concurrent multiple partners (p<0.001) and use condoms inconsistently (p<0.001). Married men were more likely to know the HIV status of their partners (p<0.001) and to have disclosed to others (p=0.020). Respondents who engage in intergenerational sex were more likely to have transactional sex (p<0.001) and not use condom at last sex (p=0.010). Transactional sex was commoner among men who practice concurrency (p<0.001) and did not use condom at last sex (p=0.005).

Conclusion The sexual behaviour of this study population closely aligns with that of men in the general population with respect to risk taking. Targeting HIV positive men for sexual behaviour change will therefore contribute towards eliminating new HIV infections.

**P4.100** ADOLESCENTS’ QUALITATIVE DESCRIPTIONS OF THEIR ATTITUDBINAL CHANGES REGARDING HYPOTHETICAL CLINICAL TRIAL PARTICIPATION

1Susan L Rosenthal, 1Ariel M De Roche, 1Marina Catallozzi, 2Carmen Radecki Breitkopf. 1Columbia University Medical Centre, New York, USA; 2Mayo Clinic, Rochester, USA

Introduction Little is known about how adolescents’ attitudes about willingness to participate (WTP) in clinical trials change over time.

Methods Adolescents (14–17 years) were asked two times about WTP for a hypothetical microbicide safety trial a year apart. After rating their WTP at follow-up, the adolescents were asked how their thoughts about the study had changed. They were not reminded of their previous WTP response; qualitative coding of responses was blinded to their WTP.

Results The adolescents (n=294) were 69% Hispanic, 63% female, and had a mean age at baseline of 15.5 years. Most (60%) adolescents reported that their thoughts had stayed the same, 33% reported a change, which might or might not be associated with a perceived change in WTP, and 7% stated that they did not remember. Some adolescents reported understanding the study information better; either it had been explained better or they paid greater attention. This was not always associated with a perceived change in WTP. Others reported a change in the weight of the information, either for non-specific reasons or because of new experiences (I had a yeast infection and they did the whole exam thing and it wasn’t that bad) or new information (in high school I’ve learned about it). Others attributed changes to maturation/age (I think I’m older and I can focus more) or to a personality change (e.g. less shy). Parental impact included a few who reported an influential conversation with a parent (I know more because my parents have been talking about it) or the ability to make an independent decision.

Conclusion Most adolescents did not report a change in thinking. Some did not feel they had all the information the first time; for others, their attitudes about the information changed. For a few, independence from parents led to a change. Adolescents should be given continued opportunities to participate in clinical research over time. Future research should explore ways to ensure that adolescents understand key information to make the best decision, and to balance parental guidance with autonomy.

**Support:** National Institutes of Health (R01HD067287); National Centre for Advancing Translational Sciences, National Institutes of Health (UL1 TR000040, UL1 TR000457)

**P4.101** ADOLESCENTS’ AND THEIR PARENTS’ ATTITUDES OVER TIME ABOUT PARENTAL INVOLVEMENT IN CLINICAL RESEARCH

1Susan L Rosenthal, 1Ariel M De Roche, 1Marina Catallozzi, 2Carmen Radecki Breitkopf, 3Lisa S IPP, 1Jane Chang, 1Jenny K Francis, 3Christine M Mauro, 1Columbia University Medical Centre, New York, USA; 2Mayo Clinic, Rochester, USA; 3Weil Cornell Medical Centre, New York, USA

Introduction Adolescent participation in reproductive health clinical trials requires balancing adolescent autonomy and parental involvement. Previous work indicated that adolescents and parents viewed parental involvement as having two aspects, learning information (e.g. test results, risk behaviours) and involvement in the process (e.g. accompanying them to the appointment).

Methods Adolescents (ages 14 to 17 years) and their parents were enrolled in a longitudinal study assessing willingness to participate in a hypothetical microbicide clinical trial. They were asked at baseline and at one year follow-up to respond yes/no to 9 items regarding parental involvement. At baseline, one item “asking details about the study” was subsequently dropped from analyses.

Results The adolescents (n=254) were 69% Hispanic, 65% female, and had a mean age at baseline of 15.5 years. Factor analysis for follow-up data indicated a different factor structure. In order to understand the change, adolescent and parent data were factor analysed separately. The adolescents’ factor structure indicated that all of the items loaded on one factor, with the exception of the two items regarding getting permission from parents to participate in studies. The factor structure for those that were under 18 remained different from the factor structure at baseline, implying that being a legal adult was not the cause of the change. For the parents, the factors remained fairly similar to the baseline factor structure.

Conclusion The findings suggest that although the structure of parental attitudes about involvement in research may be stable over a year’s time; adolescents may over time view parental permission as a separate concept from the general role of parents in research. This view was not related to adolescents obtaining legal status to self-consent. Understanding of why/how attitudes about parental involvement change or stay stable over time may help investigators manage expectations.

**Support:** National Institutes of Health (R01HD067287); National Centre for Advancing Translational Sciences, National Institutes of Health (UL1 TR000040, UL1 TR000457)

**P4.102** FATHER OF THE BABY’S OPINION INFLUENCES ATTITUDES ABOUT MICROBicides FOR BACTERIAL VAGINISIS AMONG U.S. PREGNANT WOMEN

1Susan L Rosenthal, 1Lauren Dapena Fraiz, 2Greg D Zimet, Susan L Rosenthal3, 2Indiana University, Indiana, USA; 3University Medical Centre, New York, USA

Introduction Pregnant women are at risk of increasing morbidity and mortality if they acquire acute or persistent bacterial vaginosis (BV), and new microbicides are being tested for treatment of this infection. Although pregnant women are the intended users of microbicides, it is important to consider the potential impact of the partner’s opinion on microbicide use. Partner’s opinion could be based on multiple lines of evidence, including whether the partner is aware of the infection, the partner’s opinion on treatment, the partner’s knowledge about the infection, and the partner’s opinion on the microbicide’s potential benefits.

Methods We used a mixed-methods approach. We used qualitative methods to explore parent’s opinions and attitudes about microbicides for BV and the partner’s influence on parent’s opinion regarding microbicides for BV. We used quantitative methods to assess the impact of the partner’s opinion on parent’s opinion regarding microbicides for BV.

Conclusion The findings suggest that the partner’s opinion on microbicides for BV is an important factor in parent’s decision-making. Future research should explore ways to ensure that parents understand key information to make the best decision, and to balance parental guidance with autonomy.

**Support:** National Institutes of Health (R01HD067287); National Centre for Advancing Translational Sciences, National Institutes of Health (UL1 TR000040, UL1 TR000457)