O11.4 TRANS AND GENDER DIVERSE PEOPLE'S EXPERIENCES OF SEXUAL HEALTH CARE ARE ASSOCIATED WITH SEXUAL HEALTH SCREENING UPTAKE

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10.1136/sextrans-2019-sti.167

Background Transgender and gender non-binary people have unique sexual health needs and rates of HIV and other sexually transmissible infections that outstrip the general population. Very little is known, however, about their experiences of sexual health care, including how those experiences might affect sexual health screening practices.
Methods Using data collected via a national survey of transgender and non-binary people in Australia (n=1,636), responses to four items on sexual health care experiences were summed to create a scale from 0 (gender-sensitive) to 4 (gender-insensitive). Bivariate and multivariate analyses compared scale scores and assessed associations with sexual health screening.
Results In total, 50% of trans and non-binary participants were uncomfortable disclosing their gender during sexual health care, 68% reported that intake paperwork did not allow accurate gender descriptions, 74% felt staff made assumptions about their bodies or sex lives, and 40% did not receive sexual health care that was sensitive to their needs. On average, non-binary participants experienced the greatest degree of gender-insensitivity (M=2.3) compared with transgender men (M=1.8) and women (M=1.6, p<0.001). Gender insensitivity was most common in hospitals (M=2.9) followed by general practice clinics (M=2.1) and least common in sexual health clinics (M=1.6) and community-lead sexual health services (M=1.3, p<0.001). Among sexually active participants, 51% had received a sexual health screen in the previous year. After controlling for confounders (age, education, income, monogamy, condom use), transgender and non-binary people with more gender-insensitive experiences of sexual health care were less likely to report a recent sexual health screen (adjusted odds ratio=1.3, 95% confidence interval:1.1–1.5, p<0.001).
Conclusion Transgender and, in particular, non-binary people experience gender insensitivity when receiving sexual health care, most notably in hospital settings. This insensitivity is associated with delaying sexual health screens among the sexually active. Educating health providers on gender sensitive sexual health care could improve screening uptake.
Disclosure No significant relationships.

O11.5 IMPACT OF HIV SELF-TESTING ON THE PROMOTION OF HIV TESTING AMONG MEN WHO HAVE SEX WITH MEN IN CHINA: A RANDOMIZED CONTROLLED TRIAL

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10.1136/sextrans-2019-sti.168

Background HIV self-testing offers a novel opportunity to increase HIV testing among MSM in China. We conducted a randomized controlled trial to evaluate if access to HIV self-testing materials would increase testing behavior among MSM in China.
Methods We randomized 491 HIV-negative MSM into either an intervention (n=250) or control group (n=241). The intervention group received free self-testing materials, while the control group was refer to test at local facilities. Both groups then received HIV testing reminders three and six months every three months. HIV testing results were verified via the HIV testing database in Guangzhou. Completed-records analyses and intention-to-treat with multiple imputation were used to determine the efficacy of self-testing in promoting HIV testing. Sensitivity analyses were further performed to exclude individuals from the control group who had used a self-test since randomization to reduce spurious findings.
Results HIV testing results were obtained for 91.2% of the sample (n = 448), with information obtained for 88.4% (n = 213) of the control group and 94.0% (n = 235) of the intervention group. Within the final sample, 73.7% (n = 330) had received an HIV test within the period of assessment, with 27.7% (n = 124) of the sample reporting use of an HIV self-test (35.7% in the intervention group versus 18.8% in the control group, χ^2=12.73, P<0.001). HIV Self-testing produced a 24.8% (95%CI: 10.0, 39.7.) increase in HIV testing in intervention group compare with control group. Likewise, individuals in the intervention group were 3.10 (95%CI: 2.06, 4.65) times more likely to receive an HIV test than control group participants.
Conclusion HIV self-testing as a supplement to existing facility-based testing services is useful in increasing HIV testing among MSM in China. More research is necessary to assess the long-term feasibility of providing HIV self-testing materials to MSM in China as an effective HIV prevention tool.
Disclosure No significant relationships.

O11.6 TRENDS IN CHLAMYDIA SCREENING AND PAP TESTING AMONG US FEMALES BY AGE AND RACE, NATIONAL SURVEY OF FAMILY GROWTH, 2006–2017

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10.1136/sextrans-2019-sti.169

Background From 2010 to 2017, rates of chlamydia declined among young black women in the United States but increased among all white women. Around the same time, the recommended age for cervical cancer screening was raised to ≥21 years. Changes in reported chlamydia may be due to changes in screening. We examined trends in chlamydia screening and Pap screening among women by age and race.
Methods Data are from the four most recent waves of the National Survey of Family Growth (2006–2010, 2011–2013, 2013–2015, 2015–2017). To assess trends in chlamydia screening and Pap tests, we used chi-square and logistic regression analysis to examine self-reported screening in the past 12 months among sexually active women (oral, vaginal, and/or anal sex with a male partner in the past 12 months) by age (15–24, 25–44 years), race (non-Hispanic black, white), and lifetime number of male sex partners (1, 2–4, 5+).

Results There were 23,171 sexually active women. Self-reports of Pap testing in the past 12 months decreased for young women (black: 72.5–53.6%, p<0.01; white: 67.9–42.2%, p<0.0001) and older white women (71.5–61.9%, p<0.001) from 2006–2010 to 2015–2017. Self-reports of chlamydia screening did not significantly decrease for younger women (black: 57.6–54.2%, p=0.9040; white: 37.4–34.4%, p=0.1716) and increased for older women (black: 37.6–50.6%, p<0.01; white: 15.4–24.3%, p<0.0001). Overall, women who were younger (RR=2.3, 95%CI: 2.1, 2.5), non-Hispanic black (RR=2.0, 95%CI: 1.9, 2.2), had more than one lifetime male sex partner (2–4: RR=1.7, 95%CI: 1.4, 2.0; 5+: AOR=3.0, 95%CI: 2.5, 3.6), and received a Pap test in the past 12 months (RR=3.4, 95%CI: 3.0, 3.8) were more likely to be screened for chlamydia in the past 12 months.
Conclusion Self-reports of cervical cancer screening decreased but self-reports of chlamydia screening remained stable in young women and increased in women ≥25 years. Chlamydia screening remains below national recommendations, especially for young women.
Disclosure No significant relationships.

O12 – UNDERSTANDING RELATIONSHIPS AND PARTNER STRATEGIES FOR STI CONTROL

Tuesday, July 16, 2019

4:15 PM – 5:45 PM

O12.1 EXPLORING RELATIONSHIP DURATION AMONG GAY AND BISEXUAL MEN: A LONGITUDINAL EVENT-LEVEL ANALYSIS

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10.1136/sextrans-2019-sti.170

Background We characterized event-level relationship patterns of gay and bisexual men (gbMSM)'s long- and short-term with the goal of improving intimacy, well-being, and the control of sexually transmitted infections.
Methods Between 2012–2015, sexually-active gbMSM, aged ≥16, were recruited in Metro Vancouver using respondent-driven sampling. Participants completed computer-assisted self-interviews at six-month intervals for up to 12 visits. At each visit, participants described their last sexual encounter with up to five of their most recent partners. Relationship duration was measured as the months between their first and most recent sexual encounter with each partner. Multivariable generalized estimating equations with RDS-chain, participant, and visit effects were used to identify sociodemographic, psychosocial, and behavioural factors associated with relationship duration.
Results A total of 10,424 events were reported by 762 gbMSM (median=13/person, Q_1-Q_3:5–24). Median relationship duration was <1 month (Q_1-Q_3: 0–3) and the median number of sex events between partners was 1 (Q_1-Q_3: 1–1). Analyses indicate that longer relationship duration was associated with increasing age of participants (p<0.001); indigenous ethnicity (versus White; p=0.003); marijuana use before/during sex (p=0.014); and having met at a bathhouse (p=0.004), bar/club (p<0.001), through friends (p<0.001), or at another location (p=0.002; versus 'online'). Shorter relationship duration was associated with higher communal altruism (p=0.019); bisexual identity (versus gay; p=0.004); Latin American ethnicity (versus White; p=0.028); living with HIV (p=0.0004); not knowing the event-level partner's serostatus (p<0.001); engaging in insertive condom-protected anal sex with even-level partner (p=0.031); engaging in event-level group sex (p=0.001); and having sex at a park (p=0.004), hotel (p=0.043), private sex party (p=0.019), or other location (p=0.002; versus 'home').
Conclusion Partner meeting location, personal identity, and risk management behaviours are key correlates of relationship duration – with shorter, often one-time, relationships being characterized by both risk (e.g., group sex, public sex, unknown partner serostatus) and risk management (e.g., condom use).
Disclosure No significant relationships.

O12.2 PARTNERSHIP CONTEXT AND CONSISTENT CONDOM USE AMONG YOUNG AFRICAN AMERICAN MEN

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10.1136/sextrans-2019-sti.171

Background Young African American (AA) heterosexual men have high rates of sexually transmitted infections (STIs). Consistent condom use effectively prevents STIs, but condom use decisions are made in the context of individual sexual relationships. This analysis describes partnership characteristics and condom use among young AA men.
Methods AA men aged 15–24 who lived or spent most of their time in New Orleans, Louisiana and had vaginal sex in the past 2 months were screened at non-clinical venues for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC) using nucleic acid amplification testing. Men provided information on sexual partnerships including perception of risk behaviors on an audio computer-assisted self-interview. Generalized estimating equation is used to fit a marginal model to account for multiple partnerships.
Results Participants (n=1152) reported characteristics of 1733 partnerships. In partnerships where condoms were not always used, men were more likely to be committed to the partner (47% vs 28%, p<0.01), plan to have sex with her again (72% vs 56, p<0.01), able to re-contact her (87% vs 78, p<0.01), already have a child (11% vs 3%, p<0.01), financially support her (27% vs 20%, p<0.01), and feel closer to her (median 8 vs 6, p<0.01), compared to partnerships where condoms were always used. Men not always using condoms were also more likely to have sex while drunk/high (52% vs 31%, p<0.01). Rates in men were 10% for CT and 1% for GC; men with CT and/or GC were less likely to always use condoms (44% vs 60%, p<0.01) compared to men negative for CT and/or GC.
Conclusion STI rates are high, especially for those in partnerships where condoms are not always used. Consistent condom use is lower in committed, closer partnerships, suggesting that