recommend urgent action to address this catastrophe in the making.

P4.110 FOOD INSECURITY ASSOCIATED WITH ANTIRETROVIRAL THERAPY ADHERENCE AMONG HIV-INFECTED PATIENTS IN KINSHASA

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Introduction Food insecurity is increasingly reported as an important barrier of patient adherence to antiretroviral therapy(ART) in both resource-poor and rich settings. The objective of this study was to determine if food insecurity is associated with poor ART adherence among HIV-positive adults in a resource-limited setting.
Methods The study was a cross-sectional, conducted in Kinshasa, Democratic republic of Congo(DRC). We randomly selected patients and 9 support structures for PLHIV, from May 2015 to August 2015. Food insecurity was measured by the Household Food Insecurity Access Scale (HFIAS). Adherence was assessed by the pharmacy refill and case adherence index.Multivariate regression was used to assess whether food insecurity was associated with ART adherence.
Results Among 400 participants, 56% were food insecure, 30% were mildly or moderately food insecure and 70% were severely food insecure. Side effects (OR 2.230, 1.327 to 3.747, p=0.002), and payment of consultation (OR 1.703, 1.020 to 2.843, p=0,042) were also associated with poor adherence.
Conclusion household food insecurity is present in more than half of the HIV-positive adults attending ART clinics in Kinshasa, and is associated with poor ART adherence.

P4.111 AN APPRAISAL OF COMPREHENSIVE KNOWLEDGE OF HIV/AIDS AMONG INDIAN WOMEN: EVIDENCE FROM NATIONAL FAMILY HEALTH SURVEY FOURTH ROUND

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In order to design the suitable HIV prevention programs that help to reduce in HIV infections especially among Indian women's, it is essential to inspect the comprehensive knowledge of HIV/AIDS and prevention methods in terms of knowledge of consistence condom use among Women's. This paper explores comprehensive knowledge of HIV/AIDS among women's across the different states of India. Data were drawn from the National Family Health Survey 2015–16 (NFHS-4). The study included data of women aged 15–49 years. Results clearly reveal that Comprehensive knowledge of HIV/AIDS was significantly decline in many states like Bihar, Karnataka, Madhya Pradesh and Manipur. Compared to men, women had less comprehensive knowledge of HIV/AIDS across the states of India. There is no relation built between women education and knowledge about HIV/AIDS, results portrays that despite of having 10 or more years of schooling women's are not aware about HIV/AIDS. Even gap between knowledge about HIV/AIDS and consistent condom use among women is significantly high varies from 23 to 49 percent across different states of India. Interventions are needed to build knowledge of HIV/AIDS transmission and prevention methods through mass media campaigns, and information, education and communication programs so that women can get proper knowledge.

P4.112 ASSOCIATIONS OF HIV TESTING WITH ANXIETY AND STRESS: IMPLICATIONS FOR FAITH BASED HIV TESTING AND TREATMENT

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Introduction The African American church has recently embraced a non-traditional venues perspective by incorporating HIV testing into the formal support services provided to the community. Mental health related indicators such as anxiety and stress are often associated with a lack of HIV testing. Social support from individuals and institutions within the African American community may have an important role in reducing stress and anxiety associated with HIV testing.
Methods In this cross-sectional survey based study, we surveyed and compared the responses of the congregants from two churches which offered testing and two which did not (n=177). Data were analysed with descriptive statistics, Chi-square test and multivariate logistic regression
Results We found that in churches without HIV testing anxiety was significantly higher (OR=4.60, p<0.001; 95% CI: 2.03, 10.41) as was levels of stress (OR=6.87, p<0.001; 95% CI: 2.69, 17.56) after controlling for gender and employment status.
Conclusion These results have implications for the important role that African American churches could have in not only offering HIV testing but in reducing associated levels of stress and anxiety. They also suggest that churches willing to incorporate HIV risk reduction programs and interventions may have more profound impacts on the mental health of at risk populations.

P4.113 REACH AND ACCEPTABILITY OF AN ONLINE HIV/STI TESTING SERVICE (GETCHECKEDONLINE) AMONG GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN LIVING IN BRITISH COLUMBIA, CANADA

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Introduction Gay, bisexual, and other men who have sex with men (MSM) in British Columbia (BC) have a high incidence of HIV/STI, with many reporting barriers to accessing testing. An online HIV/STI testing service, *Get Checked Online* (GCO), was launched in 2014 to reduce these barriers. In this study we examined reach and acceptability of GCO within the MSM community.
Methods We surveyed MSM living in BC over 6 months in 2016. Participants were recruited at local pride events, bars, on the street, in sexual health clinics, through social media,

and on gay hook-up apps and websites. Survey questions were analysed descriptively and included questions about the service itself, sexual health, technology use, and demographic characteristics.

Results Of 1272 participants completing the survey, 78% identified as gay and 16% as bisexual, 73% identified as White, 52% reported being single, and 55% reported living in the city of Vancouver. 32% were aware of GCO, 13% had visited the website and 3% had tested through the service (10% among the 411 men aware of GCO). Among GCO-aware participants, 50% intended to test through the service in the future (vs. 47% among GCO-unaware), 51% reported talking about GCO with others and 22% knew someone who has used it. 46% reported that at times they would use GCO over their usual place of testing. The most common benefits reported by participants were testing without waiting for an appointment (50%), getting results online (46%), and saving time (38%). The most common drawbacks were not speaking with a doctor or nurse (39%), not being sure how the service works (26%), and worrying about the privacy of one's online information (20%).

Conclusion Approximately 2 years after GCO's launch, a third of MSM in the region are aware of the service with 1 in 10 GCO-aware men testing through the service. Given high intention to use GCO, these findings highlight the importance of continuing promotion efforts to raise awareness of the service among MSM.

P4.114 THE APPLICATION OF A THEORETICAL MODEL TO FACILITATOR AND BARRIERS TO CHLAMYDIA TESTING IN GENERAL PRACTICE: A SYSTEMATIC REVIEW

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Introduction: *Chlamydia* is a key health concern, with high economic and social costs. There were over 2 00 000 chlamydia diagnoses made in England in 2015. The burden of *Chlamydia* is greatest among young people where the highest prevalence rates are found. Annual testing for sexually active young people is recommended; however, many of those at risk do not receive testing. General practice is an ideal setting for testing for multiple reasons; yet, testing here remains low. One theoretical model which may provide insight into the underpinnings of chlamydia testing is the Capability, Opportunity, and Motivation Model of Behaviour (COM-B model). This model proposes that behaviour (getting/providing a chlamydia test) is the result of capability, opportunity, and motivation. The aim of this review is to identify barriers and facilitators to chlamydia testing for young people in general practice, and use the COM-B Model to explore the theoretical mechanisms of action among these factors.

Methods Seven databases were searched to identify peer-reviewed qualitative, quantitative, and mixed methods studies published after 2000. Data regarding study design and key findings were extracted. Data were analysed using thematic analysis and resultant factors were mapped onto the COM-B Model.

Results 315 papers were identified and screened; 28 were included for review. Results indicate that testing can be attributed to facilitators/barriers at the patient level (e.g., knowledge), provider level (e.g., time constraints), and system level (e.g., practice nurses). Regarding the COM-B Model, results suggest that knowledge of testing can be classified within the capability component; social stigma can be classified within the opportunity component; and personal beliefs about testing can be classified within the motivation component.

Conclusion The findings have relevance to healthcare professionals, policy-makers and commissioners in informing how best to improve the sexual health of young people.

P4.115 HIGH UPTAKE OF EFFECTIVE EXPEDITED PARTNER THERAPY AMONG YOUNG WOMEN WITH STI AND THEIR PARTNERS IN SOUTH AFRICA

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Introduction Expedited Partner Therapy (EPT) for STIs delivered by the index case or through pharmacies has been implemented in some settings in the US. In South Africa, partner notification through the provision of a contact card to the patient reminding the partner to seek treatment has been unsuccessful (partner treatment rates of 17%). Here, we explored the feasibility and acceptability of index case delivered EPT among young women in a high HIV incidence setting.

Methods HIV negative women, aged 18–40 years were screened for chlamydia, gonorrhoea (Xpert CT/NG) and trichomonas (OSOM) at an urban primary health care clinic. Women with STIs were treated with stat doses of antibiotics and were offered EPT packs, which included medication, condoms and an information leaflet for the current partner(s). An EPT questionnaire was administered telephonically one week later, and women were reviewed in clinic after 6 and 12 weeks.

Results: A total of 267 women, median age 23 (IQR 21–27), were screened and 63 (23.6%) were diagnosed with a STI. Of these, 62/63 (98.4%) were offered and 54/62 (87.1%) accepted EPT for their regular partner. Two women chose EPT for one additional casual partner. At telephonic follow-up 47/54 (87.0%) stated that they had successfully delivered EPT, i.e. the partner ingested the medication either observed 41/54 (75.9%) or unobserved 6/54 (11.1%). Only five women (9.2%) still had to deliver EPT and one partner refused. Some women reported that they (17.5%) or their partners (4.8%) experienced minor drug side effects consistent with antibiotic profiles, but no allergic reactions or social harms were reported. Of the first 53 women completing follow up reinfection rates were lower amongst women receiving EPT (1/47, 2.1%) compared to those not receiving EPT (2/6, 33.3%), p=0.031.

Conclusion EPT uptake among young South African women and their partners was high and could play an important role in reducing reinfection rates and HIV risk. Larger studies should evaluate the feasibility of implementing this strategy at population level.

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P4.116 LONG-ACTING REVERSIBLE CONTRACEPTIVE USE AND RECEIPT OF SEXUAL HEALTH SERVICES AMONG YOUNG WOMEN: IMPLICATIONS FOR STI/HIV PREVENTION

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Introduction Long-acting reversible contraceptive (LARC) users may be less likely to receive recommended STI prevention services because these methods do not require routine clinic visits for continuation. We compared receipt of services between young women using LARC and other contraceptive methods or no method.

Methods Data were from the 2011–2015 U.S. National Survey of Family Growth, a cross-sectional, nationally representative survey. We categorised sexually-active women aged 15–24 years (n=2,018) as: new LARC (initiated ≤12 months prior) or continuing LARC (initiated >12 months) users; moderately (pill, patch, ring, injectable) or less (condoms, withdrawal, diaphragm, rhythm) effective method users; or non-contraceptors. We examined differences in past year chlamydia (CT) testing, HIV testing, and sexual risk assessment (2013–2015 only) by contraceptive type using bivariate statistics and logistic models adjusted for age and race/ethnicity.

Results Overall, 41% had been tested for CT, 26% for HIV, and 64% had risk assessed. Compared to moderately effective method users, continuing LARC users had lower odds of HIV testing (18 vs. 30%; AOR=0.4, 95%CI=0.2–0.7) and risk assessment (51 vs. 74%; AOR=0.3, 95%CI=0.2–0.7), but there were no significant differences in CT testing or between new LARC users and moderately effective method users. Compared to less effective method users, there were no differences in service receipt for continuing LARC users; new LARC users had higher odds of CT testing (52 vs. 24%, AOR=1.8, 95% CI=1.0–3.4) but no other differences were observed. Relative to non-contraceptors, new (43 vs. 28%, AOR=2.0, 95% CI=1.1–3.5) and continuing (52 vs. 28%; AOR=2.8, 95% CI=1.6–5.1) LARC users had higher odds of CT testing, and new LARC users had greater odds of risk assessment (72 vs. 55%; AOR=2.4, 95%CI=1.0–5.7).

Conclusion Continuing LARC users may be less likely to receive recommended services compared to users of moderately effective methods. STI prevention should be incorporated in efforts to increase access to the full range of contraception.

P4.117 ASSOCIATION BETWEEN MOBILITY, VIOLENCE AND STI/HIV AMONG FEMALE SEX WORKERS IN URBAN ANDHRA PRADESH, INDIA

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Introduction Violence and mobility are increasingly being recognised as critical risk factors contributing to the spread of HIV and sexually transmitted infections worldwide. The objective of the study is to assess the independent and combined associations of mobility and physical violence with sexual risk behaviours and HIV/STI prevalence among female sex workers (FSWs) in urban Andhra Pradesh, India.

Methods A cross-sectional survey the Behavioural Tracking Survey (BTS) –2014 conducted with key populations FSWs (n=2400), in undivided Andhra Pradesh state in India was used here. Bivariate, Chi-square, and Binary logistic regression statistical techniques were used for analysis.

Results Approximately 18% of FSWs in urban Andhra Pradesh reported ever experienced physical violence, out of them, 69% experienced physical violence in the past one year and 52% travelled outside for sex work in the past one year. Mobile FSWs were more likely to report physical violence compared to their counterparts (72% vs. 62%, $p < 0.048$). Approximately 14% reported that they are HIV positive. FSWs from Urban Andhra Pradesh reported that those who have faced physical violence were more likely to have STI and HIV (4.177 and 3.127) as compared to their counterparts. Although FSWs facing both mobility and physical violence were not significantly associated, are two times more likely to have HIV seropositive.

Conclusion The findings conclude that mobility and violence were independently associated with sociodemographic, risky sexual behaviour and STI/HIV infection. Remarkably, the combined association of mobility and violence posed greater STI/HIV risk than their independent effect. These results indicate that there is a need for the provision of an enabling environment and safe spaces for FSWs who are mobile, to enhance existing efforts to reduce the spread of HIV/AIDS.

P4.118 "IT'S NOT A 'TIME SPENT' ISSUE, IT'S A 'WHAT HAVE YOU SPENT YOUR TIME DOING?' ISSUE…" PATIENT OPINIONS ON POTENTIAL IMPLEMENTATION OF POINT OF CARE TESTS FOR MULTIPLE STIS AND ANTIMICROBIAL RESISTANCE DETECTION

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Introduction Advances in Point of Care Tests (POCTs), including the capacity to test for multiple Sexually Transmitted Infections (mSTIs) and Antimicrobial Resistance (AMR), have potential to transform sexual health clinic (SHC) services. Patient opinions of POCT implementation are needed to inform the redesign of SHC pathways to accommodate these new technologies.

Methods We conducted semi-structured interviews with a purposive sample of patients aged ≥16–44 in three SHCs across England. Analysis was based on the Framework method (NVivo 10).

Patients were asked to describe their recent clinic visit and were then presented with different POCT designs and associated SHC pathway changes. Some proposed designs included potential to spend more time in clinic than currently, e.g. waiting for AMR results after a positive diagnosis.

Results From June 2015 - February 2016, 11 women, 12 heterosexual men and 8 men who have sex with men participated. Most patients were enthusiastic about receiving an accurate diagnosis and AMR result within one clinic visit. Women were more likely to question new technologies, report more previous visits and have higher expectations for their

SHC experiences. Men and women strongly indicated willingness to wait in clinic for results if they perceived themselves at risk for infection (self-assessed as sexual risk-taking and/or having symptoms). All patients were willing to wait for AMR results following a positive result. Patient suggestions for POCT pathway implementation included: targeting POCTs to those concerned they are infected and providing information on steps and time involved for new pathways.

Conclusion Patients' willingness to wait in clinic, explained as dependent on a self-assessed risk for infection, provides nuanced understanding of patients' priorities for care. Patient suggestions that specific, directed messaging from SHCs may allow acceptability of various changes related to POCT adoption gives guidance for implementation. We recommend further research when these tests are made available, to assess these theories in practice.

p4.119 HOW CAN WE IMPROVE PARTNER NOTIFICATION FOLLOWING HIV DIAGNOSIS? – A QUALITATIVE STUDY OF MEN WHO HAVE SEX WITH MEN IN MELBOURNE

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Introduction Improved partner notification (PN) following HIV diagnosis could help control HIV among men who have sex with men (MSM). However, there is little evidence exploring what this experience is like for Australian MSM and how achievable it is in the era of the internet and smartphones.

Methods MSM recently diagnosed with HIV were recruited from three health services in Melbourne for a semi-structured interview about PN experiences. Interviews were transcribed verbatim for thematic analysis using a combined deductive/inductive approach whereby themes were derived from both previous literature, the research questions and interview schedule and inductively from emergent and recurrent themes arising from the data.

Results Three main themes arose: the fear of PN and HIV disclosure; partners' unexpected reactions; and the need for more support for PN. MSM found partner notification difficult and uncomfortable and described fear about potential repercussions of PN. However, they felt it was the right thing to do and all partners should be notified where ever possible. Regular partners were more likely to be notified, and in person, due to the availability of contact information but more notably due to a sense of moral responsibility. Men commonly had few contact details for casual partners and preferred partner notification strategies that allowed them to remain anonymous, largely reflecting the reasons for and ways in which they met casual partners: online or through apps and predominantly for once-off, anonymous sex. Most described unexpected positive responses from partners who were contacted personally by the men.

Our study also showed that these participants required professional support to carry out PN, especially with casual partners, as well as support around understanding the implications of and treatments relating to being HIV positive.

Conclusion PN could be improved by offering more options that allow the index patient to remain anonymous, particularly when notifying casual partners.

p4.120 CARE-SEEKING BEHAVIOURS AMONG HIV-INFECTED ADULTS IN MOZAMBIQUE: BARRIERS AND FACILITATORS TO TIMELY ENROLLMENT IN HIV CARE AND TREATMENT

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Introduction The MoH of Mozambique pledged to eliminate vertical transmission, reduce sexual transmission by 50% and increase antiretroviral therapy coverage up to 80%. To achieve these goals, it is essential that PLHIV must access HIV care services in a timely manner. However, HIV-infected persons in Mozambique are continuously accessing care and treatment services at an advanced stage of the disease. The goal was to determine barriers and facilitators to timely enrollment in HIV care and treatment, regardless of the disease stage.

Methods In-depth interviews were conducted to 90 newly diagnosed HIV-positive patients in one health facility in Maputo City and two urban and rural health facilities in Zambézia province. Interviews were recorded, transcribed and translated prior to analysis.

Results Long distances to the health facility, long waiting time, lack of access to transport, lack of money, and side-effects were the most frequently barriers to timely enrollment in HIV care and treatment. One of the facilitators for the timely enrollment of patients in the care and treatment of HIV is related to the fact that enrollment's process in HIV care happens the next day after the test completion. Family support associated with the basic knowledge related to HIV was mentioned as one of the main factors that led to an early onset of ART therapy. While some patients reported that the sensation of feeling good while doing the medication is one of the factors that most also contributes to ART therapy adherence, others showed to feel motivated for the treatment due to the encouragement given by their social networking.

Conclusion Adherence to treatment is influenced by the desire of feeling healthy. Our results suggest that one of the major facilitators for a timely enrollment of patients in care services and treatment of HIV is the flexibility process of enrollment in HIV care at health facilities. Side-effects are the most frequently barriers to timely enrollment in HIV care and treatment. Health providers should explain the side effects and how to handle these.

p4.121 CARE-SEEKING BEHAVIOURS AMONG HIV-INFECTED ADULTS IN MOZAMBIQUE: HIV-RELATED KNOWLEDGE AND ADHERENCE TO TREATMENT

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10.1136/sextrans-2017-053264.616

Introduction The Ministry of Health of Mozambique pledged to eliminate vertical transmission, reduce sexual transmission by 50% and increase antiretroviral therapy coverage up to 80%. To achieve these goals, it is essential that HIV-infected persons must access HIV care services in a timely manner. The objective of this study was to explore reasons why patients with positive diagnosis do not adhere to services and care of HIV, regardless of the disease stage.