

Introduction Previous studies in Timor-Leste suggested a unique social and sexual dynamic between self-identifying men who have sex with men (MSM) and their straight-identifying male partners. As part of a national size estimation of key populations at risk, this qualitative study interrogated the dimensions of this dynamic to better inform HIV/STI-related services.

Methods Drawing on ethnographic approaches, semi-structured interviews were undertaken using field notes, including recording of verbatim quotes, with 27 self-identifying MSM, transgender people, straight-identifying MSM and relevant secondary informants across Timor-Leste. Interviews covered gender identity, intra-community social interaction and sexual practices. Data were analysed with involvement of author three (a local researcher who is well-connected to the populations) using an inductive thematic analysis approach where common themes and discrepant cases were coded with attention to the individuals' reported experiences and key events.

Results Three identities among MSM/TG were most commonly reported: self-identifying MSM; transgender; and *mane forte* (lit.: 'strong man'), or straight-identifying MSM. Self-identifying MSM and transgender-identifying people typically engaged only in sexual activity with straight-identifying MSM. Sex was often reported to have a transactional element, most commonly with MSM or transgender-identifying people providing low-value goods or pocket money to either their casual or long-term straight-identifying male partner/s. An imbalanced power dynamic was often reported between the two parties, with straight-identifying partners generally 'calling the shots' in decisions such as condom use. Straight-identifying men were less likely to interact with MSM HIV/STI services, typically tailored for those identifying as MSM or transgender.

Conclusion The degree to which financial/other incentives play a role in MSM/TG sexual practice is greater than previously reported. The reported power of straight-identifying MSM in sexual decision-making has implications for HIV/STI prevention initiatives, particularly given existing MSM services may not adequately serve straight-identifying MSM.

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P11.27 DOES ACCESSING NON-OCCUPATIONAL POST EXPOSURE PROPHYLAXIS AND THE ASSOCIATED CLINICAL EXPERIENCE IMPACT CONDOM USE AMONG MEN WHO HAVE SEX WITH MEN IN VICTORIA, AUSTRALIA

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Background Condom promotion is a key component of combination HIV prevention globally. There is evidence from clinical settings that intense interventions successfully increase condom use. However it is unknown if routine sexual health clinical encounters, including encounters potentially prompted by concern relating to particularly high risk events, have the same impact on reducing HIV risk behaviours. We compared self-reported condom use among MSM before and after receiving standard care non-post exposure prophylaxis.

Methods Data from MSM accessing the Victorian NPEP Service (VNPEPS) was linked to HIV/STI testing data from Victorian Primary Care Network for sentinel surveillance (VPCNSS) clinics between 2007–2013. Analysis included data from MSM who accessed NPEP and reported condom use at their most recent HIV/STI test prior to NPEP (baseline) and two tests following NPEP (follow-up one and two). Only the first NPEP episode was included. Proportion of MSM reporting inconsistent condom use at baseline (test immediately prior to NPEP) and follow-up one and two were compared using a two sample test of proportions.

Results Among 1199 MSM presenting for NPEP on 2094 occasions, 6329 test and risk behaviour records were obtained from VPCNSS sites pre-and post-NPEP. A total of 303 MSM had data on condom use at baseline and two follow ups. Inconsistent condom use was reported by 146 (48.2%) of MSM at baseline, 138 (45.5%) at follow-up one ($p = 0.60$) and 146 (48.2%) at follow-up two ($p = 1.0$). Follow-up two occurred a median of 15 months (IQR = 10–23) after NPEP presentation.

Conclusion In this study we found no change in condom use following NPEP among MSM with pre- and post-NPEP VPCNSS testing histories. Though generalisability to all MSM is limited, this analysis offers insight into a key risk population and highlights the potential need for tailored strategies to promote primary prevention during risk event-prompted clinical presentations.

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