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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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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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