/AIDS knowledge was predictive of unresponsiveness for condom use intention.

Conclusion Results suggest AI youth with higher risk factors (lower levels of knowledge, beliefs, intentions and skills) are more likely to respond to RCL. By identifying characteristics of unresponsive youth, we can modify RCL to improve its effectiveness among these subgroups. RCL is one of the first HIV risk-reduction programs developed for and rigorously evaluated with AI communities, thus replication implications are relevant for other AI/AN and indigenous populations.

007.6 EXPLORING THE ROLE OF SEX AND SEXUAL EXPERIENCE IN PREDICTING AMERICAN INDIAN ADOLESCENT CONDOM USE INTENTION USING PROTECTION MOTIVATION THEORY

Anne Rompalo, Rachel Chambers, Summer Rosenstock, Novalene Goklish, Angelita Lee, Lauren Tingey. *Johns Hopkins University School of Public Health, USA*

10.1136/sextrans-2017-053264.41

Introduction Worldwide, indigenous communities including American Indian(AI) youth in the United States experience poor sexual health outcomes. Inconsistent condom use among AI youth is a primary factor driving these inequalities. The Protection Motivation Theory (PMT) is valuable in explaining condom use intention (CUI) among youth and can inform the development of interventions to improve CUI and actual condom use. This analysis identifies factors of the PMT across sex and sexual experience, for predicting CUI among AI youth.

Methods 267 AIs ages 13–19 from one reservation community completed a self-report measuring sociodemographic variables, psychosocial intentions and behaviours and PMT constructs (self-efficacy, response efficacy, response cost, intrinsic reward, extrinsic reward, severity, and vulnerability). Analyses were conducted using generalised estimating equation regression models, Poisson for dichotomous.

Results Mean age was 15.1 years, 56% were girls and 22% sexually experienced. Among inexperienced youth, belief condoms prevent HIV, perceived severity of HIV and extrinsic rewards of sex were significantly associated with CUI. Among girls and boys, belief condoms prevent HIV, vulnerability to HIV and extrinsic rewards were significantly associated with CUI. Perceived severity was associated with CUI among boys and intrinsic rewards among girls.

Conclusion This is the first study to examine PMT constructs by sex and sexual experience among AI youth. Among all but sexually active youth, PMT factors were associated with CUI indicating utility for the PMT in predicting CUI among AI youth. Results indicate HIV prevention programs may be more impactful if tailored by sex and sexual experience; among AI boys and inexperienced youth, knowledge about consequences of unsafe sex may be beneficial while addressing factors associated with internal satisfaction from sexual risk behaviours may be efficacious for girls. Programs addressing factors associated with CUI by sex and sexual experience may be more efficacious in reducing risk behaviours among AI youth.

Oral Presentation Session 8

STIs/HIV Amongst Populations

008.1 UNDERSTANDING THE EXPERIENCES OF YMSW IN ACCESSING HEALTH SERVICES, STI, HIV AND OTHER REALTED SERVICES IN LAHORE, PAKISTAN

Muhammad Osama. *Naz Male Health Alliance*

10.1136/sextrans-2017-053264.42

Introduction In Pakistan, Young males sex workers (YMSW) community is socially excluded from the main stream society which makes them vulnerable towards HIV and STI. YMSW seldom access health care services due to stigma and discrimination by health care providers.

Methods Naz Male Health Alliance (NMHA) is the first ever non-governmental technical support agency in Pakistan that exists to improve sexual health, welfare and human rights for MSM, TG, sexual minorities and their partners. FGD was conducted in Lahore city with 11 YMSW between the age of 18 to 24, sample was gathered by using cross sectional technique with the support of peer lead approach.

Results 55% respondent reported the extreme level of sexual abuse and 50% reported they were raped by their doctor. 70% reported to bring their family that leads to breach of confidentiality however 80% agreed that YMSW would be sent back to bring their parents for STI treatment. 70% reported, it was harder to negotiate condom with client. None of the participants knew of any Young PLHIV MSW however the participants were of the view that medical staff would ask the young PLHIV to bring his family along with. Effects of breach of confidentiality about sexuality have very negative consequences because some reported, cases of suicide as a result of inappropriate disclosure made to family.

Conclusions NMHA established a drop-in-centre in Lahore where MSM/MSW of any age can get services of STI treatment, VCCT, Psychosocial counselling and condoms/lubricants free of cost and without any stigma, discrimination. Although there is a need to establish more drop in centres to cover more geographical area also public and private sector partnership would enhance the services in more effective way.

008.2 A NATIONAL SURVEY OF CANADIANS ON HPV: COMPARING KNOWLEDGE, BARRIERS AND PREVENTIVE PRACTICES OF PHYSICIANS TO THOSE OF CONSUMERS

¹Marc Steben, ²Jennifer Blake, ³Nancy Durand, ⁴Juliet Guichon, ⁵Susan Mcfaul, ⁶Gina Ogilvie. ¹*Institut National de Santé Publique du Québec, Canada;* ²*Society of Obstetricians and Gynaecologists of Canada;* ³*Department of Obstetrics and Gynaecology, University of Toronto, Canada;* ⁴*Department of Community Health Sciences, University of Calgary, Canada;* ⁵*Department of Obstetrics and Gynaecology, University of Ottawa, Canada;* ⁶*School of Population and Public Health, University of British Columbia, Canada*

10.1136/sextrans-2017-053264.43

Introduction This Canadian survey of physicians and consumers aimed to explore knowledge, barriers and preventive practices regarding HPV.

Methods We surveyed general practitioners (GPs) (n=337) and obstetrician/gynaecologists (OB/GYNs) (n=81); vaccinated