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 prefer- ences 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 (59%), 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 associ- ated 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 ATTITUDINAL AND BEHAVIOURAL DIFFERENCES BETWEEN YOUTH WHO HAVE HAD ANAL SEX AND THOSE WHO HAVE NOT IN CAPE TOWN, SOUTH AFRICA

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10.1136/sextrans-2017-053264.560

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 Eleven and 31% of female and male youth, respectively, reported ever having anal sex. Among sexually active male and female respondents, those who had ever had anal sex were more likely to report inconsistent condom use, perpetrate dating violence, and experience victimisation and perpetration of sexually coercive behaviour. Female respondents who had ever had anal sex had significantly lower levels of HIV information than sexually active females who had not had anal sex.
Conclusion Rates of anal sex are higher for boys than girls in the survey, yet the associated risk factors were strikingly similar. Harm reduction strategies for anal sex should be made available to South African youth.

P4.65 LESSONS LEARNED USING FB TO RECRUIT LGBT ADULTS ACROSS EASTERN AFRICA INTO ONLINE SEXUAL HEALTH FOCUS GROUPS

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10.1136/sextrans-2017-053264.561

Introduction Because of cultural and legal discrimination enacted towards LGBT people in eastern Africa, innovative methods are needed to safely engage LGBT Africans in sexual health research.
Methods We conducted two online focus groups (FGs) with eastern African MSM, one in December 2016 and the other in January 2017. Participants were recruited via Facebook advertisements, which were targeted to men who: were 'interested in' men or were 'interested in' men and women; were living in: Rwanda, Uganda, Kenya, Tanzania, or South Sudan; and were 18 years and older. People who clicked on the ad were linked to the study website, which explained the FG activity, provided an eligibility screener, and a consent form for those who were eligible. Once consented, MSM were linked to the online FG, where they could anonymously post answers.
Results After a 27 hour FB campaign, 1 76 480 people were reached across eastern Africa, 11 889 of whom clicked on the ad. Most clicks (59%) were from people in Tanzania; Kenya (22%) and Uganda (13%) were the next most common sources of clicks. Thirty-three people completed a screener and were eligible, and 22 consented to take part in the first FG. Of those who consented, 5 people posted in at least one thread in the online FG bulletin board. Of the 15 threads we posted, 3 received posts from participants, none of which were sexual health-related. To invigorate response rates, the FG script was shortened from 15 to 6 threads and displayed on one instead of three separate pages. A second 27 hour FB campaign was launched. A similar number of eligible people were identified (n=35) while more consented (n=34). One person went on to post in 4 sexual health-related threads, and another posted in one.Additional FGs are being conducted. Lessons learned that can inform future research that endeavours to engage LGBT Africans will be presented.
Conclusion Although online data collection holds promise in reaching hidden populations, piloting work is necessary to determine the most effective way to ensure privacy and promote participation.

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

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10.1136/sextrans-2017-053264.562

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

purposefully balanced on age, district, educational attainment, employment status, and income. Eight FGs were conducted; participants were stratified by sex and sexual behaviour in the past 12 months.

Results Yong adults who were abstinent said they were making this choice because they treasured virginity; and wanted to stay STD-free and avoid pregnancies. There were drawbacks, particularly for women who said that their boyfriends may leave if they did not have sex. Peer pressure and feeling excluded from those who were having sex were also disadvantages.

Ugandan young adults talked about the cultural norm of having multiple partners, both for financial gain and social status. Using condoms was universally noted as the right thing to do. At the same time, sexually active youth voiced several barriers to condom use, including: being allergic to rubber, fear of getting cancer with frequent use, and embarrassment. When asked about how confident they were in negotiating condoms, sexually experienced women voiced a range or responses from 'I can't at all' to 'sometimes' to 'always'.Refusing sex was possible: If a woman did not want to have sex, respondents said she could blame it on her period and if a man did not want to have sex, he could say he was 'tired'. That said, all agreed that the refusal of sex in a relationship could be met with consequences (e.g., distrust by one's partner, an end to the relationship).

Conclusion Several important challenges that Uganda young adults faces in making healthy sexual decisions were voiced. These issues need to be directly addressed in HIV prevention programs tailored to this age group.

P4.67 STI TESTING BEHAVIOUR AMONG SEXUAL MINORITY ADOLESCENT WOMEN RECRUITED FROM FB IN THE UNITED STATES

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10.1136/sextrans-2017-053264.563

Introduction Despite what adolescent health practitioners may assume, multiple studies have found that lesbian, gay, and bisexual (LGB) girls are more likely than heterosexual girls to have unprotected penile-vaginal sex, engage in penile-anal sex, have multiple sexual partners, have high risk sexual partners, and to get pregnant. In the face of these disparities, it is unknown if LGB girls are getting tested for STIs.

Methods Ninety-one 14–18 year old cisgender females who identified as sexual minority (i.e., had a sexual identity other than exclusively heterosexual) and lived in the United States were recruited through Facebook and surveyed online in July 2016.

Results Twenty-nine percent of respondents estimated they lived in a lower than average income household. Seventy-five percent were White race; 11% were Hispanic ethnicity. Two in five respondents (42%) lived in a suburban area, one in four (27%) lived in an urban area, and just under one in three (30%) lived in a small town or rural area.LGB girls reported rates of lifetime STI testing (21%) similar to rates of HIV testing (19%). Four percent said they had ever tested positive for an STI; none reported a positive HIV test.Compared to 6% of LGB girls who have only had sex with girls, 30% of LGB girls who have only had sex with guys, and 46% of girls who have had sex with guys and girls have ever been tested for an STI (p=0.01).Although not statistically significant, LGB girls who did not use a condom at last penile-vaginal sex (62%) were more likely than those who did (35%) to have ever been tested for STIs (p=0.15).

Conclusion It may be that LGB girls who have male partners, either exclusively or while also having female partners, are aware of the STI risk that penile-vaginal sex may confer and are testing accordingly. The higher rates of STI testing in the face of lower condom use however, may suggest that some LGB teens who are having sex with guys are using testing instead of condoms as a form of STI prevention.

P4.68 INTERNALISED OF HIV-RELATED STIGMA AND ASSOCIATED FACTORS AMONG HIV-INFECTED ADULTS RECEIVING CARE

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10.1136/sextrans-2017-053264.564

Introduction Internalisation of HIV-related stigma may affect a person's disease management and his\her accessibility to services. However, little is known about HIV-related stigma and its associated factors in patients with HIV. We aimed to examine HIV-related stigma and its associated factors.

Methods We used Mississippi Medical Monitoring Project (MMP) data from 2011 to 2014 (n=793). MMP is a cross-sectional surveillance system designed to assess the behavioural and clinical characteristics of HIV-infected adults at least 18 years of age receiving outpatient care in the United States. Dependent variable was HIV-related stigma. Our independent variables were gender, sexual orientation, race, age, education, poverty level, smoking, binge drinking, drug abuse, length of time diagnosed with HIV, and insurance. T-test, one-way ANOVA, and multiple linear regression were conducted ($p<0.05$).

Results Overall, 75% of respondents reported at least one internalised HIV-related stigma experience. The average stigma score overall was 2.3 (out of 6), with a standard error of 0.07. Our finding showed that stigma was significantly higher among females (M=2.6, t=2.9, p=0.003), patients aged 18–24 (M=2.9, F=4.6, p=0.003), those with less than high school education (M=2.7, t=2.4, p=0.02), binge drinker (M=2.8, t=2.3, p=0.02), drug abuser (M=2.7, t=2.3, p=0.02), those who have been diagnosed with HIV since <5 years ago (M=2.6, F=6.6, p=0.001), and those who had private insurance (M=2.8, F=5.5, p=0.004). Multiple linear regression analysis showed that being female (β=0.52), having less than high school education (β=0.55), drug abusing (β=0.66), and having private insurance (β=0.77) contribute positively to predict experiencing stigma after entering all variables together.

Conclusion The findings indicate that HIV-related stigma is very common among HIV patients, and is significantly associated with gender, education, drug abuse and insurance status, highlighting a need for stigma reduction interventions, with a focus on population at risk.