

P3.392 INCREASING YOUTH AND ADOLESCENT ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES PREVENTS STIS

doi:10.1136/sextrans-2013-051184.0845

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Background Following the ministry of health reports that indicated high incidences of late reporting of STIs by youths in 2009, ARHA conducted a baseline survey to ascertain the cause of the problem. The findings reviewed that most of the youths who reported STIs to clinics in the affected areas received stigma from the health staff, others feared to disclose their conditions to their parents due to traditional factors. Youths who fall prey to STIs preferred traditional medicines for cure while. In 2011, a youth access project was launched in three affected districts of Western Province in Zambia. It aimed at reducing STIs transmission by increasing youth access to sexual and reproductive health services.

Methods Three key methods were used;

1. Household Approach: - The household approach was initiated to win support of parents. Peer educators adopted households with permission from parents and conducted peer education sessions with youths on STIs prevention during their spare time. Adult mentors were also trained to promote parent to child dialogue on sexuality issues in all the adopted households.
2. Information and condom distribution booth: - booths were placed in strategic places within the project areas to offer IEC, referrals and condoms. Booths were managed by peer educators.
3. Youth Friendly Corners: - youths were trained as lay counsellors and youth friendly corners were established in health facilities. The ministry of health attached trained health personnel to offer clinical services. The youth friendly corners received referrals from households, booths and STIs cases from the Out patient department.

Results By the end of 2011, youths accessed information on how they can prevent STIs screened and treated for STIs. Cases of STIs among the youths in the project sites have reduced. The demand for condoms has also increased in the project sites.

Conclusion Increasing access to SRHS among youth prevents STIs.

P3.393 IKNOWMINE.ORG - A COMPREHENSIVE WELLNESS WEBSITE FOR ALASKA NATIVE YOUTH

doi:10.1136/sextrans-2013-051184.0846

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Background Alaska has some of the highest rates of Chlamydia and gonorrhoea in the United States. The Centers for Disease Control and Prevention (CDC) ranked Alaska #1 for Chlamydia and #3 for gonorrhoea in 2010. When iknowmine.org first launched in December 2009, Alaska was experiencing a gonorrhoea outbreak and endemic rates of Chlamydia. Alaska Native people, especially youth and women, shouldered the largest burden. Evidence from a focus group project with Alaska Native youth suggested that sexual health initiatives need to use the internet to reach adolescents with STD/HIV education and testing messages.

Methods To help Alaska Native youth on their wellness journey, iknowmine was recreated as a culturally appropriate, readily accessible and comprehensive youth health resource addressing many issues that matter to youth – relationships, emotional health, nutrition, safety, drug and alcohol use and sexual health. On iknowmine.org youth can find accurate health information on a variety of topics, text to ask health questions and order free condoms and at-home STD testing kits, download educational materials, watch digital storeys and more. The website also incorporates social media like Facebook and Twitter to reach a larger audience.

Results Between January 2010 and January 2013, 23,887 new visitors frequented iknowmine.org. Since its inception, 514 visitors have registered as iknowmine users. Iknowmine.org has received 226 condom orders, which equals about 4,520 condoms that were mailed to rural and urban Alaska residents. Free at-home STD testing is offered through a partnership with the Johns Hopkins University's I Want the Kit (IWTK) programme. In 2012, 342 testing kits were ordered and 132 returned with an overall return rate of 39%. Among returned kits, 14 participants tested positive for Chlamydia, two for gonorrhoea and Chlamydia and four for trichomonas.

Conclusion Iknowmine.org has been successful in reaching a large audience with HIV/STD education and resources.

P3.394 STREET HIV TESTING OF YOUTH IS PERSUASIVE PREVENTION TECHNIQUE FOR HARD-TO-REACH ADOLESCENTS

doi:10.1136/sextrans-2013-051184.0847

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Background With adolescent STI rates climbing, novel techniques for prevention must be used to stem new cases. The advent of home HIV test kits for over the counter sales in the U.S. is an efficacious way to also test youth in public venues in a quick and easy manner. The result is an underutilised tool that works as a deterrent to unprotected sex.

Methods Beginning in November 2012 after the introduction of home HIV test kits, a Harvard-trained youth AIDS expert began testing teens on the streets and at their favourite public gathering spots in Norfolk, Virginia, the city with the highest HIV/STI rates in the state. Because the oral swab technology is easy to administer with results in 20 minutes (no CLIA or lab work is necessary), the testing is popular among curious youth. No AIDS stigma exists when testing is done among peers outside hospital/clinics.

Results Over 45 public tests were administered to at least one person among groups of teens at parks, malls, at beaches and on the streets. During the 20 minutes waiting for results, the experienced tester provided medically accurate information and counselling to the teens that asked probing questions of peer concern. Youth were surprised how easy the process was and that it could be done in private with a sexual partner. In the case of two HIV-positive tests (a 16- and a 17-year old), they were immediately taken for a confirmatory blood test.

Conclusion Youth were impressed that tests were available without a doctor's visit, a prescription, the need to be tested in a hospital or importantly, without parents' knowledge. In every group of three or more, one adolescent was publicly tested. Immediately they used cell phones to send texts and pictures to a wider audience using favourable descriptions.

P3.395 GENDER-BASED SERVICES IN A COMMUNITY CENTRE "WOMEN TO WOMEN"

doi:10.1136/sextrans-2013-051184.0848

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The women are the most vulnerable to HIV group, as a **consequence** of their biological particularities and stereotypes existing in **society**, being the most stigmatised, closed, dependent on their male partner. Their part in the prophylactic programmes of Sevastopol is only 13% (according to the **Syrex project** data). Thanks to the UNODC financial support and with the social centre for drug consumers of "Youth centre for women's initiatives" as the base, a centre named "Woman to Woman" was opened. The centre worked one day a week as a "social supermarket". A comfortable and attractive meeting place for female clients was the project's key element. On that day, the services