

Support: This work was co-funded by the South African Medical Research Council and the NIH (AI116759)

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

¹Riley Steiner, ²Karen Pazol, ³Andrea L Swartzendruber, ⁴Michael R Kramer, ⁴Laurie Gaydos, ⁴Jessica M Sales. ¹Emory University, Atlanta, USA; ²Centres for Disease Control and Prevention, Atlanta, USA; ³University of Georgia, Athens, USA; ⁴Emory University, Atlanta, USA

10.1136/sextrans-2017-053264.611

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

Santosh Kumar Sharma. *International Institute for Population Sciences, Mumbai, India*

10.1136/sextrans-2017-053264.612

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

¹Sebastian Suarez Fuller, ¹Agata Pacho, ²Emma Harding-Esch, ¹Syed Tariq Sadiq. ¹ST George’s, University of London, London, UK; ²Public Health England, London, UK

10.1136/sextrans-2017-053264.613

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