P390 IMPROVING THE UPTAKE OF HIV-CENTERED PREVENTATIVE AND TREATMENT SERVICES BY ADOLESCENTS

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Background There is approximately 6.3million people living with HIV in South Africa with nearly a third of all new HIV infections occurring in 15–24 year olds with adolescent girls being up to eight times more likely to be infected with HIV than their male counterparts. In addition, 52 percent of all sexually active young people who reside in rural areas have reported having never used condoms with their most recent partners.

Methods At facility-level, MatCH deployed a roving clinical team, consisting of clinical and a psychosocial advisors, who provided the following: (a) onsite training and mentoring of healthcare workers on the delivery of adolescent friendly services, (b) identification of healthcare workers as Adolescent Champions, (c) developing dedicated consultation rooms for adolescents to seek clinical and psychosocial support and to be fast-tracked for immediate management. At patient-level, MatCH designed an HIV/STI preventative package of care inclusive of: HIV testing services, behavioural risk assessments, PrEP initiation for at-risk HIV-negative adolescents, STI, gender-based violence and TB screening and management, same-day ART initiation for HIV-positive adolescents and ongoing psychosocial support via one-on-one adherence counselling and linking to peer-led support groups.

Results Comparative review of 8-month data, revealed a 70% increase in the number of adolescents accessing HIV testing services at PHC facilities. Of those who tested HIV-positive, linkage to care improved by 98% as compared to the baseline of 63%. 90% uptake of PrEP by at-risk HIV negative females aged 15–19years as compared to the 10% uptake seen amongst their male counterparts within the same age group. Improved healthcare worker confidence in (a) managing at-risk HIV negative adolescents, (b) initiating HIV positive onto ART and (c) delivering comprehensive package of HIV-centered adolescent friendly services.

Conclusion The provision of adolescent-friendly services at primary healthcare facilities is essential to improving the uptake of HIV-centered prevention and treatment strategies by at-risk adolescents.

Disclosure No significant relationships.

P391 YOUNG PEOPLE'S EXPERIENCES WITH CLINICAL CARE AND PREFERENCES FOR DELIVERY OF NEW POINT-OF-CARE TESTS FOR STIS IN ENGLAND

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Background Young people in the UK face multiple barriers to attending sexual health clinics (SHCs) and are at high risk for sexually transmitted infections (STIs), despite widely available free and confidential STI testing. Studies have shown that point-of-care tests (POCTs) for STIs, which can accurately diagnose and treat patients in one clinical visit, have potential

to change clinical practice. It has been recommended that young people be consulted in advance of changes to care.

Methods We conducted a secondary analysis of qualitative in-depth interviews with young participants of the *Precise* study, which explored patient experiences of SHC services and their opinions of POCT implementation plans. Attendees were purposively sampled at three SHCs in England. Interviews were thematically analysed using NVivo (V10) to investigate young people's perceptions of their healthcare needs and preferences for POCTs.

Results Ten young people aged 17–22 years, including: three women-who-have-sex-with-men, four heterosexual men and three men-who-have-sex-with-men were interviewed between June 2015 and February 2016. Participants generally regarded the tests as innovations to improve SHC experiences including the potential to reduce time-to-results and receive results from trusted sexual health experts. Participants raised concerns that POCT implementation may shorten consultation times and changes to pathways may unintentionally impact on privacy and/or cause confusion. Participants suggested increase in provision of information to patients, including potential waiting times and self-sampling instructions, along with recommendations to safeguard privacy around sample provision and clinical consultation times.

Conclusion Many of our young participants discussed waiting for results to be anxiety-producing, with provision of POCTs mitigating this concern, increasing satisfaction with SHC care and potentially paving the way for increased attendance among this group. However, participants suggest that other barriers, specifically around confusion and privacy, are likely to mitigate positive effects if not addressed by appropriate clinical implementation plans.

Disclosure No significant relationships.

P392 TEENS' EXPERIENCES FOLLOWING SEXUAL ASSAULT: A SYSTEMATIC REVIEW OF QUALITATIVE RESEARCH

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Background Data shows adolescents have the highest rate of sexual assault. Adolescents who were raped during childhood show a relation with risky behaviours such as being sexually active at a younger age and poor use of contraception. Furthermore, they have a greater number of pregnancies and abortions, are at higher risk for HIV and STIs, higher rates of depression and suicidal thoughts and attempts, self-mutilation, eating disorders and obesity (Crawford-Jakubiak, Alderman & Leventhal, 2017; Fier, 2017; Brabant, Hébert & Chagnon, 2013; Keeshin et al., 2013).

Adolescents appear to have special needs when it comes to sexual health care services (Kulyk et al., 2013). Even though the emotional, physical, and social consequences of sexual assault are similar to those of adults, 'adolescents have less life experience and emotional fortitude to handle the trauma' (Bein, 2011) associated with sexual assault. Even so, they have proved hard to reach by health and support services.

A review of the literature shows few studies actually focus on adolescents' experiences and needs after sexual assault. The current study is part of a larger (doctoral) study into teens'

experiences with sexual assault support services in co-operation with Umbrella Clinics.

Methods This study's objective was to explore teens' experiences following sexual assault by systematically reviewing and synthesizing published qualitative studies in this area. A narrative review of literature has been undertaken in order to identify publications that explore teens' experiences following sexual assault. Only studies focussed on teen participants (13–19 years old), as opposed to retrospective accounts from adults, were included.

Results Important themes such as help-seeking behaviours, barriers, disclosure, the role of peers, importance of language, coping and gender emerged.

Conclusion This study identifies the complex nature of sexual assault specifically in combination with adolescence. Findings identify issues for service improvement and a significant need for research inclusive of adolescents' narratives.

Disclosure No significant relationships.

P393 SITUATION ANALYSIS OF ADOLESCENT AND YOUNG FEMALES IN AKURE, ONDO STATE, NIGERIA

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Background Kids & Teens Resource Centre, a non-government organisation working in the SRHR space in Nigeria conducted a situational analysis into the current status of Adolescents and Young Persons (AYPS) in Ondo State with a view to ascertaining the SRH challenges in various communities across Ondo state. This research also aimed at engaging AYPs in order to understand their knowledge, attitudes and practices as it pertains to sexual and reproductive health.

Methods A qualitative methodology was adopted for this study, using focus group discussions and key informant interviews. There were 18 FGDs and 101 KIIs conducted in all, during the primary research phase and desk research was conducted during the secondary research phase. In total, over 200 individual respondents were reached for this analysis.

Results 20% of girls and women aged 10 to 24 in Ondo have undergone some degree of genital mutilation, Ondo state has the highest rate of teenage pregnancy in the South West with about 20 percent of young women from ages 13 to 19, four percent of young women aged 15 to 19 are married against their wish. And the policy environment has not been too friendly especially with implementation.

Conclusion Social mobilization advocacy for community stakeholders, including traditional and religious leaders.

Engaging AYPs to ensure that they are at the centre of any policies or intervention formulated for them.

Youth friendly centers should be built in every LGA and trained personals be put in those centres to attend to AYPSRHR.

Disclosure No significant relationships.

P395 ACCEPTABILITY OF POINT OF CARE TESTING FOR CHLAMYDIA TRACHOMATIS IN ADOLESCENTS: IF WE MAKE IT, WILL THEY TAKE IT?

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Background Women 15–19 yo have the highest prevalence of *C. trachomatis* (Ct) infection in the US. Despite the increase in the number of cases reported, chlamydia may still be under reported as the majority of patients do not have symptoms. Point of care tests (POCT) for Ct and other STIs are currently under development. Should these tests be made available for purchase over the counter (OTC)?

Methods An anonymous 12-item questionnaire was administered to patients attending the Adolescent clinic at University Hospital of Brooklyn, NY. The clinic serves an inner-city population that is predominantly African American and Caribbean American.

Results Completed questionnaires were obtained from 99 adolescents, 12–21 yo, median 18, 74 females, 25 males. 86 responders identified themselves as straight; 1 girl as gay, 12 as bisexual. Only 27% of responders (17% girls, 44% boys) reported an adequate knowledge of Ct infection including transmission and complications. 16 girls and 3 boys reported prior positive test for Ct, all stated they were treated but 2 girls did not inform their sexual partners. Only 43.3% indicated that they would be interested in purchasing a Ct OTC (9(36%) boys, 34(46%) girls), 62% were willing to pay \$20 or less. Although almost 100% indicated that they would report to their doctor and get treatment for partner, 4 would not inform their partners.

Conclusion Less than half of the respondents indicated they would buy an OTC for Ct if available. Many of these young people also had poor understanding of the transmission and risks of Ct infection. Cost was also an issue, with the majority willing to pay \$20 or less. Especially worrisome was that a small number were unwilling to notify their partners of a positive test, and had not done so in the past. The impact on linkage to care may have important public health implications.

Disclosure No significant relationships.

P397 INTRA-VAGINAL PRACTICES AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IN SOUTH AFRICA: RISK FOR HIV ACQUISITION

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Background Women around the world use intra-vaginal practices (IVPs) for varying reasons. IVPs can disrupt the vaginal microbiome and induce inflammation, increasing susceptibility