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Objective Evaluate introduction of rapid syphilis tests (RSTs) into antenatal clinic (ANC) services at low-level health facilities in 2 rural districts in Nyanza Province, Kenya – assessing coverage, testing quality, treatment, data recording, and effect on HIV testing.

Methods From March 2011 - February 2012, RSTs were introduced into ANC services at 25 rural facilities. Before introduction, hands-on training was conducted for nurses on use of RSTs, results counselling, appropriate maternal treatment, documenting data and proficiency testing. During the programme, 3 proficiency testing rounds were done. After the programme, ANC log-books from 8 priority clinics were used to assess data reporting and compare coverage of syphilis and HIV testing and syphilis treatment for the 12-month intervals before and during the programme. Nurses and mothers were also interviewed.

Results Thirty-four nurses from 25 clinics were trained. Proficiency testing identified and corrected early RST problems. In the 8 priority clinics, syphilis testing at first ANC visit increased from 18% (279/1586 attendees) in the 12 months before to 70% (1123/1614 attendees) during the 12-month programme ($p < 0.001$); 35 women (3%) tested positive during the programme vs. 1 (< 1%) in the previous 12 months ($p < 0.001$). RST use and results were routinely documented, but no clinic recorded treatment per training. In 5 clinics, assessment of HIV test coverage was limited by lack of prior HIV-positivity data; however, records from 3 high-volume clinics suggested no difference in HIV testing rates before and during the programme. Interviews indicated many new nurses were not trained, while mothers reported limited counselling about testing or results.

Conclusions Introducing RSTs into rural ANC services greatly increased syphilis testing and detection without effects on HIV testing. We identified challenges in documenting treatment, counselling women appropriately, and adequate training. Amendments to existing and “refresher” training may improve services and documentation of treatment.

P3.358 **SYPHILIS SERO-POSITIVITY AMONGST PREGNANT WOMEN ATTENDING PUBLIC ANTENATAL CLINICS: A 5 YEAR (2004–2008) ANALYSIS FROM 15 PUBLIC PRIMARY HEALTH CARE FACILITIES IN GABORONE, BOTSWANA**

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Background The objectives of study were to determine trends in syphilis prevalence, trends in the proportion screened and to compare with unscreened for syphilis amongst pregnant women attending 15 public antenatal clinics in Gaborone, 2004–2008.

Methods Descriptive quantitative study using routinely collected antenatal data.

Results The overall syphilis prevalence amongst pregnant women in Gaborone decreased from 2.96% (95% CI, 2.55–3.37) in 2004 to 1.15% (95% CI, 0.89–1.41) in 2008 ($p < 0.001$), suggesting a significant downward trend in syphilis prevalence over a five years period. The age specific prevalence per total number of reactive VDRL/RPR was highest amongst pregnant women aged 26 to 30 years ($p < 0.001$) and lowest for those aged 16 to 20 years ($p < 0.025$) for 2004–2008, implying significant differences in the syphilis prevalence in each age group. However, the results reflect variations in syphilis prevalence rates within and between clinics.

There were slight fluctuations in the proportion of pregnant women screened for syphilis, ranged from 87.16% in 2004 to 91.20% in 2008. However, nearly all the clinics demonstrated no trends in the proportion of pregnant women screened for syphilis for 2004–2008.

Conclusion Syphilis sero-positivity in pregnancy in Gaborone has been declining for the last five years, but is far more prevalent amongst pregnant women aged 26 to 30 years and the lowest age specific prevalence was 16 to 20 years for 2004 to 2008. This decline may be attributed to a number of factors and in particular, the adoption of syndromic approach for management of sexually transmitted infections in all clinics across the country. This study showed variations in the trend of syphilis prevalence by clinics and proportions of pregnant women screened for syphilis. However, a high proportion of pregnant women not screened for syphilis may have contributed to under-estimate syphilis prevalence rates.

P3.359 **MY GOODNESS! CONDOMS HAVE OTHER USES BESIDES USE DURING SEXUAL INTERCOURSE**

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Background Self-reported uses of condom have been documented in many studies as not good proxy indicator for their utilisation. Many players in health programmes in Ghana report high distribution of male and female condoms for HIV prevention programmes. This is not commensurate with their usage. Available recent study data prompted this study. The objective of this study is to determine if there are other uses for male and female condoms besides being use during sexual intercourse.

Methods Between January and October 2012, 987 (Male 48% (474), Female 52% (513) persons aged between 18 and 45 who consented to participate in this cross sectional study were recruited. A pretested structured questionnaire was administered to consenting individuals one-on-one in Western, Ashanti and Northern regions of Ghana. Sociodemographic characteristics. Data was analysed with SPSS 16.

Results 80% (790/987) reported that condom can be used to prevent Urinary Tract Infections by wearing it during swimming in ponds and rivers. 74% (730/987) reported that condoms are used to set fires especially for commercial use. The rubber and oil in the condom support fire setting quicker than using paper especially when charcoal and firewood is used as a cooking fuel. 68.0% (671/987) reported that bangles and earrings could be made out of female condoms for sale.

Conclusion Condoms have other uses which has both commercial and social potential to compete favourably with the traditional use of condom for sexual intercourse to provide dual protection i.e. prevention of sexually transmitted infections including HIV and unwanted pregnancy. This study presents evidence that programmes need to use several methods to validate use of condoms for their intended purpose as data on condoms distributed could mislead the indicators on unmet needs for contraceptive and Couple Years of Protection (CYP).

P3.360 **AN ASSESSMENT OF THE KNOWLEDGE AND PRACTICAL SKILLS IN USING MALE CONDOMS AMONG THE GENERAL PUBLIC**

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Background Condoms decrease sexually transmitted infection (STI) transmission, good evidence supports this, if used correctly. This study investigates individuals understanding of the correct use of male latex condoms.

Methods Random individuals completed a questionnaire and were requested to conduct an observed demonstration of condom application, marked against criteria from British Association for Sexual Health and HIV (BASHH) guide for condom use and Centers for Disease Control and Prevention (CDC) Condom fact sheet.

Results 127 responders, 45 participants in the observed demonstration (57% males, 46% females, age 12–66) 100% believed they used condoms correctly, 68% were self taught. 100% knew condoms were barrier contraception. 67% indicated condoms protection against all STIs and 5% indicated no STI protection: 11% gonorrhoea and Chlamydia only, 10% HSV and warts only and 7% HIV only. 7% felt condoms decreased STI transmission during oral sex and 10% during anal sex (100% of men who have sex with men) During observed demonstration, 33% correctly applied a condom. Mistakes: not squeezing air from condom, unrolling before applying and condom contact when opening. Factors stated to increase latex condom splitting: 25% penis size, 22% sexual vigour, 7% certain lubricants, 46% unsure (25% admitted to doubling condoms once since coitarche, all unaware of risk) 38% believed condoms not required throughout intercourse, 100% of these believed STI transmission was decreased if worn at the end.

Conclusion Perceived good condom technique, however, practical adherence to guidance is poor (particularly younger cohorts) Inadequate heterosexual awareness of STI transmission and prevention during oral and anal intercourse. Poor understanding of condom STI prevention, risks for condom splitting and timing of condom use. Good quality sexual education to include male condoms is important. Age of education is crucial capturing individuals before and timely to coitarche. Self teaching is common and requires quality accessible material. Opportunistic teaching is required, condom use competence should not be assumed.

P3.361 MALE INVOLVEMENT IN THE VOICE MICROBICIDE TRIAL AT KAMPALA SITE UGANDA - A WORTHWHILE VENTURE

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Background Makerere University-Johns Hopkins University research collaboration (MU-JHU) conducted a VOICE study which was a phase 2B safety and effectiveness study of Tenofovir 1% gel, Tenofovir tablet and Truvada tablet for the prevention of HIV infection in women. The study encouraged women to disclose to their partners for support while using study products.

Methods Before and during recruitment, need for male involvement was emphasised. At screening and follow up visits, participants were informed about the importance of disclosing their participation to partners. Women were encouraged to invite their spouses to the clinic to know about the study and also receive HIV and syphilis testing. Men were invited verbally through their spouses; given reading materials to give to their partners before inviting them. Later, an invitation letter was developed inviting male partners to the clinic but given to those who opted for it. Male partners who came to the clinic were periodically invited for meetings to brainstorm issues about the study and general health.

Results Out of 322 participants, 140 accepted to take letters, 67 men turned up to the clinic, and 52 men tested for syphilis and HIV. 5 male partners' meetings were held and many concerns, which rotated around safety and effectiveness, were resolved, among which; whether it is safe for them to stop using a condom since their partners are on study products and whether the products will not affect their manhood.

Lessons learnt Male Partners who turned up to the clinic were very supportive in reminding their partners clinic appointments and product use for better adherence. Increased disclosure among discordant couples, and helped treating sexually transmitted infections.

Conclusion Male Involvement in microbicide studies is of utmost importance. Men need a proactive approach to get involved in clinic activities to support spouse in adherence and avoiding STD/STI re-infection.

P3.362 MICROBICIDE USE DURING PREGNANCY: ACCEPTABILITY FOR PREVENTION/TREATMENT AND THE ROLE OF PARTNERS

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Objectives To explore pregnant women's acceptance of microbicides for reproductive tract infections (RTIs).

Methods To date, we have analysed interview transcripts of 15 women in their third trimester who participated in a qualitative study on microbicide acceptability for treatment and prevention of bacterial vaginosis (BV) and role of partners in decision-making regarding product use. Interviews were coded for relevant themes. Women (mean age = 25.5; range = 21–30) were recruited from a clinic serving an inner-city minority population.

Results While few women reported BV history, most did not spontaneously provide specific BV knowledge. Most participants strongly endorsed treatment of any infection during pregnancy; however, responses to prevention ranged from ambivalence to strong support. Many women would make a decision based on perception of risk/benefit to the baby. Other themes included: (1) side effects; (2) effectiveness; (3) perceived personal risk for RTI; (4) general investment in personal health. Some women seemed to have difficulty understanding prevention, and many felt greater clarity about microbicide use for treatment. Many viewed barriers (i.e., leakage, remembering, inserting) as easy to manage since they already used panty-liners, thought product use could be incorporated into daily routines and thought partners could help. Treating an active infection trumped barriers; this was less clear for prevention use. The decision regarding product use was viewed as belonging to the woman; partners were perceived as supporting what is best for the baby.

Conclusions Women in a NYC pre-natal clinic enthusiastically support the use of microbicides for RTIs. In order for this enthusiasm to lead to adoption, women need to be well-informed about the RTI, its consequences and risk/benefit of use. As barriers are likely to be greater in the absence of a current infection, a greater understanding and emphasis of the need versus the risk will be required for prevention use.

P3.363 INFLAMMATORY SOLUBLE IMMUNE MEDIATORS AND PATHOGENIC VAGINAL BACTERIA IMPACT E. COLI BACTERICIDAL ACTIVITY IN FEMALE GENITAL TRACT SECRETIONS

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