

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

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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

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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.