Introduction Although HIV rates among South African youth are among the highest in the world, most research efforts have overlooked anal sex as a contextualising factor.

Methods In 2012, a pencil-and-paper survey was completed by 937 youth 16 years of age and older who were attending low-income secondary schools in Cape Town.

Results Most learners were found to prefer testing offered at a clinic on a Saturday (43%), using a finger prick test (39%), conducted by a doctor (61%) who also provides individual counselling (60%). Shorter testing times were preferred, as well as a monetary incentive to cover any associated expenses. Time, location, the type of test, and who conducts the test were most important. However, stratified analysis suggests that preferences diverge, particularly around gender, grade, but also sexual history and previous testing experience.

Conclusion Human immunodeficiency virus testing services can be improved in line with preferences, but there is no single optimal design that caters to the preferences of all learners. It is unlikely that a “one-size-fits-all” approach will be effective to reach HIV testing targets. A range of options may be required to maximise coverage.

P4.64 ATTITUDBINAL AND BEHAVIOURAL DIFFERENCES BETWEEN YOUTH WHO HAVE HAD ANAL SEX AND THOSE WHO HAVE NOT IN CAPE TOWN, SOUTH AFRICA

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Introduction Increasing human immunodeficiency virus (HIV) testing in South Africa is vital for the HIV response. Targeting young people is important as they become sexually active and because HIV risk rapidly increases as youth enter their 20s. This study aims to increase the understanding of high school learners’ preferences regarding the characteristics of HIV testing service delivery models and to inform policy makers and implementers regarding potential barriers to and facilitators of HIV testing.

Methods An attitudinal survey was used to examine HIV testing preferences among 248 high school learners in KwaZulu-Natal. Statistical tests were used to identify the most favoured characteristics of testing service delivery models and examine key differences in preferences based on demographic characteristics and testing history.

Results Most learners were found to prefer testing offered at a clinic on a Saturday (43%), using a finger prick test (39%), conducted by a doctor (61%) who also provides individual counselling (60%). Shorter testing times were preferred, as well as a monetary incentive to cover any associated expenses. Time, location, the type of test, and who conducts the test were most important. However, stratified analysis suggests that preferences diverge, particularly around gender, grade, but also sexual history and previous testing experience.

Conclusion Human immunodeficiency virus testing services can be improved in line with preferences, but there is no single optimal design that caters to the preferences of all learners. It is unlikely that a “one-size-fits-all” approach will be effective to reach HIV testing targets. A range of options may be required to maximise coverage.

P4.66 OPPORTUNITIES TO TAILOR HIV PREVENTION PROGRAMMING FOR UGANDAN YOUNG ADULTS

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Introduction Uganda, like most Sub-Saharan African countries, has comprehensive HIV prevention campaigns, yet programs tailored to young adults are completely lacking.

Methods In 2016, 202 18–22 year olds were recruited from across Uganda via Facebook to take part in online, 3 day, asynchronous focus groups (FGs). The aim of the FGs was to understand sexual health decision making to inform HIV prevention content development. The study sample was