outcomes, and interviewer-administered alcohol consumption questions, at age 26, 32 and 38 years.

**Results** Response level was >90% at each assessment. At 38, drinking before or during sex in the previous year was common (8.2% of men; 14.6% of women reported “usually/always”), and unwanted consequences were reported by 13.5% of men and 11.9% of women, including regretted sex or failure to use contraception or condoms. Frequent heavy drinkers were more likely to “use alcohol to make it easier to have sex” and regret partner choice, particularly women. Heavy drinking frequency was strongly associated with partner numbers for men and women at 32, but only for women at 38. Significantly higher odds of STIs amongst the heaviest drinking men, and TOPs amongst the heaviest drinking women were seen at 32–38.

**Conclusion** Alcohol involvement in sex continues beyond young adulthood where it has been well documented, and is common at 38. Women appear to be more affected than men, and heavy drinking is associated with poorer outcomes for both. Improving sexual health and wellbeing throughout the life course needs to take account of the role of alcohol in sexual behaviour.

**Disclosure of interest statement** This work was supported by the Health Research Council of New Zealand [12/1086]. The authors have no conflicts of interest.

---

**P04.20 INCIDENT SEXUALLY TRANSMITTED INFECTION AND POST-INFECTION PARTNER CHANGE**

1. JD Fortenberry. 2. HJ He. 3. JH Hazelkamp, 4. DJ Hensel. 5. Indiana University School of Medicine; 6. Indiana University Fairbanks School of Public Health

10.1136/sextrans-2015-052270.274

**Introduction** Sex partner change is necessary to maintain STI within a population. However, most people change partners relatively infrequently, and the timing of partner changes relative to incident STI is poorly understood.

**Methods** 272 participants without STI at enrollment (18–29 years of age; 126 (46%) men/146 (54%) women) from a high STI population completed a 12-week study of daily reports of partner-specific sexual behaviours. None reported commercial sex work. Weekly self-obtained vaginal or urine samples were tested (and treated, if positive) at the end of 12-weeks for C trachomatis (CT), N gonorrhoeae (GC), and T vaginalis (TV) using commercially available NAAT. Survival analysis techniques were used to describe time to first partner change following first NAAT+.

**Results** 15, 12, and 23 participants acquired an incident CT+, GC+, or TV+ NAAT. Partner change after the first NAAT+ test was seen for 7 (47%), 6 (50%), and 3 (13%) participants with CT+, GC+, or TV+ NAAT, respectively. Median time to partner change after first NAAT+ 7.6 and 4.6 weeks following CT+ or GC+, respectively. Among 231 participants with no incident NAAT+ during 12 weeks of followup, 89 (39%) changed partners.

**Conclusion** Persons with incident STI have higher rates of partner change than those without incident STI. Rapid partner change is common following a new CT or GC infection, but less common for TV. Interventions focused on short-term partner change could be especially effective approaches to CT and GC control efforts.

**Disclosure of interest statement** This research was funded by the National Institute of Child Health and Human Development. The authors have no relevant conflict of interest to disclose.

---

**P04.21 EVENT-LEVEL ANALYSIS OF CONDOM USE AND LOVE DURING TRANSACTIONAL VAGINAL INTERCOURSE AMONG WOMEN LIVING IN THE MIDWESTERN UNITED STATES**

1. AM Roth, 2. KD Wagner, 3. DJ Hensel, 4. Q Truong, 5. SE Wiebe, 6. G Rosenberger,

10.1136/sextrans-2015-052270.275

**Introduction** Little research has explored how love affects condom use among women engaging in transactional sex. Most interventions for these women focus on non-romantic partners who may not confer the most sexual risk for HIV/STI.

**Methods** 26 women were enrolled into 4-week study during which event-level information about mood and sexual intercourse was collected twice daily via cell phone. We used descriptive statistics and binary logistic regression with generalised estimating equation correction to test associations between person- and event-level factors and condom use during transactional sex events.

**Results** Participants reported 88 paid/traded vaginal intercourse events; 50.2% were condom protected. After controlling for partner type, feeling in love on a given day was significantly associated with higher odds of condom use, while time of day and day of were significantly associated with lower odds of condom use. There was a significant interaction between being in love and using condoms ($p = 0.03$). When participants reported being in love, they used condoms during 57.1% of events with romantic partners and 61.1% of events with non-romantic partners. When women did not report being in love, they reported condom use in 64.3% of events with non-romantic partners and 54.0% of events with romantic partners.

**Conclusion** There was a strong association between being in love on a given day and condom use during transactional events. This association was moderated by partner type such that when women reported being in love they were more likely to use condoms with non-romantic partners and less likely to use condoms with romantic partners. Love may mark increased STI/HIV risk in romantic relationships, especially if condoms are seen as barriers to intimacy that distinguishes romantic from non-romantic partners. Unpacking women’s partner-specific perceptions of risk may be help women make the link between affective states and preventive behaviours.

**Disclosure of interest statement** The study was funded by the Indiana University Purdue University Indianapolis Centre for Urban Health and NIDA grant T32 DA 023356.

---

**P04.22 SEX PARTNER MEETINGS PLACES OVER TIME AMONG NEWLY HIV DIAGNOSED MEN WHO HAVE SEX WITH MEN (MSM) IN BALTIMORE, MARYLAND**


10.1136/sextrans-2015-052270.276