

Workers personal questions. We conducted face to face interviews with some of the Sex Worker friendly GPs (General Practitioners) who provide sexual health certificates to Sex Workers. We have conducted telephone interviews with Sex Workers who do FIFO (fly in fly out) to regional mining towns in QLD. We collated this data with data provided by Respect Inc.

Results After collection of data we formatted charts and graphs. We found levels of STI's and HIV among Sex Workers were relatively low. GPs confirmed, Sex Workers are informed about STI's and HIV. Respect Inc provided data with hundreds of Sex Workers accessing offices across Qld for Safe Sex, STI's and HIV information, with positive sexual health outcomes.

Conclusion Sex Workers in Australia (QLD) have relatively low levels of STI's and HIV. Sex Workers are not the cause of increasing transmissions of STI's and HIV. Sex Workers often face stigma and discrimination in the wider community. Please respect Sex Work as a career of choice.

SEX WORK IS REAL WORK

P14.21 THE IMPACT OF THE IEC (INFORMATION, EDUCATION AND COMMUNICATION) IN THE AFFIDAVIT OF SEX WORKERS

Floribert Monga Lisangi*. *Study Realized by the Youth Center Coulibaly Sidiki of the University of Kinshasa (Democratic Republic of Congo)*

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Background Sex workers (sw) constitute a very important group in the transmission of HIV infection. Their sanitary and social follow-up has an impact in the prevention of HIV infection. Among strategies implemented at the youth centre Coulibaly sidiki of university of Kinshasa, the IEC occupies a very important place. We have realised a study in order to determine the impact of the IEC in the affidavit and prevention of STI and HIV next to sex workers.

Methods It's about prospective, descriptive study realised at the youth centre Coulibaly sidiki of the University of Kinshasa on a period of 3 months (September to November 2012).

We have included Sex Workers enrolled to socio-sanitary file of the centre, who came to make their medical visit during the period of study and who accepted to participate to the study.

They have been questioned through mid-directive questions sheet, oriented for the following data: socio-demographic data, questions concerning the sanitary follow-up, on going of IEC sessions, the impact of IEC sessions, in end some open question was devoted to possibility suggestions of SW to increase their follow-up.

Result Fifty two Sex workers were included. The mean age was 35 years. Among all of them 99% was Christians. The majority of SW was living at Kinshasa (75%). 62% were divorced; 24% single; 6, 5% widows. Among SW: 16 or 40% had minor children. More than the half of SW did not have an other professional activity and their intellectual level was low. During the IEC sessions 87% of SW were choosing themselves the themes to discuss: STI and HIV/AIDS (26%), police harassment (12, 5%); the solidarity between SW (16%). The frequency of STI was 65, 7% before the IEC sessions and 68% of SW ignored the type of STI. Systematic using of condom was 78, 5%. Concerning evaluation of their knowledge in the field of fighting against HIV and STI, acquired through IEC session: 30% knew the HIV transmission's way, 14, 5% recognised easily a STI.

Suggestions reached out by Sex Workers was to sustain session of IEC 37,5%; diversify themes 15%; changing schedule of IEC 12,5%. A reconversion in others professional's activities and a funding of activity that generates profit (AGP) was the mains preoccupations of Sex Workers.

Conclusion Sex workers occupied an important place in the HIV and STI propagation because they constitute a gangway with the general population. The IEC is still to increase to acquire the best strategies of HIV and STI infection's prevention.

P14.22 TO PREVENT HIV/AIDS THROUGH AWARENESS RAISING AND SOCIAL BEHAVIOURS CHANGE OF SEX WORKER IN BANGLADESH - AN EXPERIENCE FROM KANDAPARA BROTHEL, TANGAIL, BANGLADESH

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Issues Nari mukti Sangha (NMS) is a Self Help Group (SHG). We can awareness build up of SWs by (i) One-to-One Session (ii) Group discussion (iii) Peer education training (iv) HIV Test by ICDDR B Bangladesh (v) STI Clinic and (vi) Support services.

Description NMS is a social service organisation, Government Registration no. TA-1333/2000. It is purely non-political and solely sex workers' organisation. Its aim is to establish the social, legal and human rights in the society and also women empowerment. We are directly involved to reduce STD/HIV/AIDS through awareness development and other intensive support services like STD clinic inside and outside of the brothel. Now we are working in trafficking field in Bangladesh. Before working in the field we do base line survey and post survey.

Lesson learned After completion the work the result one is SWs can encourage to use condom for protecting HIV/AIDS to the client. Another one is to establish the social and human rights in the society.

Conclusion SWs will develop capacity which will carry out the important benefit to prevent the HIV/AIDS program of our organisation. Nari Mukti Sangha is a fully committed to work with HIV/AIDS.

P14.23 TRANSGENDER SEX WORKERS RESPONSE TO HIV IN PAPUA NEW GUINEA

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Introduction Save the Children SRH Poro Sapot Project is a national STI and HIV prevention project. The project represent the voice, health and interests of sex workers, MSM and Transgender people in Papua New Guinea at international and national levels so that they voice and health must be heard and their issues be considered.

Transgender women in Papua New Guinea, most of who were rejected by their own families are now on the streets doing sex work to survive. Sex work is illegal and most often they are faced with stigma and discrimination and violence. Over the years sex worker trannies have been infected and cannot access the health facilities because of our sexuality and therefore end up dying. The strong religious and cultural beliefs makes it hard for transgender sex workers to live a normal life.

Methods A group of transgender sex workers (100) have been interviewed one by one in a closed door from March 2014 December 2014 within Save the Children office. The interview questions asked were issues faced by them when doing sex work in Port Moresby City in Papua New Guinea and how Save the Children SRH Poro Sapot Project has impacted on their lives.

Results

- not receiving good sexual health services from the Governmental clinic's
- Most trans gender sex workers we are raped
- not able to be served at the police stations when in need of help
- being forced to have sex without condom because we are just a sex objects

Conclusion Through advocacy do by Save the Children they have realised who they are, they are aware of their human rights, health and legal issues, they are marginalise group that exist and more mobilised, they have been attending meetings international and national meetings to know the concept of being a Most At Risk Population and through Save the Children SRH Poro Sapot Project they have a voice to represent themselves and other transgender sex works in Papua New Guinea, some trans gender can get help that we need now because Save the Children is referring they to the right networking partners that are providing services that we need like VCCT/and STI checkups and other services that its free from stigma, discrimination and violence.

Disclosure of interest statement Save the Children Sexual and Reproductive Health Program is funded by DFAT or AusAid.

P14.24 MULTICULTURAL SURVEY – ASIAN FEMALE SEX WORKER DEMOGRAPHICS, MIGRATION AND SEXUAL HEALTH IN SYDNEY

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Theme Social policy, behavioural change, psychosocial or psychosexual issues related to sexual health.

Background Sydney Sexual Health Centre (SSHC) provides dedicated clinics, outreach services and bilingual health education staff to Chinese and Thai sex workers. We aimed to assess characteristics of these sex workers.

Methods A cross-sectional survey was conducted between August 2014–March 2015 using a structured questionnaire in Thai and Chinese, offered to female sex workers attending SSHC and within parlours visited by outreach staff.

Results 338 participants were recruited: 106(32%) Chinese and 232(68%) Thai. Overall median age was 31 years. More than half (56%) did not attend high school, with Chinese participants less likely to have attended high school than Thai (67% vs 50%; $p = 0.003$). Compared with those attending the clinic, women seen on outreach were older (42% >35 vs 20% from clinic; $p = 0.00$) and less likely to have done sex work previously (90% vs 71% from clinic; $p = 0.00$).

Compared to Thai, Chinese participants were more likely to report “poor” English skills in speaking (61% vs 27% Thai), reading (70% vs 31% Thai) and writing (78% vs 39% Thai) ($p < 0.001$).

While the majority of participants were not on a sex work contract (92%), those who were contracted were more likely to be Thai (10% vs 3% Chinese; $p = 0.017$). Significantly more Thai participants worked in massage ($n = 84,36\%$) compared with Chinese ($n = 16,15\%$) ($p < 0.001$).

Chinese participants were more likely to check clients for signs of STIs ($n = 75,70\%$ vs Thai $n = 115,50\%$; $p < 0.001$), less likely to douche ($n = 17,16\%$ vs Thai $n = 112,48\%$; $p < 0.001$), and had fewer misconceptions about STI transmission via unprotected oral sex ($n = 64,60\%$ vs Thai $n = 179,77\%$; $p = 0.001$).

Conclusion There were significant differences in the characteristics and behaviours of Thai and Chinese sex workers surveyed. Essential education within culturally appropriate health promotion programs should include douching, checking clients for STIs and using condoms for oral sex.

Disclosure of interest statement No conflict of interest.

P14.25 HIV AND STIS AMONG MALE SEX WORKERS ATTENDING AUSTRALIAN SEXUAL HEALTH CLINICS

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Introduction The sale of sex by gay, bisexual and other men who have sex with men (GBM) has been identified in many parts of the world as an activity with increased transmission risk for HIV and other STIs. It is, however, unknown if HIV/STI prevalence among male sex workers (MSWs) in Australia is higher than it is among GBM who do not sell sex. This study explores the sexual health of MSWs relative to other GBM attending Australian sexual health clinics (SHCs).

Methods De-identified patient data were extracted from 34 SHC databases in Victoria and New South Wales. A cross-sectional analysis was conducted among MSWs and other GBM at their first visit during 2011–2013. HIV/STI prevalence was calculated as the proportion of diagnosed individuals among those tested. Multivariate logistic regression analyses were used to assess factors associated with HIV and other STIs.

Results A total of 471 MSWs presented at participating SHCs between 2011 and 2013, as well as 24,833 other GBM. At first visit, 44 (9%) MSWs had known HIV infections while of the 396 men tested there were 10 (3%) new diagnoses. Overall, 50 MSW were diagnosed with a bacterial STI at their first visit: 11% with chlamydia, 6% with gonorrhoea, and 2% with infectious syphilis. Among MSWs, HIV infection was associated with increasing age ($p = 0.002$) but compared to other GBM, selling sex was not associated with HIV infection ($p = 0.9$) nor STI diagnoses ($p = 0.2$).

Conclusion Although prevalence of HIV and other STIs appears to be similar among GBM regardless of whether or not they sell sex, over one in ten MSWs were diagnosed with HIV or an STI. The higher prevalence among this population underscores the