Conclusion Results suggest AI youth with higher risk factors (lower levels of knowledge, beliefs, intentions and skills) are more likely to respond to RCL. By identifying characteristics of unresponsive youth, we can modify RCL to improve its effectiveness among these subgroups. RCL is one of the first HIV risk-reduction programs developed for and rigorously evaluated with AI communities, thus replication implications are relevant for other AI/AN and indigenous populations.

Introduction Worldwide, indigenous communities including American Indian (AI) youth in the United States experience poor sexual health outcomes. Inconsistent condom use among AI youth is a primary factor driving these inequalities. The Protection Motivation Theory (PMT) is valuable in explaining condom use intention (CUI) among youth and can inform the development of interventions to improve CUI and actual condom use. This analysis identifies factors of the PMT across sex and sexual experience, for predicting CUI among AI youth.

Methods 267 AIs ages 13–19 from one reservation community completed a self-report measuring sociodemographic variables, psychosocial intentions and behaviours and PMT constructs (self-efficacy, response efficacy, response cost, intrinsic reward, extrinsic reward, severity, and vulnerability). Analyses were conducted using generalised estimating equation regression models, Poisson for dichotomous.

Results Mean age was 15.1 years, 56% were girls and 22% sexually experienced. Among inexperienced youth, belief condoms prevent HIV, perceived severity of HIV and extrinsic rewards of sex were significantly associated with CUI. Among girls and boys, belief condoms prevent HIV, vulnerability to HIV and extrinsic rewards were significantly associated with CUI. Perceived severity was associated with CUI among boys and intrinsic rewards among girls.

Conclusion This is the first study to examine PMT constructs by sex and sexual experience among AI youth. Among all but sexually active youth, PMT factors were associated with CUI indicating utility for the PMT in predicting CUI among AI youth. Results indicate HIV prevention programs may be more impactful if tailored by sex and sexual experience; among AI boys and inexperienced youth, knowledge about consequences of unsafe sex may be beneficial while addressing factors associated with internal satisfaction from sexual risk behaviours may be efficacious for girls. Programs addressing factors associated with CUI by sex and sexual experience may be more efficacious in reducing risk behaviours among AI youth.
Results 83% GPs recommend or administer HPV vaccine to adults. 93%–98% of consumers said doctors are trustworthy sources of information. 99%–100% of physicians compared to VW (93%), UW (85%) and M (59%) somewhat or strongly agree that vaccination is an important aspect of disease prevention. A higher proportion of patients were concerned about vaccine safety (VW (26%), UW (40%) and M (36%) than were physicians (5%–11%). 58%–61% of consumers were generally cautious about taking any vaccine. Cost was seen as a barrier by 92%–95% of physicians, however only 15%–20% of consumers considered cost a barrier. Consumers accurately answered a majority of questions about HPV, however physicians rated consumers’ understanding of HPV to be low (11%–14% very good and 49%–56% somewhat good knowledge). VW (34%–31%) and VM (13%–31%) said physician recommendations/discussions did motivate them to be vaccinated. UW (55%–38%) and UM (57%–49%) said physician recommendations/discussions would motivate them to be vaccinated. 60%–66% of physicians say they routinely discuss HPV vaccination with patients.

Conclusions Some divergent views about HPV knowledge, barriers and preventive practices exist between physicians and consumers. These divergent views should be taken into account in consumer counselling and physician training.

Introduction Multiple studies identify a high prevalence of STIs among men who have sex with men (MSM) in sub-Saharan Africa, though few have measured incidence and associated factors. We measured the incidence and associated factors of urethral and rectal N. gonorrhoeae (NG) and C. trachomatis (CT) among a Kenyan cohort of MSM.

Methods Enrolled MSM underwent audio computer assisted self-interview for behaviour and socio-demographics, with medical examination every 6 months. Antibody testing detected HIV. NG and CT were diagnosed by polymerase chain reaction assay in urine and rectal swabs. We identified factors associated with incident urogenital infection using multivariable Cox regression and report adjusted hazard ratios (aHR) and 95% confidence intervals (CI).

Results By September 2016, 713 participants were enrolled, with 29% completing 12 month follow-up at time of analysis: median age 23% and 11% with HIV. At baseline, 15.2% (107/702) of men were infected with CT and/or NG, 8.4% (33/392) at 6 months, and 15.6% (10/64) at 12 months. The incidence of anorectal and/or urogenital infection was 6.0 per 100 person-years (PYs), and 4.6 per 100 PYs for urogenital infection alone. Increased risk of urogenital infection was associated with drug use in the past year (aHR=2.44; 95% CI: 1.17–5.08), versatile (compared to insertive) usual sexual positioning (aHR=2.40; 95% CI: 1.01–5.71) or water-based lubricant use compared to no lubricant use (aHR=5.72; 95% CI: 1.28–25.5). Protective factors (p<0.10 each) included increasing age (aHR=0.94), condom use at last sex (aHR=0.53), and increasing social support (aHR=0.73 per quartile increase). Child abuse scores, depressive symptom measures, HIV status, and alcohol use were not associated with incidence.

Conclusions NG and/or CT and incidence was high despite baseline testing and treatment, quarterly visits, and peer counselling and support for reducing HIV risk. Partner treatment and program exposure measures will be analysed as data accrual completes with follow-up continuing to September 2017.