

008.5 BARRIERS AND FACILITATORS TO ENGAGEMENT IN THE HIV PREVENTION CASCADE AMONG LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PERSONS IN SWAZILAND

¹Carmen Logie, ²Amaya Perez-Brumer, ¹Jesse Jenkinson, ³Veli Madau, ⁴Winnie Nhlengethwa, ⁵Stefan Baral, ¹Peter A. Newman. ¹University of Toronto, Canada; ²Columbia University, USA; ³Rock of Hope; ⁴Southern African Nazarene University, South Africa; ⁵Johns Hopkins University, USA

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Introduction Swaziland has the highest national adult HIV prevalence globally at 28.8%. Given the criminalization of same-sex practices, there is limited data on the experiences of lesbian, gay, bisexual and transgender (LGBT) persons' engagement with HIV prevention and treatment services. Research is urgently needed to understand barriers and facilitators experienced by LGBT people in Swaziland to engaging with the HIV prevention cascade.

Methods We conducted in-depth interviews with gay, bisexual and other men who have sex with men (MSM) (n=23), lesbian, bisexual and other women who have sex with women (WSW) (n=16), and transgender persons (n=12) in Mbabane and Manzini, Swaziland. Semi-structured interviews, conducted in siSwati, explored experiences of stigma and discrimination, and attitudes and behaviours regarding HIV prevention. Audio files were transcribed verbatim, translated to English, and analysed using thematic techniques.

Results Participants (n=51; mean age: 26.5) identified as gay or lesbian (n=40, 78.4%) and bisexual (n=11, 22.6%). Stigma and discrimination targeting LGBT persons, institutionalised in HIV and other healthcare services, presented significant barriers to HIV prevention, including: mistreatment by healthcare staff, lack of confidentiality, lack of awareness and knowledge of LGBT medical needs, and disallowing intimate partners from accompanying HIV/health care visits. Participants revealed coping strategies and resiliency in navigating these barriers: agency (i.e., self-love), community-level social support, and education.

Conclusion LGBT narratives highlight the importance of community-level support as a strategy to overcome barriers to HIV prevention engagement in Swaziland. However, emergent resiliency strategies are constrained by structural factors rooted in stigma and discrimination. Moreover, these data underscore the importance of implementing evidence-based HIV prevention strategies that mitigate stigma to overcome barrier to service provision and engendering self-worth to facilitate uptake for marginalised communities.

008.6 PSYCHOSOCIAL DETERMINANTS OF SEXUAL PRACTICES AMONG WOMEN USING HEROIN AND OTHER DRUGS: A SYSTEMATIC LITERATURE REVIEW

Laura Medina-Perucha, Hannah Family, Charlotte Dack, Jennifer Scott, Julie Barnett. University of Bath, UK

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Introduction Women using heroin and other drugs (WHOD) are at high risk of sexually transmitted infections (STIs) and blood-borne viruses (BBVs). However, little attention has been paid to identify the psychosocial determinants of sexual practices among these women. An overview of these determinants could be key for health professionals and policy makers, to

tackle STIs and BBVs and promote health among WHOD. The main aims of this study were to review the literature on the psychosocial determinants of sexual practices among WHOD, and to determine the nature and quality of the evidence.

Methods The search strategy included five databases: PubMed, EMBASE, PsycNET, Web of Science and Scopus. PsycEXTRA was used for grey literature and other publications. Search terms included 'women*', 'heroin use*', 'sexual behaviour*', and 'HIV'. Only publications in English, and published between 1995 and June 2016 were included. The PRISMA 2009 guidelines and the Hawken method were used for quality assessment purposes. This systematic review was registered with PROSPERO (Ref. CRD42016039842).

Results Out of the 11 985 publications screened, 30 peer-reviewed articles were included. Most publications were cross-sectional (n=27) quantitative studies (n=23), amounting 10 808 women. Psychosocial determinants identified included socio-demographic characteristics, sexual orientation, financial constraints, gender roles, gender-based violence, HIV status, feelings of love and trust, and unavailability of condoms.

Conclusion This systematic review provides an insight into the psychosocial determinants of sexual risk practices of WHOD, and highlights the importance of conducting women-only studies. It also identifies research gaps, such as the need to focus on protective factors, relationship dynamics, sexual risks with non-paying partners, and the study of the broader sociocultural context of sex and sexuality. Overall, these findings could be crucial for the development of preventive strategies to tackle STIs and BBVs, and promote the sexual health and psychosocial wellbeing of WHOD.

Oral Presentation Session 9

PrEP

009.1 AWARENESS AND INTEREST IN PRE-EXPOSURE PROPHYLAXIS (PREP) AMONG YOUNG MEN ATTENDING A PUBLIC SEXUALLY TRANSMITTED DISEASES (STD) CLINIC IN A HIGH PREVALENCE URBAN SETTING

Luke Johnsen, Matt Thimm, Luke Johnsen, Kathleen Page. Johns Hopkins University School of Medicine, United States

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Introduction Multiple studies identify a high prevalence of STIs among men who have sex with men (MSM) in sub-Saharan Africa, though few have measured incidence and associated factors. We measured the incidence and associated factors of urethral and rectal *N. gonorrhoeae* (NG) and *C. trachomatis* (CT) among a Kenyan cohort of MSM.

Methods Enrolled MSM underwent audio computer assisted self-interview for behaviour and socio-demographics, with medical examination every 6 months. Antibody testing detected HIV. NG and CT were diagnosed by polymerase chain reaction assay in urine and rectal swabs. We identified factors associated with incident urogenital infection using multivariable Cox regression and report adjusted hazard ratios (aHR) and 95% confidence intervals (CI).

Results By September 2016, 713 participants were enrolled, with 20% completing 12 month follow-up at time of analysis: median age 23% and 11% with HIV. At baseline, 15.2%

(107/702) of men were infected with CT and/or NG, 8.4% (33/392) at 6 months, and 15.6% (10/64) at 12 months. The incidence of anorectal and/or urogenital infection was 6.0 per 100 person-years (PY), and 4.6 per 100 PYs for urogenital infection alone. Increased risk of urogenital infection was associated drug use in the past year (aHR=2.44; 95% CI: 1.17–5.08), versatile (compared to insertive) usual sexual positioning (aHR=2.40; 95% CI: 1.01–5.71) or water-based lubricant use compared to no lubricant use (aHR=5.72; 95% CI: 1.28–25.5). Protective factors ($p < 0.10$ each) included increasing age (aHR=0.94), condom use at last sex (aHR=0.53), and increasing social support (aHR=0.73 per quartile increase). Child abuse scores, depressive symptom measures, HIV status, and alcohol use were not associated with incidence.

Conclusions NG and/or CT and incidence was high despite baseline testing and treatment, quarterly visits, and peer counselling and support for reducing HIV risk. Partner treatment and program exposure measures will be analysed as data accrual completes with follow-up continuing to September 2017.

009.2 FEASIBILITY, ACCEPTABILITY AND POTENTIAL ROLE OF PREP IN COMBINATION HIV PREVENTION FOR MSM AND TRANSWOMEN IN PERU: RESULTS OF A MIXED-METHODS STUDY

¹Carlos F Cáceres, ²Annick Borquez, ¹Aron Nunez-Curto, ¹Ximena Salazar, ¹Juan V. Guanira, ¹Alfonso Silva-Santisteban, ¹Angelica Motta, ³Patricia Bracamonte, ⁴Byelca Huamán, ⁵Patricia Caballero. ¹Universidad Peruana Cayetano Heredia, Peru; ²University of California, San Diego, USA; ³UNAIDS; ⁴Ministry of Health of Peru; ⁵National Institute of Health of Peru

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Introduction Despite progress in treatment, HIV incidence among men who have sex with men and transwomen (MSM/TW) remains high in Peru due to low coverage and insufficiency of HIV prevention services. In 2014–2015 a study gathered evidence for implementing combination HIV prevention for MSM/TW in collaboration with the health sector and civil society.

Methods In 6 cities, a mixed-methods study: (1) identified stakeholders' (users, providers) perspectives on existing and novel (pre-exposure prophylaxis [PrEP], Treatment as Prevention [TasP]) HIV prevention methods; (2) assessed health systems' needs and conditions, and (3) used a previously developed mathematical model to estimate impact and cost-effectiveness of combinations of 5 interventions (2 behavioural, 2 treatment-focused, PrEP) to reduce HIV incidence among MSM/TW in general and TW sex workers in particular. A National Consultation on Combination Prevention allowed for discussion of preliminary findings.

Results According to the stakeholders' analysis, information on new combination prevention tools was limited among communities and providers alike, particularly for TasP (as PrEP trials had taken place here); misconceptions led to fear/resistance to change. Health facilities required improvements (lab access, training) to respond to new needs. The specific TW sex worker model predicted higher effectiveness for various combinations of prevention strategies. In PrEP-containing scenarios, PrEP made a distinct contribution, yet cost-effectiveness was largely determined by drug cost. It seemed higher if PrEP was used on a smaller group at higher risk. (MSM/TW analysis is ongoing). The National Consultation showed increasing interest in PrEP/TasP among potential users and providers.

Conclusion Focused PrEP use may play a significant role in combined HIV prevention in Peru if TDF-FTC is obtained at reasonable cost.

009.3 CHANGES IN SEXUAL RISK BEHAVIOUR AMONG DAILY PREP USERS AFTER 6 MONTHS OF USE IN THE AMSTERDAM PREP PROJECT

¹Anna Van Laarhoven, ¹Elske Hoornenborg, ¹Roel Achterbergh, ²Henry De Vries, ¹Maria Prins, ¹Maarten Schim Van Der Loeff. ¹Department of Infectious Diseases, Public Health Service of Amsterdam, The Netherlands; ²Department of Dermatology, Academic Medical Centre, University of Amsterdam, The Netherlands

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Introduction Pre-exposure prophylaxis (PrEP) is an effective prevention measure against HIV. Risk compensation may partially counteract the public health effect of PrEP if this might increase STI incidence. We studied changes in sexual behaviour among men who have sex with men (MSM) and transgender women (TGW) who started daily PrEP in the Amsterdam PrEP (AMPrEP) demonstration project over the first 6 months.

Methods Participants completed a questionnaire at baseline and at the 6 mo visit, about sexual behaviour in the preceding 3 mo. At baseline information about demographics and drug use was collected. Sexual behaviour questions concerned frequency of sex, condom use and sexual position (insertive/receptive) by partner type (casual/steady). Reported sexual behaviour at 6 mo was compared to behaviour at baseline using signed rank tests. Logistic regression was used to identify predictors for an increase in receptive condomless anal sex acts (rCAS) with casual partners.

Results In 2015–2016, 273 participants started daily PrEP. From this analysis 49 participants were excluded because they switched to intermittent PrEP ($n=23$), were not due for their 6 months visit yet ($n=17$), or because of missing data ($n=9$). The total no. of sex partners (median=15) and no. of anal sex acts (median=24) remained unchanged ($p=0.2$, $p=0.4$, respectively). The no. of casual partners increased (median from 14 to 15, $p=0.03$). The total no. of rCAS increased from a median of 3 to a median of 8 ($p < 0.001$). The same trend was seen for rCAS with casual partners (median from 2 to 5, $p < 0.001$). In multivariable analysis, age ≥ 35 y ($p=0.058$) and chemsex (GHB/GBL, mephedrone, crystallised methamphetamine) ($p=0.003$) were associated with an increase in rCAS with casual partners.

Conclusion During the first 6 mo of daily PrEP use, we observed an increase in sexual risk behaviour among MSM and TGW. PrEP users aged ≥ 35 y and those engaging in chemsex were more likely to report an increase in high risk sexual behaviour. Whether risk compensation leads to an increase in STI incidence needs to be closely monitored.

009.4 ASSESSMENT OF CLINIC AND COMMUNITY RECRUITED YOUNG AFRICAN AMERICAN WOMEN FOR PREP ELIGIBILITY IN ATLANTA, GEORGIA

¹Jessica Sales, ²Anandi Sheth, ¹Riley Steiner, ³Jennifer Brown, ⁴Andrea Swarzendruber, ²Carrie Cwiak, ²Lisa Haddad, ²Anar Patel. ¹Emory University, Rollins School of Public Health, USA; ²Emory University, School of Medicine, USA; ³University of Cincinnati, College of Medicine, USA; ⁴University of Georgia, College of Public Health, USA

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