

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 used 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 ATTITUDINAL CHANGES REGARDING HYPOTHETICAL CLINICAL TRIAL PARTICIPATION

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**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.

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

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**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.

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#### P4.102 FATHER OF THE BABY'S OPINION INFLUENCES ATTITUDES ABOUT MICROBICIDES FOR BACTERIAL VAGINISIS AMONG U.S. PREGNANT WOMEN

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