

governed with diverse and contesting ways of understanding, filled with contradictions, categorization, labelling and marginalisation. Hence, these ways of knowing problematizes TLA and its pupils in a normative ways. It situates them outside the 'normal' 'Anga FakaTonga' (Tongan ways) mainly because their distinctive behaviours are perceived as falling outside the 'Anga FakaTonga' awareness of acceptable behaviour and attitude. It is, therefore, position Leitis as 'children of the devil'. The TLA and its pupils are variously described as being at-risk, vulnerable, stigmatised and lacking agency.

Results Moreover, their lives are equated with having a 'lack of hope and mobility' so they are seen as being on a pathway that leads to 'poverty' and isolation from normative model and space in Tongan society. We recognised that through positioning outside the 'normal Anga FakaTonga', there is a tendency to perceive TLA and its pupils in a simplistic way and thus treat them as a marginal community.

Conclusion However, it must be acknowledged that this tendency to stereotype TLA and its pupils displays a lack of awareness for their:

- active agency and the fact they have some control over their life journey,
- contributions to Tongan civil society,
- distinctive cultural, gifts and artistic talents,
- support to the business communities,
- capacity to support the younger Leiti's pupils,
- capacity to educate the general public regarding the sexually transmitted diseases – HIV/AIDS and STI's, and
- Marketing of Tonga to the international communities.

Disclosure of interest statement The Tonga Leiti's Association (TLA) is a Registered Association in the Kingdom of Tonga. The TLA works as an advocacy organisation focused on the promotion of the rights and creating a dialogue about issues facing the transgendered community in Tonga. The TLA aims to oversee any opportunities addressing human rights and also to carry out awareness to its members. As a Registered Association of Tonga the TLA is required to have board members which include representatives from the government and non-government organisations. The TLA is a voluntary organisation and all of the staff are volunteers. I am the current Executive Director of the TLA and the current Chairperson of the Pacific Sexual Diversity Network. The Hon. Lupepau'u Tuita from the Tongan Royal Family is the Patron of the TLA. At the Annual General Meeting there are appointed positions that are tasked with the administration and operating of the Association.

P14.16 SELF REPORTED HIV DISCRIMINATION AND WILLINGNESS TO DISCLOSE HIV SEROPOSITIVITY AMONG A SAMPLE OF TURKS AND CAICOS ISLANDERS

¹A Robinson*, ²SD Malcolm. ¹National AIDS Program, Ministry of Health, Grand Turk, Turks and Caicos; ²National Epidemiology and Research Unit, Ministry of Health, Grand Turk, Turks and Caicos

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Background Human Immunodeficiency Syndrome (HIV) is a major source of concern in the Turks and Caicos Islands (TCI), a small archipelago of islands in the Caribbean region. Since transmission is predominantly through sexual contact, it is important to understand the dynamics of sexual relationships in this country, including the likelihood of HIV seropositivity disclosure. Knowledge about one's partner's seropositivity can guide both

the sexual behaviour and HIV testing decision-making processes. The objective of the study was thus to examine factors associated with willingness to disclose HIV status in a general TCI sample, including self-reported discrimination towards HIV positive persons, which has rarely been examined in relation to disclosure.

Methods The current study is based on secondary analysis of the 2011 Knowledge, Attitudes Practices and Behaviours survey data (N = 837; 55% female; mean age = 31.28 (STD = 9.3)). Multivariate logistic regression examined the association between willingness to disclose HIV seropositivity to partner (Yes/No) and gender, age, sexual partner number, church attendance, cohabitation status, HIV treatment knowledge, ever tested status and self-reported HIV discrimination.

Results Nearly half of the participants were unwilling to disclose HIV seropositivity (44.8%). Moreover, willingness to disclose HIV seropositivity was related to having one or less sexual partner (OR = 1.98, 95% CI = 1.29 – 3.01), non-regular church attendance (OR = 1.55, 95% CI = 1.10 – 2.19), cohabitation (OR = 0.67, 95% CI = 0.47 – 0.97), knowing about HIV treatment (OR = 0.50, 95% CI = 0.32 – 0.80) and having an HIV test (OR = 0.43, 95% CI = 0.26 – 0.63). Self-reported discrimination was also related to willingness to disclose HIV seropositivity (OR = 0.62, 95% CI = 0.44 – 0.88).

Conclusion Several factors were associated with willingness to disclose HIV seropositivity, including self-reported discrimination. These findings may have implications on post HIV test counselling initiatives, which should include a focus on education.

Disclosure of interest statement Nothing to declare.

P14.17 SURVEILLANCE FOR SEXUALLY TRANSMITTED INFECTIONS AMONG FEMALE SEX WORKERS IN INNER-CITY JOHANNESBURG

¹V Black*, ²V Maseko, ¹FW Venter, ²F Radebe, ¹S Mullick, ¹HV Rees, ^{2,3}DA Lewis. ¹Wits Reproductive Health and HIV Institute, Faculty of Health Sciences, University of Witwatersrand; ²Centre for HIV and STIs, National Institute for Communicable Diseases (NHLS); ³Western Sydney Sexual Health Centre and University of Sydney, Sydney, Australia

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Introduction Sexually transmitted infection (STI) surveillance informs empiric antibiotic recommendations for syndromic management. Asymptomatic STIs are an important source of new infections which increase the risk of HIV transmission and acquisition. As female sex-workers (FSW) are key HIV/STI transmitters, microbiological studies within this population provide critical HIV/STI strategic information.

Methods Female sex workers (FSW) attending a sex-worker clinic or outreach brothel services, between March and December 2014 in inner-city Johannesburg were enrolled. A questionnaire and clinical examination were completed. Specimens were collected from the throat, urethra, cervix, vagina and rectum. Laboratory investigations included (i) culture for *Neisseria gonorrhoeae* (NG) with susceptibility testing for cefixime and ceftriaxone, (ii) DNA amplification using a multiplex PCR for NG, *C. trachomatis* (CT), *M. genitalium* (MG) and *T. vaginalis* (TV), (iii) microscopic examination for bacterial vaginosis (BV), and (iv) serological testing for syphilis, hepatitis B and HIV. Participants with STIs were treated either at the initial visit (symptomatics) or following recall (asymptomatics).

Results The mean age of the 268 enrolled FSW was 31.5 (IQR 27–35) and mean duration of sex work was 4.9 years (range 2 months–30 years). Condom use was consistent among 88

(32.8%) FSW. The self-reported mean number of sexual partners in the past 4 weeks was 125 (range 8–440) translating to 33,496 sex acts/month overall. HIV prevalence was 76.0%. Infectious hepatitis B was present in 13 (4.9%) and treponemal antibodies were detected in 54 (20.1%). Most (73.7%) of 196 FSW tested had evidence of one or more genital tract infection with: BV 173 (88.3%), MG 57 (29.1%), NG 28 (14.3%), TV 23 (11.7%) and CT 16 (8.2%). Only 49 (25%) FSW with laboratory-confirmed infections would qualify for syndromic management. All 21 cultured gonococci were susceptible to cephalosporins.

Conclusion There is a high prevalence of HIV and STIs among those FSW tested. The majority of STIs are asymptomatic.

Disclosure of interest statement The study was funded by USAID/PEPFAR and AIDS Fonds. SD bioline tests were provided by SD diagnostics.

P14.18 UNDERSTANDING THE INTENTION TO UNDERGO REGULAR HIV TESTING AMONG FEMALE SEX WORKERS IN BENIN: A KEY ISSUE FOR ENTRY INTO HIV CARE

^{1,2}Batona Georges*, ^{1,2}Gagnon Marie-Pierre, ¹Simonyan David, ^{1,3}Guedou Fernand Aimé, ^{1,4,5}Alary Michel. ¹Research Centre of the Centre Hospitalier Universitaire de Québec, Québec City, Québec, Canada; ²Faculty of Nursing, Université Laval, Québec City, Québec, Canada; ³Dispensaire IST, Cotonou, Bénin; ⁴Department of Social and Preventive Medicine, Université Laval, Québec City, Québec, Canada; ⁵Institut National de Santé Publique Du Québec, Québec City, Québec, Canada

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Background HIV testing constitutes an entry point for HIV prevention and access to care. Although access to tests has increased in most low- and middle-income countries in recent years, regular HIV testing among high-risk populations remains a challenge. Understanding the determinants of regular HIV testing is the key to improving treatment-as-prevention programs and access to care. This study aimed to identify psychosocial factors associated with the intention to be HIV tested every 3 months among female sex workers (FSWs) in Benin.

Methods We developed an interview questionnaire based on the Theory of Planned Behaviour and other theoretical variables. We interviewed 450 FSWs in their work place. Using Amos software, we applied structural equation modelling to identify the determinants of intention.

Results Previous testing was reported by 87% of FSWs, 40% of whom reported having been tested in the last 3 months. More than half of the FSWs (69%) showed a strong intention to be HIV tested during the next 3 months. The structural model indicates that 55% of the variance in intention is explained in descending order of importance (standardised coefficient weight, b) by perceived control ($\beta = 0.26$, $P < 0.001$); descriptive norms ($\beta = 0.24$, $P < 0.001$); control beliefs ($\beta = 0.22$, $P < 0.001$); habits ($\beta = 0.20$, $P < 0.001$); attitude ($\beta = 0.12$, $P = 0.01$); Perceived risk ($\beta = 0.07$, $P = 0.03$); and normative beliefs ($\beta = 0.07$, $P = 0.03$).

Conclusions This is the first theoretically based study identifying determinants of intention to undergo regular HIV testing among FSWs in sub-Saharan Africa. The results can inform development of interventions to maintain and increase regular HIV testing among FSWs, thus reinforcing primary prevention and supporting early access to care.

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P14.19 THE IMPACT OF SEX WORK ON WOMEN'S PERSONAL ROMANTIC RELATIONSHIPS

¹C Bellhouse*, ^{2,3}S Crebbin, ^{1,4}C Fairley, ⁴J Bilardi. ¹Melbourne Sexual Health Centre, Alfred Health, Melbourne, Australia; ²The University of Melbourne; ³Nexus Primary Health; ⁴Central Clinical School, Monash University, Melbourne, Australia

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Introduction Female sex workers are a diverse group of women who have previously been studied extensively in relation to prior rates of abuse, drug and alcohol use, mental and physical health and condom use. Very limited research has been done regarding sex workers' personal romantic relationships outside of work and the impact the nature of their work has on their relationships. The aim of this study was to explore the impact sex work has on personal romantic relationships and the experiences women have balancing their work and personal lives.

Methods Fifty-five Melbourne based indoor sex workers completed a self-report questionnaire about their work, personal relationships, condom use and rates of physical and sexual abuse. Following analysis of the questionnaire findings, a further six sex workers were independently interviewed face to face to 'member check' the findings and determine if the broader findings were representative of their experience.

Results For the majority of women, sex work was found to negatively impact their personal romantic relationships. The main ways sex work negatively impacted on their personal relationships included problems stemming from lying, trust, guilt and jealousy as well as stigma in the wider community. It was common for women to use various means to mentally separate their work and home lives as a coping mechanism. A small number of women reported sex work had a positive impact on their relationships, which they mainly attributed to their partners positive attitude toward their work.

Conclusion The findings of this study suggest that further larger scale research is required to explore the impact of sex work on romantic relationships, the coping mechanisms women use to manage the tensions between sex work and their romantic relationships, and the ways in which negative impacts could be minimised for women in this diverse group.

Disclosure of interest statement No conflict of interest.

P14.20 RELATIONSHIP MYTH BETWEEN SEX WORKERS, STI'S AND HIV

¹Q Joe, ²A Dee*. *Respect Inc*

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Introduction For years Sex Workers in Australia, especially QLD, have been incorrectly attributed to the increase of STI's and HIV in the general community. This article will conclude that Sex Workers are not the cause of transmission increase in STI's and HIV. To the contrary Sex Workers have very low levels of STI's and HIV. Furthermore Sex Workers have helped to educated clients to reduce transmission of STI's and HIV. This article demonstrates the important role of Respect Inc in health promotion of Sex Workers with provision in education of STI's and HIV, so Sex Workers can keep themselves safe whilst doing Sex Work.

Methods The team will use a number of methods to collect data, all methods are traditional and dependent on targets. For example, we have used paper questionnaires to collect information from Sex Workers, this reduced barriers when asking Sex