

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 bad 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 U.S

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**Introduction** Point of care tests (POCTs) for syphilis, HIV, and *Trichomonas* are currently available, easy-to-use and inexpensive. We surveyed practicing Ob-gyns to determine POCT current use and perceived barriers to use.

**Methods** Between June and August 2016, 1000 members of the American College of Ob-gyns were randomly selected and invited to complete a Qualtrics survey: 600 were members of the Collaborative Ambulatory Research Network (CARN). Respondents completing at least 60% of the survey were included in analyses.

**Results** 930 members had valid emails; 288 (31%) participated in and completed the survey. 70% were male. Average years in practice were 16 for males and 23 for females. 30% reported diagnosing STDs 1–2 times/week and 45% reported 1–2 times/month. POCTs used included pregnancy test (83%), urine dipstick (83%), wet mount test (79%) and the vagina pH test (54.8%). Few used Gram stain (5%) and stat RPRs (4%). Newer POCTs were used less frequently with 20% reporting Affirm VPIII test use, and only 9% using a rapid HIV test. Most common barriers were the amount of reimbursement received for performing the test (61.9%) and the payment coverage from the patient (61.3%).

**Conclusion** Ob-gyns in the U.S. rely on laboratory test results and older traditional POCTs to diagnosis STDs. Future development and marketing of POCTs should consider not only ease and time of test performance but also cost of tests to the practice and the patient, as well as reimbursement.

#### P4.15 KNOWLEDGE & AWARENESS ABOUT STI-HIV AND ITS PREVALENCE AMONG ADOLESCENTS IN INDIA

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**Introduction** Sexually transmitted infections and HIV among adolescents in India, has emerged as a separate epidemic in the recent years. STIs elevate the vulnerability of young people to HIV. The present study aimed to evaluate knowledge and awareness of STI-HIV and its prevalence among adolescents in India.

**Methods** A sample of 20 808 unmarried adolescents (15–19 years) from Youth in India: Situation and Needs Study (2006–07) was analysed. Bi-variate and multivariate techniques were applied to accomplish the objective.

**Results** Although 80% of the adolescents knew about HIV/AIDS, only 11% had heard about STIs. Only half of the respondents had comprehensive knowledge on the two ways of HIV prevention (condom use and single partner relation). While boys were more aware about STIs and HIV/AIDS, girls lagged behind in having accurate information. Nearly one third of the adolescents had common misconceptions about HIV transmission. STI-HIV awareness was more among adolescents with higher education, living in urban areas, belonging to rich families and those who received sex education. Around 10% of the adolescents - 4% boys and 12% girls, reported symptoms of STI in past 3 months. STIs were more prevalent among illiterates, living in rural areas, belonging to poor and middle class families and who received sex education from proper source like family, media and NGO/health workers. Logistic regression revealed that adolescent girls ( $p < 0.001$ ) and respondents from rural areas ( $p < 0.01$ ) were significantly

more likely to report STI symptoms. Respondents who received sex and family life education from reliable sources were more likely to report STI problems. Adolescents belonging to upper wealth quintile were 24% less likely ( $p < 0.01$ ) and who had high awareness of STI-HIV were 12%–15% less likely to report any symptom ( $p < 0.10$ ).

**Conclusion** Findings underscore limited awareness about STIs, HIV prevention and transmission specifically among adolescent girls. There is an immense need to implement gender-based sex education in schools and social campaigning to increase awareness.

#### P4.16 THE IMPACT OF POINT-OF-CARE MANAGEMENT ON THE TRANSMISSION OF ANOGENITAL GONOCOCCAL INFECTIONS AMONG MEN WHO HAVE SEX WITH MEN IN AMSTERDAM: A MATHEMATICAL MODELLING AND COST-EFFECTIVENESS STUDY

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**Introduction** Point-of-care (POC) management (providing test results during the initial visit) may be more effective as testing policy than conventional testing (providing test results after days) by averting transmissions occurring between testing and treatment or due to loss to follow-up. We investigated the impact of POC management (with light microscopic examination of Gram stained smears) of anogenital gonorrhoea among men who have sex with men (MSM) on gonorrhoea prevalence and testing and treatment costs at the STI clinic of Amsterdam.

**Methods** Data on costs and sexual behaviour of MSM were collected at our clinic. With a deterministic model we described gonorrhoea transmission among MSM in Amsterdam; we calculated the prevalence of gonorrhoea, testing and treatment costs and the numbers of consultations over five years in our clinic, in three testing scenarios: POC for symptomatic MSM only (the current scenario), POC for all MSM, and no POC for MSM.

**Results** Among MSM, 34.7% (109/314) had sexual contacts in the period between testing and treatment (average of 13 days), of whom 22.9% (25/109) had unprotected anal intercourse. Expanding POC testing of symptomatic MSM to all MSM resulted in a 5 year decline in gonorrhoea prevalence of 10.7% (IQR, 8.2%–15.4%) at an increase of € 2.40 (8.6%) per consultation and € 86 118 overall (+8.3%). Switching from POC testing of symptomatic MSM to no POC testing increased prevalence by 59.9% (IQR, 25.6%–126.7%) with cost savings of 6.5% (€ 1.83) per consultation and € 54 044 (-5.2%) in total costs after 5 years.

**Conclusion** The abandonment of POC gonorrhoea testing of symptomatic MSM would result in a high increase in gonorrhoea prevalence against a reduction in costs per consultation, while expanding to all MSM would result in a modest decrease in prevalence against a rise in costs per consultation. While the outcomes depend on specific local characteristics, such as the prevalence, loss to follow up, and sexual behaviour, the developed framework of this study can be useful to evaluate POC management in other settings.