Background Sub-Saharan Africa has the highest rates of curable sexually transmitted infections (STIs) globally with the greatest morbidity due to Neisseria gonorrhoea and Chlamydia trachomatis falling on women. In response to a demand for comprehensive reproductive health screening, we proposed that providing additional N. gonorrhoea and C. trachomatis testing within a cervical cancer screening programme involving self swabbing for HPV, would be acceptable and effective.

Methods As part of a cervical cancer screening project in Kisenyi, a densely populated urban community in Kampala, Uganda with low socio-economic-indicators, women aged 30 to 69 were offered N. gonorrhoea and C. trachomatis testing using self-collected swabs. Women were recruited in each sub-division by local health workers, after informed consent, a brief demographic and attitudes survey was completed and the method of swab collection was explained. Specimens were transported for PCR analysis within Kampala. Participants were contacted by mobile phone and asked to attend the local health clinic to receive appropriate treatment if found to be positive.

Results Out of 206 women approached, 203 provided a self-collected swab for analysis. Twenty-six women (13%) were found to have C. trachomatis, 2 (<1%) were positive for N. gonorrhoea and one participant was co-infected. Of the women infected, 76% were successfully contacted and of these 62% attended follow-up to receive appropriate treatment. Women reporting no condom use in the last month accounted for 93% of those with C. trachomatis while use of the oral contraceptive pill was not associated with higher rates of either infection. The self-reported HIV positivity rate was 9.5%.

Discussion The acceptance and uptake of testing for common STIs in this urban sub-Saharan environment was very positive. Due to the high burden of disease inferred by these easily treated infections, further integration of appropriate screening should be incorporated into existing reproductive health programmes.
features a specially-designed website that provides videos, text information and learning evaluations in both English and selected local languages. The website’s programme has the capacity to generate unified identification codes for the site’s visitors based on a registry system linked to his/her email address, Facebook account or twitter. After viewing the videos or reading the texts, a short quiz is provided with “successful reach” defined as getting four out of six questions correctly.

Within the initial launch of the website, inputs and feedback were gathered from local partners and end-users through email exchanges.

The early implementation of the online BCC outreach is effective in reaching local MSM and TG populations that are often difficult to reach using offline outreach. Initial observations include:

1. The online videos are sometimes difficult to access due to limited internet bandwidth;
2. Users are reluctant to log in since registration by email or by social media account is needed;
3. Concerns about the accent of the video voice-overs as well as the appropriateness of images used in the videos.

Recommendations by end-users include:
1. Providing localised websites for better access;
2. Uploading the videos in youtube to allow access without registration;
3. Creation of a promotional video;
4. Coming up with electronic raffles and other rewards to promote access.

The ISEAN Hivos Program’s BCC online intervention for HIV-AIDS targeting MSM and TGs in South East Asia showed initial positive results. Areas for improvement were identified which will guide the site’s continuous re-development. This experience provides lessons on how effective HIV-AIDS-related messages can spread en-masse to otherwise “hidden” but “most-at-risk populations” at a regional Asian context, by the use of ICT.

**A PROACTIVE APPROACH TO ONLINE CHLAMYDIA SCREENING: QUALITATIVE EXPLORATION OF YOUNG MEN’S PERSPECTIVES OF THE BARRIERS AND FACILITATORS**


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Background Increasing access to sexually transmitted infection (STI) testing among young, heterosexual men is advocated as a means of reducing STI rates in the UK. New mobile, social media platforms, such as ‘smart-phones’, give unprecedented mobile access to the Internet, and the proliferation of Internet forums and social networking sites offer potential mediums for sexual health promotion. Here, we assess the acceptability and potential barriers and facilitators of these for STI testing among young men in Scotland.

Methods Qualitative study including 15 focus group discussions with 60 homosexual young men (aged 16–24 years) across central Scotland to explore an online approach to proactive screening for Chlamydia trachomatis. Transcripts from audio recordings were analysed with Framework Analysis.

Results Participants were favourable of an online approach for accessing postal Chlamydia tests, even if they felt it was not suitable for them. However, some spoke more favourably of attending specialist sexual health clinics for testing, particularly those from areas of higher deprivation, of younger age, and who had previously attended such clinics. We found differing levels of exposure to and practises of (particularly mobile) Internet use by deprivation and age. Despite reporting Internet access, younger men (aged 16–19 years) largely used mobile/cell phones to place and receive calls and to send SMS text messages and they reported fears over the costs, risks of ‘smart-phones’ being stolen or broken, and a general disinterest due to a perceived lack of fit with their identities. Conversely, Facebook use was universal.

Conclusion Increasing mobile access to the Internet provides opportunities for re-evaluating how we deliver sexual health promotion and engage young men in STI testing and screening. However, our study suggests that such an approach could potentially widen inequalities by age and socioeconomic background and future interventions using such technology should consider how best to counter this.