programme, the improvements in condom use over the last decade, has not yet reached to the desired level. The disparities in high-risk sexual behaviour among men, coming from rich and poor households have been narrowed over the last decade. However, there are few states like Andhra Pradesh, Assam and Orissa where socio-economic inequalities in high-risk sexual behaviour have been increased. The findings also underline an apparent paradox in the relationship between knowledge of HIV/AIDS and indulgence into high-risk sexual behaviour and adopting safe sexual practices.

Conclusion It is recommended that all HIV prevention programmes in India should promote the concept of men as the responsible sexual partner. This concept may be promoted among young and unmarried men by reinforcing the shift from violence to respect and projecting the condom as sexual stimuli rather than a means of disease prevention.

Disclosure No significant relationships.

P345 CORRELATES OF CONSISTENT CONDOM USE AMONG URBAN ADOLESCENTS ATTENDING HIGH-SCHOOL IN PANAMA

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Background Consistent condom use, defined as using a condom in every sexual encounter, is an effective measure for preventing sexually transmitted infections (STIs). However, few studies have examined condom use among Latin American youth. This study estimated the correlates of reported condom use among school-going adolescents in four urban sites of Panama during 2015–2018, where one site was studied each year. Additionally, we assessed condom use practices among adolescents with herpes simplex virus 2 (HSV2).

Methods Adolescents aged 14 -19 years completed a self-administered tablet-based questionnaire that measured reported sexual history and practices. Blood samples from sexually experienced adolescents were evaluated for HSV2. Associations between sociodemographic characteristics, sexual behaviors, HSV status and condom use were estimated with the chi-square statistic. Univariate odds ratios (ORs) and age-adjusted (AOR) analyses were performed.

Results Among 2466 adolescents, there was no significant difference in reported sexual activity prevalence among males (58.4%) and females (56.7%) (p=0.402). Reported consistent condom use was low (25%) among sexually active participants. Older adolescents (17–19 years) were less likely to report consistent condom use (17 years OR=0.63, 95% CI 0.41–0.97 and 18–19 years OR=0.66, 95% CI 0.43–0.99). Males had higher reports of consistent condom use (AOR=1.65, 95% CI 1.08–2.53) compared to female adolescents. Adolescents reporting two or more lifetime sexual partners (OR=0.43, 95% CI 0.31–0.61), current sexual activity (OR=0.70, 95% CI 0.51–0.96), and sex with a casual partner (OR=0.60, 95% CI 0.44–0.82), were less likely to report consistent condom use. HSV2 prevalence was 20.8% among sexually active participants. HSV2 seropositivity was not correlated with reported condom use (p=0.124).

Conclusion Reported consistent condom use among sexually active, school-going adolescents in Panama was low, particularly among females and older adolescents. Condom use interventions should include information regarding effective condom negotiation strategies between sexual partners. These strategies are important throughout adolescence.

Disclosure No significant relationships.

P346 PSYCHOSOCIAL FACTORS ASSOCIATED WITH CHLAMYDIA RETESTING AMONG YOUNG PEOPLE IN THE UK

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Background Repeat chlamydia infections are common, and the risk of receiving complications increases with the number of lifetime infections. However, retesting rates in the UK remain low and interventions to increase retesting have had variable effects. In order to change behaviour (e.g., to increase retesting), behavioural-science theoretical models may help identify influential factors. One such model, the COM-B Model proposes behaviour results from an interaction between capability, opportunity and motivation. The aim of this study was to identify theoretically-based demographic and psychosocial factors associated with retesting behaviour and intentions to retest amongst those previously diagnosed with chlamydia.

Methods An online questionnaire was developed, based on a comprehensive literature review and expert and lay consultation. Participants were 263 young people (16–24 years) in the UK who had been diagnosed with chlamydia (via healthcare settings or online platforms). In addition to demographic questions, each measure was representative of COM-B components: susceptibility and severity, fear, stigma, shame, knowledge, social support, social norms, perceived advantages/disadvantages of retesting.

Results 35% had not retested, the most common reason for which was unawareness of the need to retest (31%). In those who had not retested, moral norms, injunctive norms, and STI knowledge significantly predicted intentions to retest ($F_{[1,53]}=6.20, p=0.016, R^2=0.45, \text{Adj}R^2=0.42$). Retesters were slightly older and more likely to have had other STIs. The most common location of retest was a sexual health clinic (57%), followed by general practice (14%) and online services (11%). Multivariable regression demonstrated that social norms (injunctive, descriptive, and moral) significantly predicted having retested ($F_{[1,171]}=7.44$, $p=0.007, R^2=0.12$, $\text{Adj}R^2=0.10$].

Conclusion This research has identified potential targets for public health campaigns aimed at eliminating STIs. Specifically, future interventions should focus on social (e.g., social approval one expects from others for engaging in a responsible sexual health action) and psychological (awareness and education) to increase retesting rates.

Disclosure No significant relationships.