

Background Adolescents commonly underestimate their own risk of chlamydia infections. We aimed to examine the association between chlamydia prevalence and perceived risk of infection, and the predictors of perceived risk, among 15–20 year old adolescents in Norway.

Methods This population based cross-sectional study among students in 5 high schools included a web-questionnaire and *Chlamydia trachomatis* PCR in first-void urine (participation rate 85%, girls 800/boys 818, mean age 17.2 years). Perceived infection risk was assessed using a 5-point scale: 1 = none, 2 = low, 3 = medium, 4 = high, 5 = very high. Multivariable logistic regression analysis was applied using stepwise variable selection with 5% significance level and binary outcome: 'high' (3–5) versus 'low' (1–2) risk.

Results Chlamydia prevalence according to risk level was: none 3.6%, low 4.4%, medium 8.2%, and high/very high 16.4%. 28 of the 58 infected participants perceived their risk to be none/low. In the multivariable model, following factors were associated with high perceived risk: ≥ 2 sexual partners past 6 months (odds ratio (OR) 3.6), number of lifetime partners 1–2 (reference), 3–5 (OR 2.7), or ≥ 6 (OR 3.7), previous treatment (OR 2.2), clinical symptoms (OR 1.9), no steady relationship (OR 1.8), first intercourse without condom (OR 1.5), and younger age (OR 0.78 per year). Significant interaction was present between gender and substance use ($p = 0.004$). Higher levels of substance use increased self-assessed risk only among boys. Among participants with low use, boys assessed risk higher than girls (OR 2.7). Among medium use participants, boys assessed risk lower than girls (OR 0.6). Among 665 participants perceiving none/low risk, both the 28 persons infected and a significant proportion of the non-infected scored on multiple chlamydia risk factors.

Conclusions Chlamydia prevalence increased with increasing perceived risk level. Mostly well-known chlamydia risk factors were significant in modelling risk perceptions. Adolescents need knowledge to more accurately assess their susceptibility to chlamydia infections.

023.4 UNDERSTANDING DOMESTIC VIOLENCE AS A PREDICTOR OF ADVERSE HEALTH OUTCOMES AND SEXUAL RISK-TAKING AMONG MEN WHO HAVE SEX WITH MEN (MSM): A SYSTEMATIC REVIEW AND META-ANALYSIS

doi:10.1136/sextrans-2013-051184.0219

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Between 15.4% and 51% of men who have sex with men (MSM) have experienced domestic violence (DV). The adverse health consequences of DV are well documented for women victims, but little is known about the association between DV and health outcomes for men who have sex with men. We aimed to establish if MSM exposed to DV had higher odds of experiencing adverse health outcomes or engaging in risk behaviours. In this systematic review and meta-analysis, we searched 13 electronic databases to identify primary research studies reporting the risk of adverse health outcomes or risk behaviours for MSM experiencing or perpetrating DV. Of 4,653 identified, 17 were included in the review, of which 15 were cross-sectional and 2 cohort. The 17 studies described 16 datasets with 12,778 participants, reporting 82 estimates. All studies were included in the meta-analysis. We found that exposure to DV increased the odds of substance use (1.68, 95% CI 1.44–1.92), being HIV positive (1.4, 95% CI 1.19–1.62) and depression (1.6, 95% CI 1.28–1.92). Pooled crude odds ratios of the risk of unprotected anal sex in MSM exposed to DV were (1.49, 95% CI 0.67–2.30) with high level of heterogeneity among estimates. We conclude that DV has adverse health consequences for MSM. Exposure to DV is a risk factor for substance use, depression and HIV status. The evidence for the association between

DV and sexual risk behaviour such as unprotected anal sex is less robust. There is a lack of cohort studies which limits the possibility to establish the direction of these associations. Studies are absent from Europe and low and middle income countries.

023.5 "CIRCUMCISION MAKES THEM HALF MEN": CONCERNS ABOUT LOSS OF MASCULINITY MAY DETER ACCEPTANCE OF SAFE MEDICAL MALE CIRCUMCISION

doi:10.1136/sextrans-2013-051184.0220

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Background Despite access to safe medical male circumcision (MMC) and the proven effectiveness of the procedure in reducing acquisition of HIV and other STIs, uptake remains relatively low in Rakai District, Uganda. Gender may play an important role in use of HIV prevention services, yet few studies have examined linkages between beliefs about what it means to be a man and acceptance of MMC.

Methods We explored this relationship in focus group discussions (n = 34 groups) with men and women in Rakai. Focus groups were conducted from May through July, 2012 with adolescent and adult males with a range of HIV risk and reproductive health service use profiles, and with adolescent and adult females. Data were analysed using *Atlas-ti* and an inductive approach.

Results Participants' beliefs about manhood were grounded in the concepts of responsibility (signified through provision of economic and social stability in the family), independence, sexuality, fertility, and religiosity. While some participants described MMC as leading to more pleasurable sex and better hygiene, other aspects of MMC were perceived as threatening valued aspects of manhood. For instance, the post-surgical healing period required time off work and increased dependence on family support. Males worried about restrictions on sexual activity during the healing period and the perceived side-effects of the procedure, such as reductions in sexual drive. Some Christian participants equated male circumcision with religious conversion or the desecration of the body as God's creation. Women reported that MMC could be an indicator of infidelity in a relationship, inciting conflict between sexual partners.

Conclusion In considering MMC, males weighed the potential benefits of avoiding HIV infection in the future against more immediate threats to their sense of self as men. Understanding how males and females view MMC is a crucial step towards increasing uptake of the procedure and reducing disease transmission.

023.6 FACTORS THAT INFLUENCE CONTRACEPTIVE CHOICE AND USE AMONG HIV DISCORDANT COUPLES IN KISUMU, KENYA

doi:10.1136/sextrans-2013-051184.0221

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Background Factors influencing choice and use of contraceptives among HIV discordant couples have important policy and programmatic implications for HIV and pregnancy prevention. We investigated factors among women and men in an HIV serodiscordant couple enrolled in a phase 3 clinical trial of Partners PrEP study.

Methods Prospective sub-study enrolled 385 men and women selected from 629 couples. Family planning counselling and contraceptives were offered to participants at each visit.

Questionnaires were administered at enrolment and after 6 months and 12 months to document contraceptive knowledge, preference and use. A logistic generalised estimating equation was used. IRB reviewed written consents.

Results The average age was 28.5 years (SD = 8.5) for female and 34.9 (SD = 10.3) years for males. The median number of children was 1 (IQR = 0–3). At baseline, knowledge of contraceptives was 99% for both men and women, and 143 (37%) reported current use of any contraceptive (male condoms = 50%, injectables = 31%, implants = 9%, oral pills = 4%, other = 6%). Of the 242 not using contraceptives at baseline, 182 (75%) wanted to use a contraceptive; 98 (54%) of them specified their preferences including 52% injectables, 22% male condoms, 11% oral pills, 9% implants and 6% other.

At 6 month follow-up 302 (78%) and 12-month follow-up visit 274 (71%) reported use of contraception; an increased odds (OR = 1.74, 95% CI = 1.64–3.53; OR = 1.74, 95% CI = 1.20–2.53, respectively) of contraceptive use over baseline HIV-negative participants were more likely to use contraception (including condoms) than HIV-positive participants (OR = 1.49, 95% CI (1.05–2.01). Odds of contraceptive use rose with the number of children one had (OR = 1.09, 95% CI 1.00–1.19). Main reason for not using contraceptives during follow up was fear of side effects (OR = 0.49, 95% CI 0.44–0.55).

Conclusion Education and counselling provided at this site led to an almost doubling of contraceptive usage among HIV serodiscordant couples. Policymakers can adopt this to address gap between knowledge and usage.