Conclusion Adherence clubs, family support and low stigma and discrimination are key factors to improve treatment adherence for people living with HIV and other non-communicable diseases. Interventions to increase family support and reduction in stigma and discrimination are encouraged.

P4.76 HOW DO I NOTIFY PARTNERS? CHALLENGES FACED BY HEALTHCARE PROVIDERS MANAGING SYPHILIS IN CHILE

Nicole Iturrieta, Meredith Temple-Smith, Jane Tomnay, Department of General Practice – University of Melbourne, Melbourne, Australia; Department of Rural Health – Centre for Excellence in Rural Sexual Health – University of Melbourne, Melbourne, Australia

Introduction Partner Notification (PN) has long been considered an essential strategy for sexually transmitted infection (STI) control, but both policies and methods of implementation vary between countries. In Chile, syphilis is the most commonly reported STI in the general population; however, congenital syphilis is close to being eliminated. In this study, we explore the challenges faced by healthcare providers (HCP) when they perform PN for syphilis in public health services in Chile.

Methods To identify the nuances of delivering PN, semi-structured face-to-face interviews were conducted with HCP. A third of the interviews were transcribed verbatim and translated from Spanish to English for thematic analysis, which followed an inductive approach based on grounded theory. Following the identification of themes, remaining interviews were coded utilising constant comparison.

Results 48 HCP were interviewed in PHC centres and sexual health units. The primary challenge revealed by HCP in this study was the low level of awareness among STI risk and potential long-term implications for patients. HCP recognised that a significant lack of recognition of PN for the value of STI control, and consequently it is not undertaken routinely. Index patients are reluctant to reveal partner information, likely to avoid perceived stigma. Furthermore, HCP identified several limitations within the Chilean system, such as lack of available counselling for patients, absence of resources for provider referral, and insufficient training and specialist support for effective PN.

Conclusion Improvements in syphilis management have achieved a significant reduction in congenital syphilis. However, our findings suggest syphilis elimination could be assisted by improved PN. Hence, it is vital to develop clear referral pathways for HCP to perform PN at the grassroots level.

P4.77 SOCIAL-MEDIA USE AND SEXUAL BEHAVIOUR AMONG IN-SCHOOL ADOLESCENTS IN IBADAN, NIGERIA

Oladipupo Samuel Olaleye. Department of Health Promotion and Education, College of Medicine, University of Ibadan, Nigeria, Ibadan, Nigeria

Introduction Adolescence is a developmental period characterised by various opportunities including the social media. Adolescence is also embedded with several challenges that are dangerous to sexual health. In Nigeria, research focusing on the effects of social media on adolescents’ sexual behaviour (SB) is very rare. This study was therefore designed to determine the use social media (SM) and its effects on SB of in-school adolescents in Ibadan, Nigeria.

Methods A cross-sectional study was carried out among randomly selected 194 senior secondary students in four secondary schools in Ibadan. The questionnaire explored the sociodemographic data, SB, frequency of use of SM, and activities on SM. Data was analysed using descriptive statistics and Chi-square at 0.05 level of significance.

Results The mean age of the respondents was 14.7±1.2 and 50.3% were females. Some (15.2%) reported ever experienced sexual intercourse. The mean age of sexual debut was 12.2±2.8. Most (88.0%) reported the use SM, the highest used social medium was Facebook (71.2%) followed by Whatsapp (55.0%) while the most frequently used was Whatsapp followed by Facebook; 44.7% and 25.4% reported everyday use respectively. Activities reported on SM included reading of news (60.7%), download/listen to music (62.8%), watch/download pornographic pictures (5.2%), watch/download pornographic pictures (4.2%) and videos (4.7%). Significantly, more of those who had ever experienced sexual intercourse watched/downloaded pornographic pictures (24.1% vs 1.9%) and videos (37.9% vs 3.1%), and search for sexual partners (58.6% vs 9.3%) using the SM.

Conclusion A number of the adolescents use social-media and many engage in activities that could be risky to their sexual life on these media especially those who have ever experienced sexual intercourse. Intervention to ensure safe use of the social-media should be carried out among these young persons.

P4.78 USING A SYSTEMS APPROACH TO DESIGN HIGHER-IMPACT INTERVENTIONS: ILLUSTRATING LEVELS OF LEVERAGE FOR REDUCING CONCURRENCY-LINKED SEXUALLY TRANSMITTED INFECTIONS IN AFRICAN AMERICAN ADOLESCENTS FROM DISADVANTAGED COMMUNITIES

Pamela A Matson, Andra Wilkinson, Kristen Hasmiller Lich, Jonathan Mark Ellen, Seri Link Anderson. Johns Hopkins University School of Medicine, Baltimore, USA; Johns Hopkins All Children Hospital, St. Petersburg, USA

Introduction High sexually transmitted infection (STI) rates among African American adolescents living in disadvantaged communities represent a complex public health problem that has remained unsolved despite the efforts of governments (both state and federal) and communities. Systems thinking is an approach that can give new insight into why previous attempts to tackle this problem have failed and how to design more impactful and sustainable interventions in the future. In this paper, we introduce a system dynamics framework that describes increasingly impactful levels of leverage that public health actions might target to reduce incidence of sexually transmitted infections among adolescents in disadvantaged communities. Then, we use the levels of leverage framework to describe why previous interventions to reduce high STI rates among African American adolescents from disadvantaged communities have had minimal success as well as to suggest some interventions that are likely to have a higher impact. We propose several previously overlooked targets for interventions that are aligned with existing feedback loops affecting STI.
outcomes, and provide substantial opportunities for creating long-lasting reductions in STI rates.

Introduction Risky sexual behaviour and STIs cluster within subpopulations. Examining the concentration of behaviours can help to target interventions to those at highest risk. Given STI disparities by sexual identity, we examined the distribution of sexual partners among heterosexual, homosexual, and bisexual males and females.

Methods Data from the 2006–15 U.S. National Survey of Family Growth were used to analyse the number of opposite-sex and same-sex partners in the past 12 months, focusing on means and the percentage of sex partners accounted for by the top 20% of each subpopulation; 95% confidence intervals were used to examine significant differences. Demographics will also be reported.

Results Bisexual women reported a higher mean number of recent opposite-sex partners (1.81; 95% CI: 1.66,1.96) than heterosexual (1.21; 95% CI: 1.19,1.24) and homosexual (0.79; 95% CI: 0.26,1.32) women, whereas homosexual women reported a higher number of same-sex partners (1.55; 95% CI: 1.39,1.72) than bisexual (0.74; 95% CI: 0.64,0.84) and heterosexual women (0.21; 95% CI: 0.17,0.25). Within each subgroup, the top 20% of bisexual and heterosexual women accounted for 45% and 37.6% of opposite-sex partners, respectively. Among males, there was no difference in the mean number of recent opposite-sex partners between heterosexual and bisexual men (1.5 partners), whereas homosexual men reported a significantly higher mean number of recent same-sex partners (2.39; 95% CI: 2.11,2.67) than bisexual (1.16; 95% CI: 0.87,1.45) and heterosexual men (0.18; 95% CI: 0.12,0.24). Within each subgroup, the top 20% of heterosexual men accounted for 47.1% of opposite-sex partners compared to the top 20% of gay and bisexual men accounting for 48.1% and 59.8% of same-sex partners, respectively.

Conclusions In general, sexual minorities reported higher numbers of recent sex partners, however, interesting gender differences emerged, particularly with regard to the top 20% of subpopulations. Interventions targeting high-risk persons within sub-populations may be more impactful.