**Conclusions** Similar to other studies, condom use was more likely to be reported by persons most at risk; however, even among those at increased risk, fewer than half used condoms during most recent sexual intercourse.

## P2-S3.05 ASSOCIATION OF STI-RELATED STIGMA AND SHAME TO STI TESTING AND PARTNER NOTIFICATION AMONG YOUNG BLACK MEN IN SAN FRANCISCO

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**Background** Young minority men in the US bear a disproportionate burden of STI, but comprise one of the population groups least likely to access services. STI service utilisation is not only constrained by access to quality care but also potentially impacted by socio-cultural factors, including STI-related stigma and shame, which can undermine efforts to promote testing and treatment. STI-related stigma and shame may also provide a disincentive for young men to participate in partner notification programs, including partner-delivered therapy. We hypothesised that young men who perceive increasing levels of social stigma related to STI would be less likely to seek out STI-related services or notify their sexual partners about STI.
**Methods** Between June and July, 2010, 108 African American young men (15—24 years) responded to a brief, self-administered intercept survey on a hand-held device. Recruitment was conducted on the street and in residential areas of a low income urban neighbourhood with elevated STI rates. The survey included socio-demographic questions, an 11 item scale measuring STI-related stigma and shame, and questions regarding STI testing history, preferences for notifying partners, and interest in partner delivered therapy. The association between stigma and shame scores and STI testing and partner notification preferences was evaluated with multivariate logistic regression, adjusting for age and education.
**Results** The median (range) STI-stigma score was 12 (5—25) and the shame score was 15 (6—30); higher scores indicate more stigma or shame. Most participants had ever been tested for STI (73%), indicated willingness to personally notify their main partners (72%) or other partners (66%), and said they would deliver STI therapy to a partner (68%). Increasing STI-related stigma was significantly associated with a history of STI testing, such that every SD increase in stigma score was associated with 50% decreased odds of having been tested (OR: 0.5, 95% CI 0.3 to 1.0). Participants with higher levels of stigma and shame were also significantly less likely to be willing to personally notify their partners of STI or to deliver therapy.
**Conclusions** STI-related stigma and shame, common in this population, could undermine STI testing, treatment, and partner notification programs. Efforts to expand access to care should be accompanied by efforts to change socio-cultural attitudes and norms around STI testing and treatment.

## P2-S3.06 EXPLORING SEXUAL IDENTITY DEVELOPMENT OF AFRICAN AMERICAN MALE COLLEGE STUDENTS AGE 18—25 AT A HISTORICALLY BLACK COLLEGE AND UNIVERSITY

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Among the estimated 56 000 new yearly infections of HIV in the USA, 51% are among African Americans. This demonstrates a disproportionate burden of HIV infection as African Americans make up approximately 12% of the population. One group warranting attention in North Carolina has been African American male college students. Between 2000 and 2003, 11% of new HIV infections among men ages 18—30 were enrolled in college at the time of their diagnosis, with 87% of those college students being African American. Another examination of HIV transmission among men ages 18—30 in North Carolina revealed that 15% of the men reported sexual contact with both men and women in the year prior to their diagnosis, and that these individuals were more likely than men who exclusively have sex with men to be African American and enrolled in college. Sexual identity is a complex and multidimensional construct, many factors of which have yet to be sufficiently explored in the context of the sexual transmission in the HIV epidemic. This is particularly true for heterosexual men and men who have sex with both men and women, as the work that has concerned sexual identity has often ignored these two groups. This neglect may stem from the fact that sexual identity development has often been inappropriately conflated to claiming a minority sexual orientation. As a part of an attempt to more fully understand the role that sexual identity may play in the lives of African American men, we interviewed African American male college students within a historically Black college and university (HBCU) in North Carolina. Our aim was to address a gap in the literature by exploring what shapes sexual identity and its development among African American men. This could potentially lead to future research that could explain sexual behaviour within the context of the HIV epidemic for this population. Interviews were used to assess experiences, attitudes, and beliefs about sexual identity development and sexual activity held by African American male college students. A total of 31 African American male students took part in this investigation that occurred at a HBCU in the central Piedmont region of North Carolina, located in one of the largest cities within the state. Researchers developed interview questions based on The Measure of Sexual Identity Exploration and commitment (MoSIEC) survey instrument. Results from this qualitative exploratory study revealed that the ideas and beliefs about sexuality and sexual identity for African American college males are heavily impacted by their peers and their environment. Males that had influence from an older sibling, cousin, or father about sex reported less sexual partners. Majority of the males reported that it is more acceptable for men to have multiple sex partners, but it is unacceptable for a woman to do the same.

## P2-S3.07 RESPONDING TO PROBLEMS OF SEXUAL VIOLENCE AND VULNERABILITY TO HIV/AIDS WITHIN CRISIS AND UNSTABLE SITUATIONS: A CASE STUDY OF KENYA'S POST-ELECTION VIOLENCE

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**Introduction and Background** Sexual violence and the risk of HIV transmission are clearly linked through multiple pathways underpinned by gender inequalities and poverty like increased genital injury, anal rape, multiple perpetrators and ejaculation all common in sexual violence. It is important therefore to understand and recognise these links between sexual violence and HIV/AIDS as the basis for developing strategies to address the complex interactions at individual, communal and institutional levels.
**Objectives** Based on the Kenya's post-election violence of 2008, this study aimed to capture and understand the complex and multiple factors that interact to influence vulnerability to HIV and AIDS. Its holistic framework proposed a macro level model for understanding the risks factors for STIs, and HIV/AIDS transmission within the context of sexual violence. Its main objective was to explore and

identify bio-medical and epidemiological factors that act as conduits for the transmission of HIV/AIDS and other STIs within crisis and unstable settings.

**Methodology and Results** It uses a multi-disciplinary approach that simultaneously embraces gender, poverty and biomedical analytical lenses to identify and strategically address emerging links between violence and HIV/AIDS. Interviews and VCT were administered to both multistage cluster and purposively-random sampled sexual violence victims in Kenya—A multiple logistic regression model controlling age, condom use (if any), and biological influences like the routes of exposure—whether vagino-penile or anal-penile—and sex of both victims and assailants was adopted. Overall prevalence for HIV, syphilis and gonorrhoea shot up: 2.3%, 1.1%, and 3.1% respectively among men. For women: 2.7%, 1.9%, and 4.2.0% respectively.

**Conclusion and Recommendations** Sexual violence diminishes people's social capital in terms of social networks, norms, and traditions that could prove to be conducive to the spread of the HIV. We recommend early diagnosis to allow treatment of sexual violence survivors. Post Exposure Prophylaxis (PEP), to address exposure to HIV as a result of sexual violence, emergency contraception and VCT should form the backbone for intervention in order to address the menace of HIV/AIDS. Anti-retroviral regimens dramatically improve rates of mortality and morbidity, prolong lives, improve quality of life, revitalise communities and transform perceptions of HIV/AIDS from a plague to a manageable, chronic illness.

## P2-S3.08 SELLING SEX ON THE DOORSTEP: DEVELOPMENT WORK FOR THE THIRD BRITISH NATIONAL SURVEY OF SEXUAL ATTITUDES AND LIFESTYLES (NATSAL 3)

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**Background** The Third British National Survey of Sexual Attitudes & Lifestyles (Natsal 3) builds upon groundbreaking research undertaken for Natsal 1 and Natsal 2 in 1990 and 2000, respectively. Natsal 3 aims to interview 15 000 men and women aged 16–74 years during 2010–2012. However, the first pilot (Pilot 1) for Natsal 3 achieved a response rate of only 38.4%, leading us to explore ways to maximise survey participation.

**Methods** Following Pilot 1, we consulted widely with interviewers, survey methodologists and communications experts to improve documents sent to households in advance of the interviewer calling, and the survey branding. This included simplifying the advance letter language and removing specific references to "sex"; developing a more detailed information leaflet to send with the letter; developing a study logo and respondent website. In Pilot 2, households were randomised to be sent the leaflet with the advance letter or to be given it when the interviewer called. We also examined the effect of the token of appreciation on participation rates by randomising households to receive either a £15 or a £30 voucher for participation.

**Results** The overall response rate increased to 50.3% (218/434 eligible addresses) in Pilot 2. This did not vary by whether or not households received the information leaflet in advance (50.8% and 49.6%, respectively), but interviewers felt that households sent the leaflet were more informed about the study and they were more confident approaching these households. Interviewers preferred the improved advance letter and some respondents reported that the website was a key factor encouraging them to participate. Pilot 2 response rates differed by token of appreciation (47.1% vs 53.4% for £15 vs £30) but the sample size was too small to conclude that the difference was significant, so randomisation continued during the first wave of fieldwork. Response rates in wave 1 before reissuing were 48.4% vs 50.6% for £15 and £30, respectively (p=0.2).

**Conclusions** Despite survey response rates declining generally, Natsal 3 development work has shown that it is possible to attain an adequate response in a population-based survey of sexual behaviour. Careful wording of participant documents, attractive survey branding and a participant website all contributed to increasing response rates. Response rates were slightly higher for the larger token of appreciation but increasing the value was not considered cost-effective.

## P2-S3.09 MOBILITY AS PREDICTOR OF INVOLVEMNET IN HIGH RISK SEXUAL RISK BEHAVIOUR

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**Background** Population mobility has long been associated with frequency and variety of sexually transmitted infections including HIV. People's mobility tends to disrupt their traditional social constraints and control of sexual behaviour by giving them opportunity, isolation and the desire for unique experiences. Fishermen being one of the highly mobile populations, we sought to evaluated the extent to their mobility predicts their involvement in high risk sexual behaviour.

**Methods** During a Phase I randomised double-blind placebo-controlled cross over trial evaluating the safety and acceptability of ethanol in emollient gel as a topical male microbicide, we collected data on fishermen's socio-economic and demographic characteristics, mobility patterns and sexual practices including extra-marital partnerships. We pre- and post-test counselled for STIs, obtained blood samples for HIV, HSV-2 and syphilis serologies and provided appropriate treatment and referrals. We analysed the data using descriptive statistics and then bivariate and multivariate logistic regression.

**Results** Of the 167 fishermen screened, over a half (52%) were mobile defined as travelling and spending at least one night away from home in the month preceding the study). Two-thirds (63%) had active extra-marital relationships with only 5% consistently using condoms in these sexual encounters. During travel, a quarter (24%) drank alcohol and a similar number (25%) had sex with a third (32%) reporting new casual sex partners. At bivariate level, those travelling in the month preceding the study were more likely to be HIV+ (OR 2.08; 95% CI 1.01 to 4.28), have an active extra-marital relationship (OR 3.69; 95% CI 1.57 to 8.68), and have multiple sex partners in the six month preceding the study (OR 2.04; 95% CI 1.06 to 3.95). Mobility among fishermen was independently associated with having an active extra-marital relationship (AOR 3.64; 95% CI 1.11 to 12.00).

**Conclusion** Mobile fishermen exhibit high risk sexual behaviour that include extra-marital sex and low condom use. This population is likely to benefit from STI/HIV prevention intervention.

## P2-S3.10 HSV-2 SEROLOGIC TESTING AND PSYCHOSOCIAL HARM: A SYSTEMATIC REVIEW

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**Background** Serologic testing for herpes simplex virus type-2 (HSV-2) in persons without a history of genital herpes is currently not recommended partly due to the concern that HSV-2 diagnosis would lead to negative psychosocial sequelae, such as anxiety and depression. We conducted a systematic review to assess the evidence