

P4.32 **HOMOSEXUAL TO BISEXUAL: OVERLAPPING SEXUAL RISKS AMONG MEN WHO HAVE SEX WITH MEN AS WELL AS WOMEN IN SOUTH ASIAN COUNTRIES**

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Introduction Heterosexual relations among bisexual MSM engender spectrum of vulnerabilities for MSM as well as their partners. Socio-cultural pressure to marry may drive MSM to have female partners, indicating the potential for bridging HIV transmission. However, these interactions are poorly understood, and measurement of potential risk to MSM and their female partners is inconsistent in most of the South Asian countries. The study aims to analyse the overlapping male and female partnerships of MSM-SW given the multiplicity of risk for HIV.

Methods This paper uses data collected as a part of mapping and size estimation of MSM in Nepal, Bhutan, and Bangladesh and for India, the IBBA has been used (2010–2016). Analytical methods range from cross-country comparisons of tangible indicators to application of regression.

Results Bisexuality in the region is rampant as a substantial proportion of MSMs (42% in India to 74% in Bhutan) who have sex with a male in the last 6 months also reported to sleeping with a female partner during the same period. MSM age 20–29 years, who are never married and migrants are significantly more likely to have multiple female partners in each of the 4 countries. However, the considerably lower prevalence of condom use, among those having sex with multiple female partners in the last six months across the countries is a marker of the multiplicity of the STIs/HIV risk. Migration is playing an inverse role in determining the relationship with condom use in the last sex with female partner as those MSM who are non-migrants were more likely to use condom.

Conclusion Role of MSM-SW in HIV transmission is a more complex issue than depictions of men as sexual predators and women as uninformed victims. MSM programs should envisage beyond homosexuality and address bisexuality regardless of their sexual identity as threat clouding prevention efforts by increasing the thrust of programs designed for MSMs.

P4.33 **A RELATIONSHIP BASED SEXUAL HEALTH FRAMEWORK FOR STI PREVENTION AMONG ADULT STI CLINIC ATTENDEES**

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Introduction Relationship-based sexual behaviours are important elements in sexual health approaches to STI prevention.

Method STI-clinic recruited men and women (n=423, 18–30 years.) contributed quarterly sexual health information and weekly urine-based STI specimens over 12 weeks. *Sexual health* was a standardised, 10-item index of partner-associated measures (relationship quality, sexual satisfaction, control over sexual activity, shared social and sexual decision making, condom use efficacy, emotional commitment, partner meeting needs, knowing partner well, frequency of seeing partner, perceived STI chances). STI- behaviours were: *condom use during*

vaginal sex, condom use during anal sex, given money for sex (no/yes) and partner forced sex (no/yes). STI was NAAT diagnosis of *chlamydia* (CT), gonorrhoea (GC) and *trichomonas* (TV). Analyses were mixed-effect logistic or poisson regression (Stata, v.13); models were stratified by gender and monogamy, controlling for age, race and partner age difference, and number of partners and condom use (STI models).

Results Sexual health was associated with more frequent condom use during vaginal sex for men and women (IRR=1.92–2.18) and for monogamous and non-monogamous (IRR=1.72–3.01) relationships, with lower odds of men's or women's (OR=0.16–0.19) being paid for sex, with lower odds of women's (OR=0.09) and monogamous and non-monogamous relationships' (OR=0.24–0.15) reporting forced sex. Controlling for total partners and condom use, sexual health lowered men's and women's odds of CT (OR=0.38–0.43), men's (OR=0.40) and non-monogamous relationships' odds of GC (OR=0.41), and men's odds of TV (OR=0.33).

Conclusion Among men and women, and even in non-monogamous partnerships, a relationship-based measure of sexual health is linked to fewer STI risk behaviours and lower STI incidence. Our data are empirical evidence of the importance of sexual health in relationships as a means of STI control.

P4.34 **HIV PREVENTION IN ADOLESCENTS AND YOUNG PEOPLE: A SYSTEMATIC REVIEW**

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Introduction Systematically review and update evidence on the effectiveness of HIV prevention interventions and make recommendations for evidence-based interventions to guide efforts to meet the goals of the Special Session on Ending AIDS at the United Nations General Assembly in 2016 - HLM2016. In the HLM 2016 political declaration, grave concern is expressed that adolescents and young people aged 15–24 represent more than a third of all new HIV infections among adults, with 2,000 HIV-infected young people per day.

Methods Recent evidence from the last 5 years (January 2011 to December 2016) on the effectiveness of prevention interventions in young people to reduce HIV risk behaviour and their outcomes and impacts among young people was evaluated using PubMed.

Results A total of 23 studies were included after screening about 413 citations. Community-based and youth-led interventions focused on peer dialogue have demonstrated clear evidence of a reduction in reported sexual risk behaviours. Interventions in health services have increased the use of services when they are accessible and more favourable to young people. In geographically defined communities, community-centred interventions and interventions have reduced reporting of at-risk sexual behaviours.

Conclusion HIV prevention among young people is a priority for the world. The most promising interventions need to be expanded now, with careful evaluation, exploring peer dialogue interventions to impact the incidence of HIV among adolescents and young people, especially young people and adolescents from key populations.