

**Methods** Participants were recruited from a GBM sexual health clinic and completed a one-time 60-minute education session with a peer health educator. This included condom and lubricant information and condom application skills practice. Between 09/2018–02/2019, each participant completed a baseline survey prior to intervention and again three months later, which were compared using paired t-tests.

**Results** A total of 24 HIV-negative participants received the intervention: average age was 27.8 years (SD=3.53) and 52% identified as non-white. The intervention was highly acceptable: 87% liked it and 91% would recommend it to others. At 3-month follow-up, participants agreed the intervention increased: knowledge about using lubricants with condoms (83%), condom use skills (78%), and condom use confidence (70%). At baseline, few participants used daily pre-exposure prophylaxis (PrEP, 17%); post-intervention, 6 PrEP-naïve participants reported initiating PrEP (32%). Overall, condom use frequency during anal sex with male partners did not change (51% baseline versus 58% post-intervention,  $p=0.41$ ). However, among non-PrEP users, condom use frequency significantly increased during receptive anal sex (61% baseline versus 78% post-intervention,  $p=0.04$ ) and marginally increased during insertive anal sex (24% baseline versus 48% post-intervention,  $p=0.11$ ).

**Conclusion** The adapted FOF intervention was highly acceptable to ethnoracially diverse GBM in Vancouver. A third of participants initiated PrEP within 90 days. Among participants not using PrEP, the intervention effectively increased condom use during receptive anal sex, when HIV acquisition is most likely. This low-cost intervention demonstrates promise for increasing prevention practices among GBM attending STI clinics in Vancouver.

**Disclosure** No significant relationships.

### P323 UNEXPECTED RISING TREND OF SEXUALLY TRANSMITTED INFECTION IN BANGKOK, THAILAND

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**Background** Sexually transmitted infection (STI) remain a major public health challenge in Thailand, particularly Bangkok. STI control is important for HIV prevention. With a commitment to United Nation's Fast-Track cities to end AIDS in Bangkok by 2030, situation of STI should be monitored to assess effectiveness of HIV prevention efforts. This study aimed to examine trends of STI in Bangkok from 2013 to 2017 using case reporting data and periodic surveys.

**Methods** Data were obtained from the National Notifiable Disease Surveillance Report (506) and Routine Integrated HIV Information System (RIHIS) from nine STI clinics in Bangkok between 2013 and 2017.

**Results** Bangkok is facing a rise in STI cases, especially among young people, with 40% of all STI cases occurring in 15–24 years. From 2013 to 2017, the rates of reported STI in Bangkok increased eight folds from 11.8 cases per 100,000 population to 90 cases per 100,000, while the national rate rose four folds (18.5 in 2013 to 67.2 in 2017). In 2017, syphilis

was the most commonly reported disease in Bangkok with two times the national rate and particularly common among men who have sex with men (MSM).

**Conclusion** Prevalence of STI in Bangkok was rising and much higher than the national scale. MSM account for a disproportionately large burden of STIs particularly syphilis, which are consistent with high prevalence of HIV infection among MSM. Weakening of STI control may undermine HIV prevention efforts. Strengthening STI control in Bangkok are urgently needed.

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### P324 HOW DO THE PSYCHOSOCIAL CHARACTERISTICS OF WOMEN ATTENDING SEXUAL HEALTH SERVICES DIFFER FROM THOSE ATTENDING PRIMARY CARE?

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**Background** Women attending specialist sexual health and contraception clinics (SHAC) are younger and more likely to report substance use and sexual risk behaviours than those attending Primary Care (PC). A broader analysis of psychosocial differences between these populations may improve our understanding of the wider determinants of sexual risk and morbidity and support the development of psychosocial interventions for use in specialist settings. We therefore explored which psychosocial factors were associated with recruitment site.

**Methods** Psychosocial question responses were compared from a cross-sectional survey of convenience-sampled women aged 16–44 years attending PC (Primary Care) vs SHAC services in the city of Brighton and Hove, UK. Multivariable logistic regression was used to identify which psychosocial factors predicted attendance in SHAC versus PC.

**Results** 1238 (70%) eligible women completed a questionnaire in a PC setting and 532 (30%) women in a SHAC service. After controlling for age, several psychosocial factors predicted SHAC compared to PC attendance. These included: living in rented accommodation (adjusted odds ratio (aOR)=1.70, 95% confidence interval (CI):1.20–2.40), being a cigarette smoker (aOR=1.32, 95%CI:1.00–1.75), disagreement that 'having a partner at all times is important to me' (aOR=2.24, 95% CI:1.69–2.97) emotional dissatisfaction with most recent relationship (aOR=1.51, 95%CI:1.15–1.99) and little or no functional social support (e.g. help with chores and meals) (aOR=1.83, 95%CI:1.21–2.78).

**Conclusion** Findings suggest that women attending SHAC may be more likely to experience lack of support and dissatisfaction with sexual and other relationships, and may be more likely to be in rented or other insecure housing compared with those attending primary care settings. Thus, the potential impact of broader life circumstances on sexual risk may be