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.

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 KIs 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.

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 respondents 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(56%) 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.

INTRA-VAGINAL PRACTICES AMONG ADOLESCENTS 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...
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 ≥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 (≥R1601 vs ≤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.

**P399** HIV PREVENTION AMONG YOUNG KEY POPULATION: COMMUNITY-BASED STRATEGY OUTCOMES, 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 administrated 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 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 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.