O24 WHICH SEXUALLY TRANSMITTED INFECTIONS DO GAY AND BISEXUAL MEN FIND MOST SCARY AND WHY? A QUALITATIVE FOCUS GROUP STUDY IN FOUR CITIES IN ENGLAND

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10.1136/sextrans-2017-053232.24

Introduction Men who have sex with men (MSM) are a priority for STI prevention interventions including the promotion of regular testing and condom use. Effective intervention design requires understanding of MSM's knowledge and fear of STIs, which may affect attitudes and behaviour related to risk, testing and treatment.
Methods We recruited a diverse sample of MSM in four English cities, through social networking sites and community organisations. 61 men attended eight focus group discussions. Topics included knowledge and attitudes towards 11 STIs. Discussions were audio recorded, transcribed and analysed thematically.
Results Participants demonstrated variable knowledge and awareness of STIs. No focus groups were unanimous in their ranking of fear of STIs, although HIV and HCV were considered the most 'scary' in all groups. Fear of syphilis and herpes was also considerable. Gonorrhoea was considered a 'rite of passage' and was not widely feared. Other infections showed no clear patterning within or between groups. Participants suggested a complex range of explanations for fear of particular STIs. Participants weighed up the scary and less scary attributes depending on the extent of their knowledge and experience, their prevalence among MSM, associated stigma, transmission mechanisms, contagiousness, symptoms, severity, and the availability, effectiveness and ease of use of vaccines, treatment and/or cure.
Discussion Participants expressed a range of nuanced fears and concerns related to individual STIs and STI testing and treatment. Understanding these fears, and how they might be mitigated, will help improve the impact of interventions promoting STI testing and treatment.

O25 'SIDE CHICKS', AND 'SIDE DICKS': UNDERSTANDING TYPOLOGIES AND DRIVERS OF CONCURRENT PARTNERSHIPS TO PREVENT STI TRANSMISSION AMONG PEOPLE OF BLACK CARIBBEAN ETHNICITY IN ENGLAND

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10.1136/sextrans-2017-053232.25

Introduction In Britain, STI diagnoses rates and concurrent partnerships are higher among black Caribbeans than other ethnic groups. Concurrency (having sexual partnerships overlapping in time), especially when condoms are not used, can enhance STI transmission probabilities. We sought to understand concurrency typologies and drivers among black Caribbeans in England.
Methods 52 black Caribbeans (n=20 men) aged 15–70 years were recruited from community settings and STI clinics. 4 audio-recorded focus group discussions (n=28 participants) and in-depth interviews (n=24) were conducted from June 2014–December 2015. Transcribed data were thematically analysed to identify concurrency typologies and reasons.
Results Open, situational, and experimental concurrent partnerships were described. Open concurrent partnerships involved having a main partner and additionally men and women having sex with '*side chicks*'/'*thots*' and '*side dicks*', respectively. Situational partnerships involved sex with an ex-partner, especially their child's parent, while also having another partner. These partnerships were usually long-term, and condomless sex was common due to emotional attachment, to '*entice*' the ex-partner back, or because the relationship was founded on sexual pleasure. Experimental partnerships, common among single participants who were unsure about the type of partner to settle down with, were usually short-term and mostly involved condom use. Concurrency was perceived to be normalised in black Caribbean popular music, on social media, and fuelled by ease of '*ordering sex via app*'.
Discussion Understanding of different types of concurrent partnerships experienced by black Caribbeans during clinic consultations can increase the likelihood of effective partner notification. Interventions addressing normative drivers of concurrency are also needed.

O26 'IT JUST GIVES YOU THE HEEBIE JEEBIES': LATE MIDDLE-AGED ADULTS' ENGAGEMENT WITH KNOWLEDGE OF SEXUALLY TRANSMITTED INFECTIONS

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10.1136/sextrans-2017-053232.26

Introduction Rates of sexually transmitted infections (STIs) among adults over 45 are rising in the UK and other Western countries. While STI rates are higher among men who have sex with men and young people, there is increased fluidity of sexual partnerships across the life course, exemplified by mid-life divorce and re-partnering, with sexual activity continuing beyond the age of 80. In order to develop a risk-reducing intervention for this age group, this qualitative study sought to understand the socio-cultural factors influencing late middle-aged adults' knowledge of STIs.
Methods Recently sexually active heterosexual adults aged 45–65 (n=31) were recruited from a large city sexual health service and sport and leisure centres. In-depth individual interviews explored how STI-related knowledge was acquired across the life course. Interview data were transcribed and analysed thematically.
Results Most participants (n=19) lived in areas of high deprivation and most were divorced, separated or bereaved from partners (n=24). Two key themes revealed that STI-related knowledge was acquired over the life course through personal social circumstances and wider cultural influences: 1) early stigmatisation of STIs influenced current understandings and 2) women in particular learned about STIs through parenting their adolescent children. Further themes showed that 3)

knowledge of STIs was stated tentatively and 4) current STI knowledge did not necessarily facilitate health-seeking behaviour.
Discussion Engagement with STI-related knowledge among middle-aged adults is influenced by socio-cultural factors including the enduring stigmatisation of STIs. Interventions tackling stigma should aim to recognise and legitimate changing sexual partnerships across the life course.

O27 BEYOND SEXUAL HEALTH: IDENTIFYING HEALTHCARE NEEDS OF TRANS AND GENDER VARIANT PEOPLE IN A SPECIALIST CLINIC SERVICE

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10.1136/sextrans-2017-053232.27

Introduction Sexual health services targeted towards specific populations have been an effective way of responding to complex needs. As demand for gender identity services increases, a trend in hormone self-medicating has become more apparent with patients obtaining treatment from internet pharmacies, friends or illicit sources. This study highlights the healthcare needs of patients attending a clinic service for transgender patients.
Methods Clinical audit of a sexual health service for transgender people in 2015 and 2016.
Results 81 attendances were recorded (56 unique patients). Median age was 32 (IQR 24–41). Reported gender identity: Trans male (Assigned Female At Birth [AFAB]) 29 (51.8%), Trans female (Assigned Male at Birth [AMAB]) 15 (26.8%), Non-Binary (AFAB) 9 (16.1%), Non-Binary (AMAB) 3 (5.4%). AMAB patients were older than AFAB – Median age 39 vs. 29 years ($p=0.03$). Most attendances were for STI screening or genital health issues – 47 (58%). 6 (7.4%) attended for psychosexual assessment. 31 (38.3%) attended for endocrine advice and monitoring of hormone therapy. 13 (38.3%) patients were self-medicating (10 Trans male/Non-Binary AFAB, 3 Trans female/Non-Binary AMAB). 7 of the trans male and 1 of the trans female patients were using intramuscular hormones. Only 2 of the patients self-medicating had informed another healthcare professional.
Discussion The number of patients self-medicating without medical supervision raises concerns about adverse effects and unsafe injecting practice. Identifying such patients and meeting their needs raises novel issues for sexual health services. The study highlights the need for additional education for clinicians working with transgender patients.

O28 EXPERIENCE OF FEMALE GENITAL MUTILATION (FGM) IN A SEXUAL HEALTH CLINIC

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10.1136/sextrans-2017-053232.28

Introduction After recommendations from the Intercollegiate Guidelines in 2013, our sexual health clinic introduced a diagnostic code and mandatory proforma to identify, record and report FGM.
Methods Retrospective case note review of all patients coded FGM.
Results All patients presenting were over 18. There were 210 FGM patients; 30/210 Type 1 (clitoridectomy); 40/210 Type 2 (excision); 35/210 Type 3 (infibulation); 79/210 Type 4; 26/210 unclassified. 71 had consensual FGM as adults; of whom 69 were Type 4 (typically genital piercing), 2 were Type 1.

In FGM performed under 18 years old (139); average age of cutting was 6 years. Countries involved; Somalia 67% (93/139), Sierra Leone 7% (9/139), Eritrea, Nigeria and Ethiopia 4% (6/139) respectively. 14% (19/139) reported complications.12% (17/139) had prior reversal. 4% (6/139) expressed interest in reversal. 98% (136/139) knew FGM is illegal in the UK.

Abstract O28 Table 1 Associations if FGM performed under 18 years old or over 18 years old.

Association	FGM types 1–4 <18yrs	FGM type 1–4 >18yrs	P value
Pelvic pain/PID	**17%** (23/139)	**6%** (4/71)	**0.0289**
HIV/Hepatitis B/C	**11%** (15/139)	**3%** (2/71)	**0.0596**

There was no significant difference in the rates of bacterial STI's between both groups.
Discussion Our proforma assists in identifying and accurately recording information regarding FGM. No women required referral to police or social services. Some were signposted for surgical intervention. An increased incidence of pelvic pain was noted in those whose FGM was performed as children, with no reflected increase in bacterial STI's. An increased prevalence of blood borne viruses was also noted. Most women reported negative attitudes to FGM. Sexual health clinics are well placed to assist in awareness, risk assessment and education surrounding FGM.

O29 PATIENT EXPERIENCES OF SEX EDUCATION IN SCHOOLS – BRIDGING THE GAP

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10.1136/sextrans-2017-053232.29

Introduction Rates of STIs are increasing in the UK among young people: here is little data on the quality, coverage and outcome of sex education in schools.
Methods A Self-completed service-evaluation survey of patient experiences of sex education and subsequent sexual health was offered to all patients aged under 25 attending our GP level 2 sexual health service in November 2016.
Results 110 completed surveys were returned; Median age was 20. 64% F, 35% M, 1% Trans*. 23% identified as LGBT. 27/110(24.5%) reported previous diagnosis with an STI. 92/110 (83%) were educated in the UK; 10/110(9%) reported no sex education at all. 55% of respondents felt that the majority of their sex education came via school. The most covered topics in school sex education were: Puberty (81%), Contraception (80%) and STI's (80%). LGBT relationships (8%) and Anal sex (9%) were rarely included. Safe internet use was discussed with 18% of respondents, and consent with 39%. 63% felt they had enough information to protect themselves. 38%