

**Background** Non-consensual sexual activity between young people continues to be a major public health problem with long-term negative health outcomes. To our knowledge no study has yet evaluated violation and rape separately in girls, boys and boys who have sex with men (MSM).

**Methods** Data were obtained from 'sex under the age of 25', a large national study on sexual behaviour and sexual health of 10,404 young people (12–25 years), Netherlands. Current analyses were restricted to sexually experienced young people (n = 6,200). Multinomial regression was used to examine associations for ever experienced (1) violation (unwanted kissing and touching) or (2) rape (vaginal or anal penetration by finger, penis or mouth) compared to consensual sex. Evaluated determinants included sexual behaviour, drug use, social network and attitude. Analyses were stratified for girls (n = 3779), boys (n = 2209) and MSM (n = 212) and controlled for age, educational level and ethnicity.

**Results** Violation was reported by 29.6% of sexually experienced girls, 20.6% of boys, and 22.6% of MSM. Rape was reported by 24.2%, 4.4% and 14.2% in the three groups, respectively. Rape was significantly associated with a negative attitude to porn (in girls, boys, MSM), receiving non-monetary goods in exchange for sex (girls, boys), use of alcohol and drugs (girls), sex on the internet (girls, boys), talking to friends about sex (MSM), sexual problems (girls, boys), negative self image (girls), multiple sex partners (girls, boys, MSM), early sexual debut (girls) and low self efficacy (girls). All these factors except porn were also associated with violation, although associations were sometimes observed in different groups than for rape.

**Conclusion** The prevalence of non-consensual sex is alarmingly high in young people who have experience with sex. Girls and young MSM boys appear to be especially vulnerable. Healthcare providers and educators should continue to address these issues in care and education.

#### P4.066 SEXUAL HEALTH OF OLDER MEN ATTENDING A GENITO-URINARY MEDICINE CLINIC

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Many healthcare professionals, particularly non-specialists, do not consider older men to be at risk of sexually transmitted infections (STIs). Recent Health Protection Agency data show that the percentage of STIs in older age groups in the UK is increasing and are considerably higher for men than women. Men who have sex with men (MSMs) remain at high risk of STIs throughout the age groups.

There is a scarcity of published data on older men attending genito-urinary medicine (GUM) clinics. This project aimed to review men aged 50 and over presenting to a GUM outpatient clinic in the first 3 months of 2012.

4056 men attended during the 3 months, of whom 105 (3%) were 50 years and older. Records were available for 102 men. The age range was 50 to 90 years (mean 58; SD 7.2) and 31 (30%) were MSMs.

12/31 (39%) MSMs and 35/71 (49%) heterosexuals reported that they never use condoms. 7/31 (23%) MSMs and 7/71 (10%) heterosexuals were married to women. A significantly higher proportion of MSM-episodes (17/31; 55%) reported > 1 partner in the preceding 3 months compared to heterosexual-episodes (17/72; 24%; P value 0.004). An STI was diagnosed in 6/31 (19%) MSM and 23/72 (32%) heterosexuals: including non-specific urethritis, proctitis, epididymo-orchitis, warts, gonorrhoea, chlamydia, herpes, syphilis, scabies, pubic lice, HIV and hepatitis B.

This case note review found significant numbers of older men presenting to the GUM clinic. There was a high prevalence of STIs.

A surprisingly high proportion of MSMs were married, which suggests that, if they were to attend a non-specialist setting, it is unlikely they would be identified as being at risk of STIs.

Many people remain sexually active into their 80s and beyond. These data support the need to challenge preconceptions regarding sexual health and STI risk in older men.

#### P4.067 PHOTOVOICE

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**Background** In Austria, Sub-Saharan African migrants are disproportionately affected by HIV. Since HIV is also a social issue and its transmission is often conditioned by vulnerability, we wanted to look on the following questions from a broader point of view:

- Which factors support my integration in Austria?
- Which factors hinder my integration in Austria?

These questions seemed relevant in order to get to know a target group's life situation and to be able to adapt preventive measures to it.

**Method** The method used to answer these questions was Photovoice - a participatory visual method for a critical questioning of social structures. It evolved from participatory research and should enhance communities to share their experiences and to work collaboratively on change. It also gives insights into how they conceptualise their circumstances and their hopes for the future. Photovoice also wants to bring about positive change into communities through providing them with photographic training.

**Implementation** Six people from sub-Saharan African countries were invited to five workshops, led by a professional photographer and the project leader. During the workshops, basic techniques of photography were taught and participants were asked to take pictures according to the research questions. Together with the group the taken pictures were discussed together, narratives to go with their photos were developed, and conducting outreach or other action was reviewed.

**Outcome** The product of the project is a booklet telling the storeys of the participants together with their taken pictures. The booklet will be shared with various organisations and politicians. The gotten information will be integrated in existing prevention projects among the sub-Saharan African communities in Vienna.

#### P4.068 HAZARDOUS ALCOHOL CONSUMPTION AND SEXUAL PARTNER CONCURRENCY AMONG ADULTS IN RURAL SOUTH AFRICA

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**Objectives** Sexual partner concurrency and hazardous alcohol consumption patterns both lead to accelerated transmission of HIV/STIs. While there has been considerable research undertaken documenting the correlation of alcohol and HIV risk behaviours, there is less research examining the association of hazardous and harmful drinking patterns and concurrent sexual relationships.

**Methods** A 2012 cross section of 483 (49%) males and 501 (51%) females, aged 18–35 years, in rural Bushbuckridge, South Africa, were surveyed. Hazardous and harmful patterns of alcohol consumption were identified using Alcohol Use Disorders Identification Test (AUDIT) score  $\geq 8$ . Having concurrent sexual partners was determined as more than one ongoing, sexual partnership reported on the day of the interview. Prevalence ratios were estimated using

log-binomial regression to assess the relationship between alcohol consumption patterns and sexual partnership concurrency.

**Results** Among 984 sexually active respondents, the median age was 23 years, with a majority having never married (N = 705, 72%), received some high school education (N = 546, 55%), did not receive any income in past 3 months (N = 621, 63%), and had spent the past 7 nights at home (N = 905, 92%). Approximately 25% (N = 123) of men reported at least one ongoing, overlapping relationship and 26% (N = 131) had an AUDIT score  $\geq$  8. Among women, 28 (6%) reported concurrent sexual partners and only 6 (1%) reported hazardous alcohol consumption patterns. For males, the prevalence ratio of hazardous alcohol consumption and sexual partner concurrency was 3.44 (95% CI: 2.26, 5.23). Given the low prevalence of hazardous drinking among women we could not assess the relationship with sexual partner concurrency.

**Conclusions** Hazardous drinking among men was associated with sexual partner concurrency was associated with hazardous alcohol drinkers. Sexual risk reduction interventions and alcohol education are strongly needed for men in this setting.

**P4.069 PERCEIVED IMPORTANCE OF STI/HIV PARTNER NOTIFICATION AMONG MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER WOMEN (TW) IN LIMA AND CALLAO, PERU (2010)**

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**Background** In Peru, partner notification (PN) outcomes are correlated with its perceived importance. Data assessing perceptions of PN and its correlates among MSM/TW patient populations can help inform prevention interventions.

**Methods** MSM/TW in Lima diagnosed with HIV and/or STI within the last month were surveyed about their beliefs concerning both partner notification and practises among their peers. All analyses were stratified by partner type.

**Results** We recruited 390 MSM/TW (Ages: 18–60, Median: 28.5, IQR: 24–36) who identified as homosexual (63.0%), bisexual (16.0%), heterosexual (6.8%), and TW (14.2%). Overall, 93.3% and 73.3% of respondents considered it “Very” or “Somewhat Important” to notify stable and casual partners, respectively. 73.5% of respondents believed that “Few” or “None” of their peers would notify their stable partners, while 84.7% believed the same for casual partners.

There was no association between perceived importance of notifying stable partners and beliefs about peer notification of stable partners. Among subjects who reported that “Few” or “None” of their peers would notify their casual partners, 31.7% (52/164) of gays and 57.9% (22/38) of TW did not consider it important to notify casual partners while 90.9% (30/33) of gays and all (5/5) TW who reported “Most” or “All” peers would notify casual partners were likely to do the same themselves (all  $p < 0.05$ ). Low perceived importance of notification for any partner type was associated with identification as TW, low educational level, and “pasivo” sexual role (all  $p < 0.05$ ) with consistently lower importance placed on notifying casual compared with stable partners.

**Conclusions** Perceptions about PN vary by partner type with casual partner notification considered least important. Perceived peer notification practises may reflect individual beliefs or social norms of notification behaviour, especially among TW and gay-identified MSM. Understanding individual-level, partner-level, factors and societal contexts that influence these perceptions will better inform interventions to promote PN.

**P4.070 THE GAP BETWEEN KNOWLEDGE OF HIV PREVENTION AND HIGH RISK INJECTION PRACTISE IN PEOPLE WHO INJECT DRUGS (PWID) IN BARNAUL, RUSSIA**

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**Background** HIV cases in PWID were increased by 8% in 2012. Prevention components such as VCT, skills building, condom and injecting equipment distribution were in place. Previous research suggests that greater HIV prevention knowledge does not necessarily translate into less risky behaviours. We investigated level of knowledge of HIV prevention and sharing paraphernalia in PWID.

**Method** 500 PWID surveyed in a cross-sectional survey (August–October 2012). RDS sampling was used with 5 former PWID seeds. Socio-behavioural, knowledge and practise, HIV and HCV prevalence were calculated with RDSAT. Composite knowledge indicator was used to measure knowledge of main prevention measures and rejection of misconceptions about HIV transmission. PWID who responded to all questions correctly has been identified as having knowledge (PWID-K).

**Results** The sample was predominantly: male (67.4%, 95% CI 62.3, 72.7), 30–39 years old (54.7%, 95% CI 49.1, 60.1), single (53.4%, 95% CI 48.0, 59.4), unemployed (67.3%, 95% CI 62.1, 72.5). Prevention coverage was 64.2% (95% CI 58.3, 69.8). 59.9% PWID (95% CI 54.7, 65.2) correctly answered to knowledge questions. PWID-K injected  $> 2 < 9$  times a day in the last month - 78.7% (95% CI 71.2, 87.1), without knowledge - 67.8% (95% CI 52.8, 84.8). The majority sample reported (85.3%, 95% CI 80.9, 92.1) sharing paraphernalia in the last month. PWID-K shared paraphernalia in 80.3% (95% CI 75.1, 90.2) and without knowledge 93.6% (95% CI 86.8, 99.1). More than half of PWID-K injected in group of 1–5 injectors (59.6%, 95% CI 50.6, 68.3), and 33.2% (95% CI 25.3, 42.2) without knowledge. HIV prevalence in PWID-K was 34.5% (95% CI 27.6, 41.5) and HCV -74.0% (95% CI 67.9, 80.3) with insignificant difference from PWID without knowledge.

**Conclusions** Inspire of high level of knowledge significant portion of PWID practise riskier behaviour which may explain high HIV/HCV prevalence. Further research is vital to understand the reasons and develop effective intervention to stop transmission.

**P4.071 PREDICTORS OF CONDOM USE AMONGST HIV-INFECTED INDIVIDUALS RECEIVING ANTIRETROVIRAL THERAPY (ART)**

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**Background** Influence of knowledge of HIV+ status on sexual behaviour has not been well studied in Africa, where positive prevention could potentially have the greatest impact.

**Objective** To determine the influence of HIV+ status awareness and other social factors on condom use.

**Method** A behavioural questionnaire was administered to 642 patients in Durban, South Africa. Consistent condom use was defined as reported condom use during last sex act at months 6, 12, 18 and 24 of follow-up. Patients were divided into 2 groups: those who were aware of their HIV+ status prior to study enrolment (Group A) and those who only learned their HIV+ status at the time of study enrolment (Group B). Generalized estimating equations were used to assess factors associated with condom use at last sex act over time.