

Sufficient studies for meta-analytic review were in three domains: knowledge, attitudes, and sexual behaviours. To examine main intervention effects within each domain, study's intervention characteristics were extracted to compute the pooled Hedges'  $g$  and 95% CIs using the random-effects model. Effect size heterogeneity was measured by  $I^2$ .

**Results** From 9064 candidates, 21 studies across three domains were included in the meta-analysis. For knowledge, there was a large intervention effect on sexual health knowledge, Hedges'  $g = 1.32$  (0.51–2.14). The pooled effect size for both attitudes and sexual behaviour domains yielded small to medium intervention effects, Hedges'  $g = 0.58$  (0.34–0.81) and 0.25 (0.13–0.37), respectively. Heterogeneity for each domain was substantial (between 91% and 97%). Removal of outliers decreased heterogeneity estimates for all domains (21% to 62%), i.e., small. The final effects sizes for knowledge, attitudes and sexual behaviour were 0.25 (0.03–0.48), 0.21 (0.15–0.28) and 0.10 (0.06–0.15), respectively.

**Conclusions** Our results indicate that existing intervention efforts focused on sexual health knowledge, attitudes and behaviour have small, but positive significant effects. Studies were not designed to encompass all the domains of sexual health, but when studies were examined by these domains the results were consistent across the studies.

**P4.113 STIGMA, DISCRIMINATION AND UNDUE PRESSURE FACED BY MSM'S FROM THE FAMILY, PEERS AND SOCIETY LEADING TO A DOUBLE STANDARD LIFE**

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**Background** Parwaz Male Health Society is implementing GFATM's Regional Grant R-9 to empower MSM/TG communities in Pakistan to prevent HIV/AIDS, under the technical assistance provided by Naz Male Health Alliance, Pakistan. Participatory research methods is used to reach MSM and understand community needs to effectively design prevention-programmes in Karachi, where MSM's are engaged in high risk behaviours to an alarmingly high level which makes them vulnerable to HIV/AIDS.

**Methods** A case study approach was used to analyse data involving the MSM community members; Malishias, truck/cab/drivers, migrant, labour, and self identified gay people etc. visiting the Drop in Center. 12 cases were studied and Data was collected through In-depth interviews, participant's observation and data verification, done through the field workers, Community counsellor and the Doctor. Ethical standards mentioned in NMHA's Institutional manual.

**Results** Ranging between the age group 16–50 years, MSM's have been subjected to labeling, stigmatisation, discrimination since childhood within home and the external world, whether educated or uneducated, financially stable or not, low self esteem, lack of understanding and knowledge on self identity and human rights, facing violence/bullying from around, forced decisions about marriage, career and religious practises, altered mental and physical development and a damaged personality, hampering their productivity and efficiency to contribute to society in a healthy way.

**Conclusion** An urgent need for an all age group focused programming covering Psycho social and sexual health, strategies to cope with bullying and pressure inflicted including counselling and self help group therapy, acceptance of self identity, socio-economic empowerment, education and awareness along HIV and Sexually Transmitted Infections prevention. Further qualitative and quantitative evidence is required to effectively design programmes.

**P4.114 SEXUAL BEHAVIOR AND PRACTICE AMONG TRANSGENDERS IN WEST BENGAL, INDIA**

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HIV Epidemic in India is not generalised but is a concentrated epidemic. The Prevalence of HIV among Transgender is 8.82, thus there is the necessity for specific programmes. Hence, a study among the transgender conducted to know the sexual behaviour & practise among them.

A structured questionnaire had been developed followed by training of the interviewer. The respond Driven Sampling method was used. The study had been conducted in collaboration with Community Based Organization working with Transgender in West Bengal.

According to this study the 30% & 42% respondents have secondary and graduate level of education whereas 28% are post graduate. 25% populations below 18 years have more than 10 sexual partner and 18 years above have 7 partners on an average in a month. 43% respondents have exposure of sexual intercourse before the age of 13 & rests 57% between the ages 14 to 18. 12% are married with female but all of them preferred & practise anal sex and have multiple male sexual partners. 81% contact with their partners through mobile phone or use e-communication which hampers the so called Outreach concept. 88% do not know about the sign & symptoms of STI but 67% of them being affected with it. 83% are inconsistent condom user and they have complained of condom rupture during sex & unavailability of lubricant. 80% populations have self risk perception to get HIV.

Indian National HIV Programme Design need to cater specific need based tailor made Transgender Programme. Need convergence of Adolescent & HIV Programme for Transgender. Incorporate Social Media, phone in new outreach strategy for more reaching out. National HIV prevention Programme needs specific male STI Guideline. The Self Risk perception among this community is very high so immediate new programme strategy will help the Transgender Community to prevent HIV.

**P4.115 THE FORGOTTEN STI: A SURVEY OF KNOWLEDGE ABOUT TRICHOMONIASIS**

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**Background** Trichomoniasis is the most common curable STI in the US. According to the Centers for Disease Control and Prevention, an estimated 7.4 million new cases occur each year. Trich is a largely hidden STI - out of the public eye, and absent from serious discussions about STI prevention. Increasing awareness requires improved understanding of what women know to develop messages to encourage testing.

**Methods** A survey was conducted on behalf of American Sexual Health Association via an online panel by Research Now, an independent research company. Interviews were conducted between January 28<sup>th</sup> - February 2<sup>nd</sup>, 2013 among a nationally representative sample of 1,000 female respondents between the ages of 18 and 50.

**Results** Women surveyed perceive trich as the least common STI; only one in five (22%) women are familiar with it. Sixty-five percent would not seek medical attention if they experienced unusual symptoms, instead waiting to see if the symptoms go away or treating themselves with over-the-counter medicine. Those most likely to self-treat include Hispanic women (33%), those with a high school or less education (33%), and Southerners (32%). Among

women concerned about contracting an STI, nearly half (49%) worry about trich increasing their risk of HIV. Only 5% indicate preterm birth and low birth weight babies as cause for concern. After reading a description of 55% say they are likely to ask their healthcare provider to test for trich. The facts most likely to make women get tested: testing is simple, easy, and painless and trichomoniasis can be easily cured; trichomoniasis doesn't always show signs or symptoms.

**Conclusions** Awareness of trichomoniasis is very low. A number of factors affect whether women will choose to be tested. Education about different causes of vaginal discharge, consequences of trich, and ease of testing and treating are important.

**P4.116 THE EFFICIENCY OF THE MODEL «PEER DRIVEN INTERVENTION» AMONG THE WOMEN OF COMMERCIAL SEX AND POSITIVE EXPERIENCE OF REALIZATION OF THE PROJECT ON THE HIV PREVENTION BY THE MODEL OF «PDI» IN CRIMEA**

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By the CF «Hope and rescue» in Simferopol in 2010 was realised one of the first projects in the world-the pilot project on the HIV prevention among the women of commercial sex (WCS) with the help of the model «Peer Driven Intervention».

Primary purpose of this intervention was involving of new clients especially from priority difficult of access groups, providing the clients with new and comprehensive knowledge's on the HIV, STD prevention and less risky sexual behaviour.

**Introduction** of the project on HIV prevention among WCS by a model «PDI» was very urgent for the region because the majority of the WCS are part of the so-called «closed group». It is very difficult to involve these women in participating of the projects on HIV and STD prevention, overcome services of the programme «Harm reduction».

The women of commercial sex, which were not the clients of the project «Harm reduction», were the target group of the project. The priority group included women of commercial sex at the age to 25 years inclusive.

The peculiarity of the model «PDI» consisted in that every participant of the project got the possibility to take part independently in measures on prevention in their own community. In the project women are interviewed, taught and get preventive services. Model «PDI» provides a motivational gift for every client for passing of the interview, nominal money fee for involving of WCS from a priority group and gifts for the successful teaching of WCS from their community.

With the help of the project we managed to involve 544 clients which later became the clients of the project «Harm reduction». Together with active participating of WCS in the preventive programmes the very important result of the project revealed in a changing of the behaviour for less risky.

**P4.117 BRAZILIAN STRATEGIES FOR ADHERENCE TO USE OF FEMALE CONDOMS**

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**Background** HIV prevention success requires a number of sustainable, specific and inter-sectorial actions, among which is expanded access to inputs such as female condoms. Female condoms expand the strategies to fight the feminization of AIDS and unplanned pregnancies. Brazil has increased the purchase of these condoms from 2 million per year to 50 million units per year. Considering the

importance of adapting strategies regarding female condom use to Brazilian reality, a qualification and awareness-raising process for the use and distribution of female condoms to users and professionals was developed in 2012 with the purpose of reducing gender inequalities and ensuring sexual and reproductive rights.

**Methods** Pilot workshops were conducted in three Brazilian state capitals (Porto Alegre, RS; São Paulo, SP; Brasília, DF) using focal group methodology and participant observation. The groups consisted of: managers and professionals from government programmes, young and adult female users of basic healthcare units, young and adult women living with HIV/AIDS, sex workers, and injectable drug users. This study attempted to obtain information for the formulation of a communication strategy for promoting and increasing accessibility to and usage of female condoms, while concurrently training participants in the implementation of strategic actions based on their own experiences.

**Results** Some of the strategic issues concerning female condom adherence pointed out by the groups were: knowledge of the input's effectiveness, the need for men's participation, erotization strategies, and use by older women (who also aided in the development and promotion of information materials).

**Conclusion** The groups organised were essential for improving female condom access and usage strategies and in promoting women's human rights, especially with regard to the exercise of their own sexuality.

**P4.118 HIV NONDISCLOSURE: A RIGHT TO KNOW?**

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In many jurisdictions, it is a crime for an HIV-positive person to have sex without first disclosing his or her serostatus. Such prosecutions persist in spite of substantial evidence that they do not reduce transmission or risky behaviour. I argue that an underexamined sexual autonomy rationale undergirds such prosecutions. U.S. and Canadian courts have held that nondisclosure of HIV violates a partner's right to "informed" sexual consent, transforming otherwise consensual sex into a crime akin to rape. The sexual autonomy rationale draws on feminist insights about sexual coercion and consent, but has not yet been subjected to rigorous feminist critique. This Article presents the first-ever comprehensive analysis of identifiable nondisclosure prosecutions in the United States, and advances a critical race feminist challenge to the premises and application of this rationale. Criminal law does not protect a general rule that sexual consent be "informed": while HIV nondisclosure is a crime, almost all other forms of sexual deception often presumed to be normative lies men tell to women are lawful. HIV disclosure laws are also so under- and overinclusive with respect to transmission risk that they seem better designed to reduce anxiety about HIV than to reduce transmission. Furthermore, criminal protection of this interest is selective. Although most sexual transmission of HIV and, likely, most nondisclosure takes place between men, most defendants are men accused of nondisclosure to women. Racialized and sexual HIV stigma intersects with gendered assumptions about sexual victimisation so that, when a woman has noncommercial heterosexual sex without knowing that her partner had HIV, she, unlike other uninformed sexual partners, may be seen as a victim of sexual crime.

**P4.119 STATE CHARACTERISTICS ASSOCIATED WITH THE PRESENCE OF LAWS AUTHORIZING EXPEDITED PARTNER THERAPY IN THE UNITED STATES**

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