**Abstracts**

### P109 “LOVE THY NEIGHBOUR”: AN EVALUATION OF RELIGION AS A POTENTIAL BARRIER TO ACCESSING SEXUAL HEALTH SERVICES FOR GAY AND BISEXUAL MEN IN THE WEST OF SCOTLAND

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**Background/introduction** Outcome 5 of the Blood Bourne Virus Framework aims for a society where attitudes towards sexual health and HIV are supportive and non-stigmatising. Currently, there is no research as to whether religion is a barrier to attending sexual health services for gay and bisexual men.

**Aim/s/objectives** To explore the influence of religion and its relationship to sexuality for gay and bisexual men. To explore if religious beliefs affect attendance at sexual health services and whether current standards of care at sexual health services meet their needs.

**Methods** Nine participants participated in semi-structured interviews; five sexual health staff; four non-NHS staff including three ordained Ministers from different religions. Questions were about their views around the influence of religious beliefs on the sexual health of gay and bisexual men in the West of Scotland.

**Results** Four themes were identified: barriers to attending sexual health services, influences of religion/coping behaviour, societal influences and provision of sexual health services. Seven of the nine participants identified that religion is a potential barrier to attending sexual health services. Potential conflict between faith and sexuality affect health seeking behaviour. Implications for practice included staff training, outreach work and referral to Chaplains.

**Discussion/conclusion** This study finds that religion is a potential barrier to attending sexual health services for gay and bisexual men, particularly if their religion and sexuality are in conflict. It can be linked to risk taking behaviour and stigma is a considerable issue. Recommendations were made for improvements in service provision. Further research is required.

### P110 SELF-TAKEN SAMPLES FOR CHLAMYDIA AND GONORROEA IN HIV OUTPATIENTS ARE ACCEPTABLE AND PERCEIVED AS RELIABLE AND COMFORTABLE BY PATIENTS

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**Introduction** Self-taken samples increase testing for Chlamydia and Gonorrhoea in high-risk asymptomatic populations including HIV-outpatients. Women are offered self-taken vaginal samples; heterosexual men first-pass urine and MSM self-taken rectal and throat samples and first-pass urine. The acceptability of this method of testing is not well understood.

**Methods** An anonymous paper survey was offered to all patients attending outpatient-HIV clinic June–July 2014. Data collected: age, gender, ethnicity, sexual-orientation; perceptions of self-taken samples; whether they tested that day, and why.

**Results** 121 surveys were returned. Median age = 45 (20–69) years; 86% male; 68% white British; 73% homosexual. 61/121 (50%) rated STI screening as ‘very important’, 48/121 (39%) as ‘worthwhile’, 117/121 (96%) rated offering self-taken samples in routine HIV clinic as appropriate. 86/121 (71%) found the instructions ‘easy’ to follow and 4/121 (3%) ‘difficult’. 78/121 (64%) said that they thought that self-taken samples are as reliable as clinician-taken and 10/121 (8%) thought they were more reliable. 60/121 (50%) said self-taken samples were as comfortable as clinician-taken; 30/121 (23%) said more comfortable. 33/121 (27%) responders did self-sampling that day; 78/121 (64%) did not. Participants’ reasons for accepting self-taken samples included: ‘It’s easier/quick than going to a GUM clinic’ (37%); ‘I prefer doing the swabs myself’ (25%). Reasons for not self-sampling included: ‘I haven’t had any sex since my last sexual health screen’ (26%); ‘I was not offered a STI screen today’ (20%); ‘I prefer to go to a GUM clinic’ (16%).

**Conclusions** The self-swab STI screens are acceptable to patients attending HIV outpatients’, and are perceived as being as reliable and as comfortable as clinician-taken samples.