

P336 THE SEXUAL HEALTH KNOWLEDGE, ATTITUDES AND BEHAVIOUR OF WOMEN LIVING WITH HIV IN BANTEN PROVINCE, INDONESIA

Dyah Juliastuti*, Judith Dean, Lisa Fitzgerald. *The University of Queensland, School of Public Health, Herston, Australia*

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Background Among certain communities and nations, the sexual health rights of women living with HIV (WLHIV) are often neglected and considered less important. Social, cultural, and religious beliefs may restrict safer sexual practices. This study examines the sexual health knowledge, attitude, and practices of WLHIV in Banten Province, Indonesia, and the factors influencing these practices.

Methods A cross-sectional written survey of 209 WLHIV aged 18 to 50 years from seven Banten Province regions, was conducted between May and November 2017 using five peer recruiters. Descriptive and binary regression analysis were performed.

Results The majority were Muslim (87.6%), married (58.9%), and high-school graduated (88.6%). 31.4% experienced intimate partner violence (IPV). 77% had some knowledge of sexually transmitted infection (STI), sourcing information from health care providers (56.9%) and the internet (23.0%). Most believed that a woman could refuse sexual intercourse with their partner because of postpartum/menstruation (78.9%), tiredness/unwillingness (67.7%), partner's STI (64.1%), and his infidelity (62.7%). However, only 49.3% believed that they might refuse sex if the partner opposed condom use. Of the 171 sexually active participants, 78.4% had only one sexual partner. Condoms were the primary contraceptive used; however, 68.4% reported inconsistent condom use which was significantly associated with women's inability to buy condoms (aOR6.54, 95%CI:2.29–18.74), negotiate condom use (aOR6.11%CI:1.69–22.15), and being unmarried (aOR3.04, 95%CI:1.14–8.13). 33.3% self-reported a history/symptoms of STI which was significantly associated with new HIV-diagnosis (aOR=4.53, 95%CI=2.07–9.91), multiple sex-partners (aOR=4.25, 95%CI=1.73–10.43), lack of internet exposure (aOR=4.24, 95%CI=1.55–11.55), IPV (aOR=3.04, 95%CI=1.22–7.55), or unprotected sex (aOR=2.97, 95%CI=1.33–6.60).

Conclusion The sexual health of WLHIV in Indonesia is affected by their relationship status, access to condoms, and ability to negotiate their use. Strategies focused on building a women's capability and support to defend their sexual rights are needed to improve the women's health, facilitate choice and reduce risk of onward HIV transmission.

Disclosure No significant relationships.

P337 A STUDY ON HOW SEXUAL EMPOWERMENT UNDER MIXED-GENDER DYADS INFLUENCES SEXUAL HEALTH AMONG WOMEN IN INDIA

Raman Mishra*. *International Institute for Population Sciences, Population Studies, Mumbai, India*

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Background Sexually transmitted infections (STIs) are a key reproductive and public health concern worldwide. STIs are pernicious players in the global burden of disease. According to The World Health Organization estimates, each year there

are an estimated 357 million new infections of STIs globally. In India, the prevalence of STIs among women in the union of reproductive age remained constant at 11 percentage points from NFHS-3 to NFHS-4. This number highlights the gravity of the unwavering situation of poor reproductive health among women in India.

Methods This study used data from the National Family Health Survey (NFHS-4) conducted in 2015–16. It included questions on demographic and socioeconomic characteristics of individuals, their sexual behavior, gender relations and whether they had suffered from an STI in the 12 months prior to the survey i.e. self-reported STI. Multiple logistic regression models were fitted to determine the relationship between predictors and the reported STI status.

Results Sexual empowerment was significantly associated with STI status, but odds of reporting STIs were higher among sexually empowered women. Women's participation in decision-making concerning their own health reduced the odds of contracting STIs. The strongest predictors of reporting STIs, namely sexual violence and the number of lifetime partners, are at direct risk of STIs. STIs was also positively associated with partners' controlling behaviors. With respect to STIs, sexual empowerment does not appear to protect women in the union who have violent controlling partners. Sexual empowerment is also not protective where a woman having multiple partner.

Conclusion Interventions promoting sexual health must effectively address roles that perpetuate unhealthy sexual behaviors and relations within the union. It is therefore imperative to promote fidelity and better communication between partners in the union and necessary to encourage regular screening and treatment of STIs. Sexual decisions must be subject to joint opinions in order to achieve and secure complete reproductive health and rights.

Disclosure No significant relationships.

P338 PREVALENCE AND MUCOSAL IMPACT OF STIS IN YOUNG WOMEN FROM MOMBASA, KENYA WITH VARYING EXPOSURE TO SEX WORK

¹Ruth Mwatelah, ²Shelley Peterson, ²Christine Bonner, ¹Tosin Omole, ¹Faisal Nuhu, ¹Naima Jahan, ³Nzioki King'Ola, ³Sammy Wambua, ³Peter Gichangi, ⁴Eve Cheuk, ²Grant McClarty, ⁵Irene Martin, ⁶Marissa Becker, ⁷Sharmistha Mishra, ¹Lyle Mckinnon*. ¹University of Manitoba, Department of Medical Microbiology and Infectious Diseases, Winnipeg, Canada; ²National Microbiology Lab (NML), Public Health Agency of Canada (PHAC), Winnipeg, Canada, Winnipeg, Canada; ³International Centre for Reproductive Health-Kenya, Mombasa, Kenya; ⁴Centre for Global Public Health, Department of Community Health Sciences, Winnipeg, Canada; ⁵National Microbiology Laboratory, Winnipeg, Canada; ⁶University of Manitoba, Centre for Global Public Health, Department of Community Health Sciences, Winnipeg, Canada; ⁷St. Michael's Hospital, Li Ka Shing Knowledge Institute, Toronto, Canada

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Background Bacterial STIs increase mucosal inflammation and HIV acquisition risk. However, most data are limited to symptomatic STIs, and more data are required regarding the prevalence and correlates of asymptomatic bacterial STIs among high-risk young women, and how these vary by exposure to sex work.

Methods We estimated the prevalence of 6 STIs in urine collected during a cross-sectional study of women aged 14–24 years in Mombasa, Kenya (n=870). Participants were recruited from sex work hotspots, and self-identified as engaged or not