

P01.08 STRUCTURAL AND CONTEXTUAL FACTORS IN THE SEXUAL HEALTH OF ADOLESCENT ABORIGINAL AUSTRALIANS: A SYSTEMATIC REVIEW

Catherine MacPhail*, Kathy McKay. *School of Health, University of New England, Armidale, NSW, Australia*

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Background Levels of STIs and teenage pregnancy among Aboriginal and Torres Strait Islander populations are significantly higher than among non-Indigenous populations. However, recent research has shown few differences in the sexual behaviour of young Indigenous and non-Indigenous Australians. We conducted a systematic review to examine the multi-dimensional and socially constructed nature of adolescent sexuality with a view to developing meaningful STI and pregnancy reduction programmes for young Indigenous Australians.

Methods Following standard guidelines for systematic reviews we searched eight relevant databases for published studies. We focused on publications since January 2003 using search terms: adolescent, youth, sexual, Australia, Indigenous, Aboriginal and Torres Strait. Given the limited amount of literature available we included all study designs and studies of broader age ranges or populations, but where Indigenous and adolescent populations were disaggregated in study results.

Results We identified an initial 2,718 citations through the database search. After removing duplicates and citations that were not peer-reviewed or research articles, we screened 2,266 articles and excluded 2,158. The remaining 180 articles were reviewed in full: 93 did not meet inclusion criteria. Our review finally comprised 15 research papers, representing eleven distinct studies.

Across the literature included in the review a number of key social determinants of poor sexual health were identified. These included alcohol, poverty, gender inequalities, intergenerational trauma, limited access to education and employment, shame, constrained adult role models and aspirations and restricted access to (sexual) health services. We examine the role of these factors with regard to adolescent Indigenous sexual health.

Conclusions International research argues that promoting good sexual health requires a broader focus on sexuality. The socio-cultural and historical contexts of Indigenous communities suggest that focusing on strengths-based approaches to sexual health with peer or community facilitation might be acceptable and effective for young Indigenous Australians.

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P01.09 TRENDS IN SELECTED MEASURES OF RACIAL AND ETHNIC DISPARITIES IN GONORRHOEA AND SYPHILIS IN THE UNITED STATES, 1981–2012

CG Patel, HW Chesson, TL Gift*, SO Aral. *Centers for Disease Control and Prevention*

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Introduction The purpose of this study was to examine different measures of racial and ethnic disparities in the reported cases of primary and secondary (P&S) syphilis and gonorrhoea from 1981 to 2012 in the United States.

Methods For each year from 1981 to 2012, we calculated values for five disparity measures: the Gini coefficient, two versions of the index of disparity (unweighted and weighted by population subgroup size), the population attributable fraction, and the black-to-white rate ratio. We also examined annual changes in these measures. Specifically, we examined whether or not the five measures yielded consistent assessments as to whether racial and ethnic disparity was increasing or decreasing from one year to the next.

Results Overall, the disparity measures we examined were generally consistent with one another. However, from any given year to the next, the various disparity measures could yield divergent results in terms of whether racial/ethnic disparities in STDs are increasing or decreasing as well as in terms of the relative magnitude of the change. Over the 31-year period, ≥ 4 of the 5 index measures agreed on the direction of change 28 times for both P&S syphilis and gonorrhoea. The most common measure that had a different direction of change from the other measures was the population attributable fraction.

Conclusion Our findings illustrated two well-known limitations of relative measures of racial/ethnic disparities in health. First, relative measures of disparity can decrease due to increases in STD incidence rates among Non-Hispanic Whites (or increase due to decreases in STD incidence among Non-Hispanic Whites). Second, whether or not racial and ethnic disparities increased from one year to the next can differ across measures of disparity. Reliance on just one measure of disparity can at times lead to divergent conclusions about changes in disparities over short time periods.

Disclosure of interest statement The findings and conclusions in this study are those of the authors and do not necessarily represent the official position of the United States Centres for Disease Control and Prevention (CDC). No external funding was received for this study and the authors have no conflicts of interest.

P01.10 HIV/STI INFECTIONS AND RISK BEHAVIOUR AMONG DAO ETHNIC PEOPLE IN 2006 AND 2012 IN VIET NAM

TD Quang*, DC Thanh, LA Tuan, NTT Ha, NA Tuan. *National Institute of Hygiene and Epidemiology, Ha Noi, Viet Nam*

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Introduction Due to cultural characteristics, there are some potential risks for HIV/STI transmission including early sexual debut and multiple sex partners among Dao ethnic people. This study aims to measure HIV/STI prevalence and risk behaviour among this ethnic minority in Viet Nam.

Methods Household survey was carried out to recruit 807 and 802 Dao people in 2006 and 2012. A two-stage cluster sampling design was used. The households were chosen randomly based on the list of local authority. All women and men aged 15–49 was eligible to be selected into the survey. Participants were asked to be interviewed and provide 3 ml bloods for HIV/STI testing.

Results Syphilis prevalence was 3.4% and 5.6% in 2006 and 2012, respectively. HIV prevalence was 0.0% in both rounds. Mean age of sexual debut was 17.5 (SD: 2.3 years old) and 17 years old (SD: 1.7 years old) in 2006 and 2012, respectively. Correct knowledge on HIV prevention was 18.7% and 50.2% in 2006 and 2012, respectively. Having multiple sex partners in the last 12 months was 5.8%, 8.6% for men and 3.0% for women,