

use, impacts on sexual function and relationships and desire to reduce usage.

Results Among participants who responded to the open-ended question (n=718), problematic usage was self-identified by 88 respondents. Male participants who reported problematic usage of pornography highlighted effects in three areas: on sexual function, arousal and relationships. Responses included "I think it has been a negative influence in many ways but at the same time I can't stop using it" (Male, Aged 18–19). Some female participants also reported problematic usage, with many of these reporting negative feelings like guilt and shame, impact on sexual desire and compulsions relating to their use of pornography. For example as one female participant suggested; "It makes me feel guilty, and I'm trying to stop. I don't like how I feel that I need it to get myself going, it's not healthy." (Female, Aged 18–19)

Conclusion Qualitative responses indicated that some male and female participants describe their pornography usage as problematic, compulsive or concerning. This highlights the need for further investigation of problematic usage of pornography. Findings contribute substantial insights into the impacts of pornography on young people's sexual health.

P4.12 CONCEPTION AND MISCONCEPTION ABOUT STI AND HIV AMONG UNDOCUMENTED CROSS BORDER MIGRANTS: A STUDY OF BANGLADESHI MIGRANTS IN KOLKATA, INDIA

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Introduction With a transient and isolated lifestyle, little knowledge about sexually transmitted infections (STIs) or HIV/AIDS along with a tendency toward risky sexual behaviour, the migrants are always at higher risk for HIV and STIs. The present study aims to explore the knowledge and awareness about STI/HIV and the misconceptions among the undocumented Bangladeshi migrants in Kolkata, India.

Methods Bivariate and multivariate techniques were used for analysing the data which was collected in the year 2016 from 400 undocumented cross border Bangladeshi migrants residing in Kolkata, India using respondent driven sampling.

Results Only 18 percent of the migrants have heard about STIs and around three-fifths about HIV/AIDS. The main source of information about STI was health workers and doctors while for HIV/AIDS it was friends/relatives. Very few migrants reported that condoms can prevent STIs as compared to 80% reporting condoms as well as sex with one uninfected partner can prevent HIV/AIDS. More females than males recognised the actual symptoms of STIs. Around two-fifths migrants had the misconception that only bad people get STIs and by presence of STI will reflect on appearance. Half migrants reported that taking antibiotic from chemist will cure STI. One tenth of the migrants had misconception and agreed that it can be transmitted by mosquito bite and sharing food/water with HIV patient. A considerable proportion also reported that people can get HIV by hugging someone with AIDS. Binary logistic regression shows that aged migrants (40+), those who have mass media exposure, HIV/AIDS awareness and condom knowledge are more likely ($p < 0.001$) to know about STIs. The males are 85% less likely to know about STIs ($p < 0.001$). While, educated migrants and those

having STI knowledge are more likely ($p < 0.001$) to be aware of HIV/AIDS.

Conclusion The lack of STI awareness, misconceptions and gender gap in STI and HIV knowledge among the undocumented migrants calls for gender specific interventions to reduce cross border migrant's elevated risk of contacting STIs/HIV.

P4.13 MULTIDIMENSIONAL RISK OF STIS AMONG FEMALE UNDOCUMENTED BANGLADESHI MIGRANTS IN KOLKATA, INDIA

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Introduction Over the years, there has been a huge influx of Bangladeshis crossing into India for employment in an undocumented way exposing themselves to various dangers and risks. The present study aims to understand the multidimensional risk of Sexually Transmitted Infections among the undocumented female Bangladeshi migrants in Kolkata, India.

Methods Bivariate and multivariate techniques were used on the data which was collected in the year 2016 from 200 female undocumented Bangladeshi migrants residing in Kolkata, India by using respondent driven sampling.

Results Though 60% migrants knew about HIV/AIDS, only a quarter heard about STIs and its main source of information was health workers and NGOs. Almost half respondents had misconception about STIs (only had people get STI, physical appearance of person can tell about presence of STI etc). The most prevalent symptoms among these migrants were excess white discharge (35%), itching over vulva (23%) and pain in lower abdomen not related to menses (12.5%). 50% had a few (4 or less) STI symptoms and 12% had many symptoms. STI symptoms were high among migrants who had no mass media exposure, no education and had high substance abuse, had any adverse pregnancy outcome, who crossed the border more times, faced any harassment at the border, did not have social support at destination and whose husband has ever used alcohol before sex. Ordered Logistic regression shows that the women married above the legal age of marriage ($p < 0.05$), aware about sexual rights ($p < 0.05$) and those who knew about condom ($p < 0.10$) were 50%–60% less likely to experience STI symptoms. Interestingly, women who were aware about STI were 2 times more likely ($p < 0.05$) to report STI symptoms.

Conclusion The findings illustrate the complex tradeoffs that undocumented migration entails for the female migrants. To avert the variety of risks, information about STIs, its preventive measures, condom promotion, increasing age of marriage, combating cross border crime and limiting undocumented migration is detrimental among Bangladeshi female migrants.

P4.14 PATTERNS OF POINT OF CARE TEST USE AMONG OBSTETRICIANS AND GYNAECOLOGISTS(OB-GYNS) IN THE US

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