

also been documented among youth (school going and out of school). The weak government response coupled with the extremely distressing social demographics of this South-Asian republic also helps to compound the problem. The time is ripe now to prepare in advance, to take the appropriate measures to curtail further spread of the disease. If this opportunity is not utilised right now, little if at all could be done later. Islamic charities provide health, education and social services to millions of people in Pakistan. But in Pakistan still sexuality is a taboo topic. Strong hold of religious leaders on socio cultural pattern of community (attitude with extremism). Prevailing concepts to talk about sex considered as act of vulgarity and immoral activity. Word STIs and HIV/AIDS conceived as symbol of sexual delinquencies.

**Method** Through a Questionnaire data on knowledge, attitude, behaviour and practices related to STIs/HIV/AIDS was collected from 1200 male religious students and religious scholars from randomly selected Islamic religious centers. Baseline knowledge, attitude, acceptability of the concept were assessed.

**Results** According to KABP study 70% students have friends of opposite sex and due to strong religious values and restriction 30% have no friendship with opposite sex. Regarding nature of sex, 40% had kissing and only 18% had intercourse. During intercourse only 3% used condoms. 42% consider that condom is used only for family planning purpose. 56% answered that during intercourse use of condoms reduce sexual pleasure and enjoyment. 32% youth use drugs and 38% did not know about STIs and HIV/AIDS. General discussions were also started with four Maderssas students and their teachers. These meetings addressed the sensitisation of religious scholars to the issue of HIV/AIDS and highlight the role of Maderssas in STIs and HIV prevention.

**Conclusions** Training of adolescent as peer educators is recommended. Ours being an Islamic society, such information should be given to youth in a way that does not challenge local norms and values. Problem-based learning and participatory education for improving knowledge and condom use and community-based interventions should be considered for STIs/HIV/AIDS prevention.

#### P1-S2.28 SEXUALLY TRANSMITTED INFECTIONS IN SEXUALLY ABUSED CHILDREN AND ADOLESCENTS IN IBADAN, NIGERIA

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**Background** Sexual assault is a violent crime that affects men, women, and children of all ages. Sexually transmitted infections (STIs) may be transmitted during sexual assault. This study was aimed at finding the prevalence of sexually transmitted infections in potentially sexually abused children and adolescent in Ibadan.

**Methods** This is a descriptive cross-sectional survey of Children and adolescents referred for possible evaluation of sexual abuse at Special Treatment Clinic, University College Hospital, Ibadan between January 2006 and December 2008. Urethral, Endocervical and high vaginal swabs were collected to establish diagnosis after clinical examination and informed consent.

**Results** There were 18 children and adolescents with a mean age of 9.75 years (SD=5.78; range 2–18 years). About 66.7 % (12) had various STIs. The male to female ratio was 1:8. Five (27.8%) had physical evidence of sexual assault at presentation, 4 (22.2%) of which had hyperaemic labia and one had torn hymen. 12 (66.7%) presented with vaginal discharge syndrome. The most common STI diagnosed was genital warts (22.2.0%). Other STIs diagnosed were vaginal candidiasis (16.7%), bacterial vaginosis (11.1%) and HIV (5.6%). There was no statistical significance between HIV infection and other STIs ( $p>0.05$ ).

**Conclusion** Our study revealed high prevalence of sexually transmitted infections among the sexually abused children and adolescents. Screening for infection should be mandatory in presumed sexually abused girls with vaginal discharge and ideally should be undertaken in all children presenting at STI clinics for evaluation of sexual abuse.

#### P1-S2.29 RISKY SEXUAL PRACTICES AMONG YOUTH IN QUEBEC CARE CENTERS

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**Background** Adolescents in Youth Protection facilities are a vulnerable population, with difficult life trajectories; many of their behaviours are health compromising.

**Method** Youth aged 14–17, living in semi-urban and urban youth centers in Quebec were recruited on a volunteer basis to participate in the study. Socio-demographic, drug use, sexual behaviours and health service utilisation data were obtained using a structured, face-to-face interview. A urine sample was collected to test for chlamydia and gonorrhoea.

**Results** Between July 2008 and May 2009, 578 youth were interviewed—(♂=58 %; median age—♂=16; ♀=15. The majority of youth were sexually active (89%); two thirds experienced voluntary coitarche before 14 years of age. Median number of lifetime partners was 6 (♂=8, ♀=5). Over a third (41%) reported group sexual activities. A large proportion of youth experienced 50% or more of their sexual activities under the influence of alcohol—18%, cannabis—37%, other drugs—18%. Lifetime history of “never or rarely” using condoms was 24.7% for vaginal relations and 42.1% for anal relations (♂=33%, ♀=55%). Protection used during last vaginal activity was—double protection (condom and another contraceptive method)—25%; condom only—32%; contraceptive method without condom—20%; no protection—24%. A quarter of girls (28%) and boys (27%) reported an unplanned pregnancy (lifetime). Prevalence of chlamydia was—girls 9%, boys 1.9%. No cases of gonorrhoea were documented.

**Conclusions** Youth in Quebec care centers report many risky sexual behaviours, often associated with drug and alcohol use. Only a quarter of youth used protection to prevention both STIs and pregnancy during their last sexual activity. Their sejour in residential care is an opportune moment to screen these youth for risk behaviours that may compromise their future health and to provide them with personalised prevention education and health services adapted to their reality.

#### P1-S2.30 STI AMONG VULNERABLES YOUTH ATTENDING FREE TARGETED HIV COUNSELLING AND TESTING SERVICES INCLUDING AND STI DIAGNOSIS AND MANAGEMENT IN BENIN, WEST AFRICA

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**Background** In collaboration with two health facilities and a mobile clinic, Counselling and Testing (CT) services was implemented in two departments of Benin (Atacora and Donga) through a project funded by the Kreditanstalt für Wiederaufbau (KfW) Germany. These interventions targeted vulnerable youth (15–24) and included

STI prevention, screening and management, using clinical screening algorithms. 28 868 clients requesting HIV counselling and testing were registered from 2007 to 2009 through a database.

**Objectives** To assess rate and risk factors of STI among vulnerable youth attending counselling and testing facilities, including STI management.

**Methods** Descriptive analysis and logistic regression was performed on the database with SPSS 17. The dependent variable is "having had an STI the last 3 months". The independent variables are—"having multiple partners in the three past months", "consistent use of condom" and socio-demographic characteristics.

**Results** In all 5.1% of HIV counselled and tested clients approached for STI on-site screening had STI the last 3 months, while STI prevalence among this population is 1.9%. Multiple partners (OR=4.5;  $p=0.000$ ), no consistent use of condom (OR=1.3;  $p=0.002$ ) were significantly associated to STI infection. The level of instruction (OR=1.3;  $p=0.000$ ) and sex (OR=0.6;  $p=0.000$ ) were the significant socio-demographic characteristics associated with STI.

**Conclusions** Data findings indicate that having had STI in the last 3 months may be a motivation for youth which are attending HIV counselling and testing facilities in Atacora/Donga in Benin, and "high numbers of partners" is the main risk factor for STI among them. Then, scaling up HIV counselling and testing services may be a right way for STI prevention, screening and management. Finding suggests that such intervention (counselling) focused on reducing number of partner, improved to promotion of condom use, may reduce STI incidence among vulnerable youth that need further investigation.

# **P1-S2.31 MEAN STREETS VS MAIN STREET - MORE STREET YOUTH REPORT STIS, MULTIPLE SEXUAL PARTNERS AND LOWER CONDOM USE COMPARED TO THEIR PEERS IN THE GENERAL POPULATION**

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**Background** The burden of sexually transmitted infections (STIs) and engagement in high risk behaviours is assumed to be greater in street-involved youth (SIY) than the general population, but the magnitude of this difference has rarely been described.

**Methods** Preliminary data from four sites ( $n=734$ ) of E-SYS cycle 6 (Enhanced Surveillance of Street Youth, 2009-present) and the corresponding metropolitan centres of CCHS 2009 (Canadian Community Health Survey) were analysed. E-SYS is a repeated cross-sectional study of SIY (15–24 years), who completed an interviewer-administered questionnaire and provided blood and urine samples for STI, HIV and HCV testing. CCHS is a representative cross-sectional over the phone survey of Canadians, which collects data on health determinants and status. The CCHS sample was restricted to youth aged 15–24 years (weighted  $n=708\,589$ , unweighted  $n=780$ ). Estimates of self-reported STIs, sexual behaviours, substance use and demographics are reported with 95% CIs and IQRs.

**Results** Compared to their peers in the general population, a greater proportion of SIY were male, between 15 and 19 years old, Aboriginal, Canadian-born, without a high school diploma and have higher rates of regular binge drinking, smoking and illicit drug use (Abstract P1-S2.31 table 1). A greater proportion of SIY (23.8% vs

3.5%) reported sexualities other than straight/heterosexual. A higher proportion of SIY had had sexual intercourse (95.5% vs 67.4%) and had been diagnosed with an STI (18.7% vs 3.8%). Sexually active SIY reported a lower proportion of condom use at last intercourse (35.4% vs 52.3%). The median age at first intercourse was 14 years among SIY and 17 years among youth in the general population. The median number of sexual partners for youth in the general population was one (last 12 months) compared to two partners for SIY (last 3 months).

**Abstract P1-S2.31 Table 1** Demographics, use of illicit drugs and alcohol, and sexual behaviours among youth aged 15–24 years who took part in Canadian Community Health Survey 2009 (CCHS) and Enhanced Surveillance of Street Youth (E-SYS) cycle 6.

	CCHS 2009 (Percentage, 95% CI)	E-SYS Cycle 6 (Percentage, 95% CI)
<b>Demographics</b>		
Males	52.81 (52.69 to 52.93)	63.39 (59.78 to 66.88)
Age 15–19 years	38.67 (38.26 to 38.49)	56.87 (53.27 to 60.47)
Aboriginal	6.22 (6.16 to 6.28)	41.55 (37.99 to 45.12)
Born in Canada	75.47 (75.37 to 75.57)	93.44 (91.65 to 95.24)
High School Completion*	93.87 (93.82 to 93.92)	25.81 (21.69 to 29.92)
<b>Drugs and Alcohol</b>		
Binge Drink Regularly†	10.57 (10.50 to 10.65)	34.65 (31.15 to 38.15)
Smoke Daily	11.86 (11.65 to 11.80)	76.13 (73.23 to 79.18)
Illicit Drug use Last 12P1-S2.07 months‡	24.86 (24.77 to 24.95)	94.28 (92.34 to 95.85)
<b>Sexual Behaviours</b>		
Sexuality - "Straight" or "Heterosexual"	96.57 (96.54 to 96.60)	76.16 (73.08 to 79.24)
Ever Had Intercourse	60.84 (60.72 to 60.95)	95.5 (94.01 to 97.00)
Age First Intercourse (Median, IQR in Years) §	17 (16 to 18)	14 (13 to 16)
Condom Use Last Intercourse§	52.34 (52.24 to 52.45)	35.42 (40.14 to 47.32)
Number of partners (Median, IQR) §, ¶	1 (1 to 2)	2 (1 to 3)
Ever had an STI§	3.83 (3.79 to 3.87)	18.74 (15.91 to 21.57)

Note - Preliminary data analysis only comes from four E-SYS sites and corresponding census metropolitan areas from CCHS.

\*Among those aged 19 and over.

†Binge drinking more than once a week.

‡Excludes using cannabis once.

§Asked from only those who indicated having had sexual intercourse.

¶Last 3 months for E-SYS, Last 12 months for CCHS.

**Conclusions** Street-involved youth are more vulnerable to the social determinants of health, which partly explains the marked differences between them and their peers in the general Canadian population. Lower levels of education and other structural factors, combined with higher levels of substance use and riskier sexual practices may contribute to the higher burden of STIs among SIY. The magnitude of differences between the two groups highlights the need for continued efforts using a multi-sectoral approach to address the needs of this population through targeted interventions and programs.

# **P1-S2.32 DO AS I THINK, NOT AS I DO: THE DISCORDANCE BETWEEN PERCEPTION OF RISK FOR STBBIS AND SEXUAL RISK BEHAVIOURS AMONG CANADIAN STREET-INVOLVED YOUTH**

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