

P4.17 CONTRACEPTIVE PREFERENCE AMONG FEMALE SEX WORKERS IN THE SIVET STUDY IN NAIROBI, KENYA

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Introduction Long-acting reversible contraceptives (LARCs) are effective birth control methods that do not depend on patient compliance. They include injections, intrauterine devices (IUDs) and sub-dermal implants. Kenya had over 1.5 million people living with HIV in 2015 with female sex workers (FSWs) known to be at a higher risk for both unintended pregnancies and HIV infection. HIV clinical trials test novel compounds whose effects in fetuses are unknown thus require female subjects to use LARCs to avoid pregnancies. Clinical trials also aim to recruit high-risk individuals to closely study infection dynamics in a representative natural infection cohort. Therefore, it is crucial to investigate the preference for contraception in a HIV-high risk population such as FSWs to inform the design and conduct of HIV vaccine clinical trials, especially in the resource-limited Sub-Saharan Africa. The on-going Simulated Vaccine Efficacy Trial (SIVET) Study at KAVI-ICR may provide answers to this.

Methods Data on use of modern contraception methods (pills, injectables, implants, IUDs and surgicals) are collected from FSWs during screening, and confirmed by a contraceptive card or the presence of an implant or IUD strings. The proportion of women per method used is determined.

Results Seventy nine women with an age range of 18–50 years have been screened since 2016. Most (89%, n=73) were already using contraception. Of these; 63% (n=46) were on injectables, 22% on implants (n=16), 8% IUCDs (n=6), 4% pills (n=3) and 3% (n=2) had undergone a surgical method. No pregnancy while two HIV infections were reported at screening.

Conclusion There is high contraceptive use among the FSWs with the majority preferring injectables. This practice is encouraging and thus, discontinuation of volunteers from the clinical trial due to pregnancy is unlikely. At the end of trial in 2018, data will be collected on changes in contraceptive, number of pregnancies, condom use, HIV infections and experience on use of the contraception.

P4.18 NOT SO NORMALISED – PATIENT PERSPECTIVES ON HIV DIAGNOSIS AND TREATMENT DECISIONS: RESULTS FROM A LARGE QUALITATIVE STUDY IN LONDON

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Introduction Improvements in treatment and life expectancy have led to HIV being increasingly regarded as “just another chronic disease”. We hypothesised that the experience of being diagnosed and starting treatment for HIV would have changed over the decades of the epidemic to reflect this normalisation.

Methods Qualitative interview study of 52 people attending two large HIV clinics in London, purposively sampled to include people diagnosed in “generations” from 1980s to 2015, analysed using framework approach.

Results Despite the improvements in antiretroviral therapy (ART) and life expectancy over the last 3 decades, the experience of receiving a diagnosis of HIV remained strikingly

similar across the generations, being one of shock and fear of death, recalling thinking that “*this is the end*” or that “*my expiry date was stamped on me now*”. This did not vary with level of knowledge or experience of having previous HIV tests. In contrast, the decision to start ART was more complex in the early days when potential gains had to be weighed against side effects and depended on clinical monitoring. For those diagnosed in the 1980s and 90s, it was often seen as a defeat “*I fought it all this time on my own, and then finally I had to give in and take a pill. That was kind of depressing*”. But in the last decade the decision although easier in some ways was still a major event. People across the generations reported being worried about accidental disclosure through taking medications, fear of the short and long term side effects, and described how taking daily medications became a constant reminder of their HIV status; one participant described starting medication as “*worse than being diagnosed*”. **Conclusion** HIV may appear as “just another chronic disease” to some clinicians, but for people being diagnosed and invited to start treatment these are major life events, as they are for many chronic conditions. To ensure good linkage to and retention in care, clinicians should acknowledge this and facilitate appropriate support.

P4.19 FACTORS ASSOCIATED WITH STI DIAGNOSIS AND TESTING AMONG MEN WHO HAVE SEX WITH MEN IN JAMAICA

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Introduction Little is known about factors associated with STI acquisition and testing among men who have sex with men (MSM) in Jamaica despite reported high HIV prevalence. The study objective was to examine correlates of lifetime STI history and testing among MSM in Jamaica.

Methods We conducted a cross-sectional tablet-based survey with MSM recruited using peer-driven sampling methods in Kingston, Ocho Rios, and Montego Bay, Jamaica. We estimated factors associated with ever having an STI test and lifetime history of STI. Bivariable regression assessed the strength of associations between potential factors with outcomes of interest. Logit-link models were used to estimate final multivariable models and fit using backwards-stepwise regression.

Results Among 556 participants, 67 (14%) were HIV-positive and 416 (75%) reported a previous STI test. In the final multivariable model, STI testing history was associated with *socio-demographic* (graduated high school [OR: 2.34, 95% CI: 1.30, 4.20]) and *community* (perceived sexual stigma [OR: 1.10, 95% CI: 1.03, 1.16]; lesbian, gay, and bisexual community connectedness [OR: 1.12, 95% CI: 1.01, 1.23]) factors. Participants who were casually dating had lower odds of STI testing than those in a relationship (OR: 0.56, 95% CI: 0.34, 0.94). Among participants who had received a STI test and result (n=404), 49 (12%) reported a lifetime STI history. In the final multivariable model, lifetime STI history was associated with increased odds of HIV seropositivity (OR: 3.88; 95% CI 1.80, 8.35), current unemployment (OR: 2.24, 95% CI: 1.12,