

Conclusion This analysis is the first to fit a chlamydia transmission model to national sex- and age- specific prevalence and case report time trends. The results suggest screening would have to achieve a higher coverage, or we should investigate novel strategies to reduce chlamydia prevalence further. This model could be used to investigate the impact of novel prevention interventions, such as improved partner notification strategies and targeted screening programs.

Oral Presentation Session 2

Sexual Behaviour in Men Who Have Sex with Men

002.1 DIMENSIONALITY OF STIGMA AND ASSOCIATED ATTITUDES TOWARDS ANTICIPATED PARTNER NOTIFICATION AMONG MSM IN LIMA, PERU: AN EXPLORATORY FACTOR ANALYSIS

¹Amaya Perez-Brumer, ²Eddy R Segura, ³Catherine E Oldenburg, ¹Joshua RC Pascual, ⁴Jorge Sanchez, ⁴Javier R Lama, ⁵Jesse L Clark. ¹Columbia University Mailman School of Public Health, New York, USA; ²Department of Medicine, Division of Infectious Diseases, University of California, Los Angeles, USA; ³Francis I. Proctor Foundation, University of California, San Francisco, San Francisco, USA; ⁴Asociación Civil Impacta Salud Y Educación, Lima – Peru; ⁵Department of Medicine, Division of Infectious Diseases, University of California, Los Angeles, Los Angeles, USA

10.1136/sextrans-2017-053264.6

Introduction Partner notification (PN) is a key component of STI prevention efforts, yet, is underutilised by MSM, a population at-risk for STIs and HIV in Peru. To understand limiting mechanisms, we examined the dimensionality and latent factor structure of perceived STI and HIV stigma and attitudes towards PN among MSM in Lima, Peru.

Methods Between 2012–2014, 1,625 MSM in Lima were screened for HIV, syphilis, genital herpes and/or gonorrhoea/chlamydia and completed a survey assessing sociodemographics, attitudes towards PN, recent sexual practices, and STI and HIV-related stigma. Analytic plan included exploratory factor analysis (EFA) to assess dimensionality and interpretability of factor loadings on an item pool (n=30) inquiring about anticipated PN and its perceived importance. All analyses conducted in MPlus v.7.

Results Participants (median age: 27, IQR: 23–34) reported median of 3 sexual partners (IQR: 1–5) and 64% HIV seroprevalence. Of participants reporting sexual role: 334 (20%) *activo* (top/insertive), 487 (30%) *pasivo* (bottom/receptive), and 743 *moderno* (versatile). Eigenvalue analysis and EFA suggested a 3-factor model with simple structure best fit the observed covariance matrix (all loadings >0.70, 67% of variability in data, CFI: 0.89, X²: 1 00 690).

Conclusion Findings suggest the importance of underlying mechanisms linking STI-related enacted stigma and norms surrounding anticipated partner notification. Our results contribute to the existing knowledge on factors associated with anticipated PN in Peru and underscore the need for efforts to mitigate shame surrounding HIV and STI status, which may be important to improve acceptability and scale-up of PN and an HIV prevention interventions for MSM in Lima, Peru.

002.2 SYPHILIS AND SEXUAL GEOGRAPHIES: MAPPING THE SEXUAL TRAVELS, NETWORKS, AND KNOWLEDGE OF GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN IN TORONTO, CANADA

¹Dionne Gesink, ²James Connell, ¹Lauren Kimura, ¹Susan Wang, ¹Daniel Grace, ¹Adam Wynne, ³Sharmistha Mishra, ³Ann N Burchell, ³Darrell HS Tan, ⁴Travis Salway, ⁵Jason Wong, ⁶David Brennan, ⁶Carmen Logie, ⁷Mona Loutfy, ⁵Mark Gilbert. ¹Dalla Lana School of Public Health, University of Toronto, Toronto, Canada; ²School of Population And Public Health, University of British Columbia, Vancouver, Canada; ³Li Ka Shing Knowledge Institute, St. Michael; ⁴University of Toronto, Toronto, Canada; ⁵British Columbia Centre for Disease Control, Vancouver, Canada; ⁶Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Canada; ⁷Women's College Hospital, Toronto, Canada

10.1136/sextrans-2017-053264.7

Introduction A complex, persistent syphilis epidemic has affected gay, bisexual and other men who have sex with men (gbMSM) in major urban centres in North America for over a decade. Our objective was to explore the sexual travels, networks, and knowledge of gbMSM in Toronto.

Methods We conducted in-depth interviews between June and July 2016 with 31 gbMSM who were ≥18 years, actively seeking sexual partners, and living, working or socialising in downtown Toronto. We asked participants to map their ego-centric sexual network, share their sexual partner-seeking strategies and knowledge of STIs. We analysed travel patterns between participants and their sexual partners, including in relation to the core area of elevated syphilis rates, and used interview transcripts to interpret and explore the context from which observed patterns emerged.

Results Four geosexual archetypes dominated the egocentric sexual network maps, namely, hosters, two types of travellers: house-callers and rovers, and geoflexibles. These archetypes were observed in both core and noncore areas. Hosters usually or always hosted sex at their residence, creating a centralised sex phenomenon. Travellers rarely or never had sex at their residence. House-callers usually or always had sex at the residence of their sex partners; rovers also had sex at venues and other public spaces. Travellers created a dispersed sex phenomenon and bridging core, peripheral, and distant areas. Geoflexibles had sex anywhere (i.e., home, venues, partner residences, public spaces). Participants practiced 1–2 online or in-person partner seeking strategies with little regard for syphilis because of overwhelming concern for HIV, lack of awareness of the syphilis epidemic, and treatability of the syphilis.

Conclusion Geo-sexual patterns and travel between sexual partners suggest specific archetypes exist comprising the larger gbMSM sociocentric sexual network. Future research should better define and characterise these archetypes and explore how each may impact STI transmission and intervention.

002.3 UNDERSTANDING FUCKBUDDIES AMONG MEN WHO HAVE SEX WITH MEN

Eric PF Chow, Vincent J Cornelisse, Clare Bellhouse, Jade E Bilardi, Sandra Walker, Christopher K Fairley. Melbourne Sexual Health Centre, Melbourne, Australia

10.1136/sextrans-2017-053264.8

Introduction The term ‘fuckbuddy’ has been widely used in the men who have sex with men (MSM) population; however, this term is often classified as either ‘regular’ or ‘casual’ partnerships in sexual health research. We aimed to examine the

definition of 'fuckbuddy' in MSM population and to assess the risk factors for having a fuckbuddy.

Methods We conducted a mixed method study among MSM at the Melbourne Sexual Health Centre, Australia, between March and September 2015. (1) MSM attending MSHC during the study period were invited to complete a questionnaire about their regular and casual partnerships in the last three months. (2) Semi-structured interviews were conducted with 30 MSM who were asked their views on the terminology they used to describe their relationships and sexual partners.

Results A total of 939 MSM completed the questionnaire and 502 MSM had at least one regular partner, with a total of 1139 regular partnerships reported. The majority of regular partners were classified as 'fuckbuddies' (60% [95% CI 57%–63%], 686/1139) s', followed by 'partners' (16% [95% CI 14%–18%]) and 'boyfriends' (16% [95% CI 14%–18%]). MSM who had at least one 'fuckbuddy' were 2.4 (95% CI 1.29, 4.41) times more likely to acquire rectal chlamydia after adjusting for total number of partners and condom use. Findings from interviews showed that there was a consensus among men that partners they engaged with for 'sex only' were classified as casual partners, and partners with whom there was an emotional attachment or formalisation of the relationship, were classified as 'regular partners'. However, the classification of 'fuckbuddy' as a regular or casual partner was less clear.

Conclusion MSM with 'fuckbuddies' are at greater risk of acquiring STIs such as rectal chlamydia. Further research is needed to ascertain the ways in which men conceptualise sexual relationships and define or classify partner types, particularly 'fuckbuddy' relationships. A third category for sexual relationships should be considered to encapsulate fuckbuddy relationships.

002.4 IT'S JUST NOT FOR ME: EXPLORING LOW PREP UPTAKE AMONG YOUNG BLACK MEN WHO HAVE SEX WITH MEN IN THE SOUTHERN UNITED STATES

¹Emily S Pingel, ¹Charlotte-Paige Rolle, ¹Colleen Kelley, ¹Eli Rosenberg, ²Rob Stephenson, ¹Patrick Sullivan, ¹Aaron Siegler. ¹Emory University, Atlanta, USA; ²University of Michigan, Ann Arbor, USA

10.1136/sextrans-2017-053264.9

Introduction Pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV acquisition. In the Southern United States, where young Black men who have sex with men (YBMSM) have the highest rates of new HIV infection, PrEP uptake remains low. As part of a longitudinal cohort study, YBMSM were offered optional, non-incentivized PrEP as a standard of HIV prevention care service. Among those who declined PrEP, we sought to understand their motivations, as well as their overall perceptions of PrEP as a prevention tool.

Methods The EleMEnt study is an observational HIV/STI incidence cohort of HIV-negative YBMSM aged 18–29 years in Atlanta, Georgia. We conducted 24 in-depth, semi-structured interviews with men who declined optional PrEP offered by the study. Topics included PrEP knowledge, attitudes, and intentions. We employed a phenomenological lens to identify common themes in participant accounts of the decision to forgo PrEP.

Results Participants fell into two categories of PrEP refusal: those who indicated no current or future interest ("nevers") and those ambivalent about taking PrEP, but who had thus far

not filled a prescription ("maybes"). YBMSM in both groups expressed mistrust of biomedical interventions, and despite being indicated for PrEP, often perceived themselves as low risk for HIV acquisition. They employed "othering" strategies, in which PrEP was described as appropriate for individuals in serodiscordant partnerships or with many casual partners. They viewed taking a daily pill as a burdensome measure only appropriate for extremely high-risk men (i.e., "the risky Other"). These perceptions were accentuated by instances of family members actively discouraged participants from taking PrEP.

Conclusion We discuss the role of future research exploring low risk estimation among YBMSM as a potential site of resistance to a public health designation of "high risk" amidst historical legacies of medical mistrust in Black communities. Such concerns must be addressed to design effective HIV and PrEP-specific interventions for this population.

002.5 NARRATING RISK: NEW AND TRADITIONAL METHODS TO UNDERSTAND SEXUAL RISK BEHAVIOUR AMONG HIV-UNINFECTED MEN WHO HAVE SEX WITH MEN IN LIMA, PERU

¹Jesse L Clark, ²Ximena Salazar, ³Williams Gonzales, ⁴Amaya Perez-Brumer, ⁵Francisco Nanciar, ¹Eddy R Segura, ⁵James Dille, ³Robinson Cabello. ¹David Geffen School of Medicine At The University of California, Los Angeles, Los Angeles, USA; ²Universidad Peruana Cayetano Heredia, Lima – Peru; ³Asociacion Civil Via Libre, Lima – Peru; ⁴Columbia University Mailman School of Public Health, New York, USA; ⁵University of California, San Francisco School of Medicine, San Francisco, USA

10.1136/sextrans-2017-053264.10

Introduction Traditional risk-reduction counselling has had limited effect in modifying patterns of high-risk sexual behaviour among MSM. New methods like Personalised Cognitive Counselling (PCC) can be used to understand and address contexts of HIV transmission risk.

Methods We conducted interviews and focus groups with HIV-uninfected MSM in 3 stages: I) 4 FGs (n=38) to explore community norms of male sexual interaction, HIV/STI testing practices, and acceptability of PCC; II) Interviews (n=15) where MSM narrated and reflected on a recent experience of receptive condomless anal intercourse (CAI) with an HIV-infected or unknown status partner; and III) 3 FGs (n=29) to discuss composite narratives of sexual risk constructed from Stage II interviews.

Results In exploratory FGs, fear was the guiding principle of HIV counselling/testing. CAI was commonly reported, HIV status rarely discussed, and testing decisions motivated by fear of recent infection. Counselling interactions were described as robotic, repeating stale information in encounters where patients were routinely stigmatised, criticised for engaging in CAI, and threatened with inevitable seroconversion. Negative results were considered to validate prior sexual practices, which then continued unchanged. Stage II interviews used narratives to articulate cognitive processes, partnership interactions, and social contexts where CAI was tacitly encouraged. Limited access to condoms, alcohol prior to sex, and preferences for "bare" sex were cited as justifications for CAI. When common narrative elements were re-presented to Stage III FGs as composite vignettes, participants reverted to standard counselling recommendations, mandating condom use and regular HIV/STI testing, without acknowledging disjunctions between the guidelines and their lived experiences.