population. To date, only a few reports on behavioural risk correlates and infection history of male clients have been documented in the United States, mainly drawn from populations in central cities and at high-risk for HIV. This study examines STIs/HPV behavioural risks and screening history correlates of male clients in the general population and whether the prevalence of male clients differs by urbanisation level.

**Methods** Data from the 1999–2000 National STD and Behavioral Measurement Study, a cross-sectional telephone-based probability sample of the non-institutionalised population aged 18 to 45 years old, was linked to the National Center Health Statistics Urban Rural Classification Scheme for Counties. The analysis is restricted to men aged 26 to 45 years old (N = 469). F-statistic that accounted for survey design effects and Poisson regression for weighted data were used.

**Results** The overall prevalence of clients was 14.5 (95% CI 11.5–18.1) and did not statistically differ between men residing in central cities of large metropolitan areas (MA) and men residing in large metropolitan suburbs, MAs of less than one million people, or non-metropolitan subdivisions (P = 0.565). Compared to non-clients, clients had a significantly higher prevalence of an array of other high-risk behaviours in their lifetime and more recently including history of same-sex partners (Adjusted prevalence ratio (Adj. FR) = 2.5, 95% CI, 1.5–4.1), sold sex (Adj. FR = 5.6, 95% CI, 2.2–6.1), multiple partners in the past year (Adj. FR = 2.6, 95% CI, 1.6–4.0), as well as a history of STIs (Adj. FR = 2.5 95% CI 1.5–4.4).

**Conclusion** Male clients are ubiquitous. The risk-taking behaviour of clients in the general population is important to develop more comprehensive prevention measures for STIs/HPV.

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**P3.302** SEXUAL HEALTH EXPERIENCE AND KNOWLEDGE OF HUMAN PAPILLOMAVIRUS (HPV) AND CHLAMYDIA IN YOUNG WOMEN RECRUITED VIA SOCIAL NETWORKING SITES

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**Background** Monitoring sexual health of young Australian women is a major research priority since introduction of the federally funded HPV vaccination programme, plus screening programmes for chlamydia. Social networking sites (SNS), commonly used by young people, present an opportunity for innovative recruitment modalities. We assessed young women’s knowledge and experience of chlamydia, HPV, HPV vaccines and cervical cytology (Pap smears) utilising Facebook.

**Method** This was part of a feasibility study assessing use of Facebook to recruit subjects for a larger prospective health study, the Young Female Health Initiative (YFHI). Women 16 to 25 years, from Victoria, Australia were eligible to participate. An advertisement was placed on Facebook for 6 months and visible to a random sample of eligible women. Women clicking on the advertisement were redirected to our website, then contacted and asked to complete a survey at the YFHI study centre, or the questionnaire online. The survey contained demographic questions, plus sexual health questions.

**Results** We enrolled 426 respondents, of whom 278 completed the survey (50% study centre, 50% online). Respondents’ socioeconomic and geographical distribution (urban, regional, rural) were representative of the target population; those > 18 years were more likely to enrol than 16–17 year olds (p < 0.05). Overall, 76% had been sexually active, median age of coitarche was 16.9 years (CI 16.6–17.2), 63% had heard of HPV. of these, 73% knew HPV is sexually acquired and 94% that it causes cancer. 78% had heard of chlamydia: those who were sexually active were more likely to know of chlamydia than were virgins (p < 0.01), while 63% knew it could cause chronic pelvic pain, and 86% that it could cause infertility. This recruitment method also was cost-effective ($USD 20 per compliant participant).

**Conclusions** SNS is an effective recruitment strategy to engage young women in sexual health research.