

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

Onesimus Aiwanfo\*. *Federal University of Technology Akure, Project Management, Akure, 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?

Peter Pastolero, Amy Suss, Margaret Hammerschlag\*. *State University of New York Downstate Medical Center, Pediatrics, Brooklyn, USA*

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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

<sup>1</sup>Lorato Maje, <sup>2</sup>Angela Kaida\*, <sup>1</sup>Scott Venners, <sup>3</sup>Mags Bekinska, <sup>4</sup>Stefanie Hornschuh, <sup>2</sup>Patricia Smith, <sup>1</sup>Mark Brockman, <sup>5</sup>Thumbi Ndung'u, <sup>6</sup>Glenda Gray, <sup>7</sup>Jenni Smit, <sup>8</sup>Janan Dietrich. <sup>1</sup>Simon Fraser University, Faculty of Health Sciences, Burnaby, Canada; <sup>2</sup>Faculty of Health Sciences, Simon Fraser University, Burnaby, Canada; <sup>3</sup>University of the Witwatersrand, Maternal Adolescent and Child Health Research Unit, Durban, South Africa; <sup>4</sup>University of the Witwatersrand, Faculty of Health Sciences-Perinatal HIV Research Unit (PHRU), Johannesburg, South Africa; <sup>5</sup>University of the KwaZulu Natal, HIV Pathogenesis Programme and Africa Health Research Institute, Durban, South Africa; <sup>6</sup>South African Medical Research Council, Cape Town, South Africa; <sup>7</sup>University of the Witwatersrand, Match Research Unit (MRU), Department of Gynaecology and Obstetrics, Faculty of Health Sciences, Johannesburg, South Africa; <sup>8</sup>Perinatal HIV Research Unit (PHRU), Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

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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

to bacterial vaginosis (BV), a risk for HIV acquisition. Limited research has focused on IVPs and their correlates among adolescent girls and young women (AGYW) in South Africa, a key population for HIV prevention efforts.

**Methods** We used cross-sectional baseline survey data from 253 HIV-negative or HIV-status unknown AGYW (16–24 years) enrolled in AYAZAZI, a community-based cohort study in Soweto and Durban, South Africa (2014–2016). We measured IVP use in the past 30 days for 11 IVPs (yes vs no) and estimated the prevalence of using  $\geq 1$  IVP in the past 30 days (yes vs no). Using existing literature, we identified 18 determinants of IVP use. We estimated the total causal effect of each determinant on any IVP use in the past 30 days using separate logistic regression models adjusted for confounding within the counterfactual framework of causal inference.

**Results** Mean age was 19 years, 67.2% were in school, and 81.8% ever had sex. Overall IVP prevalence was 76.7% (59% vs 81% among those who had never vs ever had sex;  $p=0.016$ ). The most common IVPs included: washing intravaginally with water only (66%), with soap (41%), and with other products including towels or sponges (41%). AGYW who reported binge drinking (aOR=7.6; 95%CI: 3.2–18.4), a higher monthly income ( $\geq R1601$  vs  $\leq R400$ ; aOR=7.4; 95% CI: 1.6–33.9), engaged in transactional sex (aOR=4.4; 95% CI: 1.0–19.1), and/or reported any symptoms of genital tract infections (aOR=4.9; 95%CI: 1.0–23.0) had higher adjusted odds of using IVPs.

**Conclusion** Over three-quarters of South African AGYW in this study reported IVPs with differences by socio-economic, behavioral, and clinical characteristics. Further investigation of IVP motives and implications for BV and HIV acquisition risk among young women are warranted.

**Disclosure** No significant relationships.

### P398 CAN VIDEO-CONSULTATIONS CONTRIBUTE TO DIMINISHING WAITING LISTS? A DEMONSTRATION PROJECT IN THE NETHERLANDS

<sup>1</sup>Filippo Zimbile\*, <sup>2</sup>Rik Crutzen. <sup>1</sup>Soa AIDS Nederland (STI AIDS The Netherlands), Youth, Amsterdam, Netherlands; <sup>2</sup>Maastricht University, Health Promotion, Maastricht, Netherlands

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**Background** The 25 Centers for Sexual Health (CSHs) in The Netherlands offer free STI and Sexual Health consultations to adolescents: annually approximately 70.000 STI and 11.000 Sexual Health consultations. In some regions there are waiting times for the consultations. Furthermore, the reach of regular consultations is limited among lower educated young people. In a joint pilot project the CSHs wanted to gain insight into whether online video-consultations can contribute to solving these problems. In the first phase of this project, the key question is whether a video consultation is appreciated and can offer sufficient quality, and – if so – for which services and for which target groups? We also explored the time periods of the video consultations.

**Methods** The key question is approached from two perspectives: client and professional. In 8 regions CSHs offered video consultations – including STI testing methods on distance – to adolescents for whom no physical examination was necessary. Both clients and professionals filled out an online questionnaire directly after the (video)consultation. 20 adolescents

were interviewed, all professionals participated in regional organized focusgroups. To create a reference frame, regular consultations were evaluated in the same way. The software of the video-consultations registered time periods.

**Results** 332 clients evaluated the video-consultations, professionals 535. Clients appreciated the video-consultations on the same positive level as the regular consultations: good contact with professional, enough possibilities to answer all questions and good advice. The professionals also evaluated the video-consultations positive. The time periods of the video-consultations: 43% less than 10 minutes, 37% 10–15 minutes, 21% more than 15 minutes.

**Conclusion** For consultations without the need for physical examinations and no complex requests, video-consultations can provide the same quality as regular consultations and they are appreciated by the clients. Efficiency advantages seem limited if the time needed to organize STI-testing on a distance is included.

**Disclosure** No significant relationships.

### P399 HIV PREVENTION AMONG YOUNG KEY POPULATION: COMMUNITY-BASED STRATEGY OUTCOMES, BRAZIL

Diego Calixto\*, Ana Roberta Pascom, Isabela Pereira, Irene Valderrama, Carina Sousa, Silvia Giugliani, Gilvane Silva, Nara Araújo, Gerson Fernando Pereira. Ministry of Health of Brazil, Department of Surveillance, Prevention and Control of STIs, HIV/AIDS and Viral Hepatitis, Brasília, Brazil

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**Background** Brazil's HIV epidemic is largely concentrated among key populations whose HIV infection rates can be up to 30 times higher than those observed in the general population. Rapid HIV testing and combination prevention in community settings, delivered by peers, allows for easier access to HIV testing. Our aim is to present the percentage of positive HIV rapid tests and intersectional risk factors of young key populations (YKP) targeted by the 'Live Better Knowing' programme, a nationwide initiative launched by the Brazilian Ministry of Health in close collaboration with NGOs.

**Methods** Programmatic data were analyzed, collected through Registration form of the Monitoring and Evaluation System Registration Form (SIMAV-Pro), collected from January 1st 2016 from December 31st 2018. 51 Brazilian NGOs administered the form and offer rapid oral fluid HIV tests (DPP HIV-1/2 Bio-Manguinhos/Fiocruz) and combination prevention packages to sex workers, men who have sex with men (MSM), trans people, people who use drugs and and youngsters in these populations.

**Results** In total, 88,052 were tested aged from 15 to 24 yo, 69.2% were nonwhite, 58.9% reported drug use, 2.6% commercial sex, and 13.8% drug use and commercial sex combined. Overall, 49% reported condom use during their last sexual intercourse and 9% reported STI symptoms in the last 12 months. The general HIV prevalence found was 1% and its distribution among women, transvestites, trans women, trans men, MSM, and heterosexual men was 17%, 9%, 5%, 1%, 49%, and 19% respectively.

**Conclusion** Community-based rapid HIV testing delivered by peers reached YKP that had not previously accessed HIV testing. Given the combination of drug use and sex work, comprehensive combination prevention services need to be delivered. Our analyses suggest the need to impact behaviors