approach to sexual health that encompassed multiple, complementary strategies for managing sexual health. Participants characterised this conceptual model as the ‘ideal’, acknowledging that in reality and within each domain this vision is not always realised. For example, participants described stigmatising reactions to partner notification and condom use (or non-use). Physicians, on the other hand, reflected on the real-life limitations of providing individualised patient care, particularly the strain frequent testing and treatment places on resource-limited health settings. Finally, many participants felt that some strategies (notably HIV pre-exposure prophylaxis) were disproportionately valued by individuals and health organisations, undermining a holistic approach by focusing on one dominant strategy.

**Conclusion** The conceptual model defined by this research provides a framework for future efforts to promote sexual health while acknowledging enduring challenges to normalised, individualised and holistic approaches. Gay and bisexual men and sexual health physicians value a multifaceted and choice-driven approach to sexual health, reinforcing the need for a menu of prevention options that reflect the realities of STI transmission balanced against the resources required to deliver sexual health care.

**Disclosure** No significant relationships.

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**Background** Bacterial sexually transmitted infections (STIs) are preventable, treatable, and have been increasing among men who have sex with men due to limited STIs/HIV screening and high-risk sexual behaviors, including partner concurrency and condomless anal sex. Within stable relationships, sexual behavior patterns may change over time. This analysis was conducted to estimate if relationship length reflects the realities of STI transmission balanced against the resources required to deliver sexual health care.

**Methods** Gay men who reported having a primary relationship answered a survey and were tested for bacterial STIs (syphilis, chlamydia or gonorrhea) during 2015 in Lima, Peru. Among couples, discordant STI status (only one partner had an STI) and concordant status (both partners had the STI) were compared by STI. Generalized linear models, controlling for correlation between couple members, were used to estimate adjusted prevalence ratios (aPRs).

**Results** Overall, 254 individuals were included (98 couples and 58 one partner only). Median age was 26 years (IQR: 22–30), 62 individuals (24.4%) reported sex outside their relationship and 76 (29.9%) were diagnosed with at least one bacterial STI. Regarding relationship length, 86 (33.9%) had been in their current relationship <6 months, 86 (33.9%) between 6–18 months, and 78 (30.7%) for 18+ months. Among the 98 couples, more couples had discordant STI status than concordant status for syphilis (12.8% vs 4.3%, p=0.001), chlamydia (25.0% vs 7.6%, p<0.001) and gonorrhea (20.7% vs 2.2%, p<0.001). Having a relationship for 18+ months was negatively associated with STI prevalence (aPR: 0.55, 95% CI: 0.30–0.98) after adjusting for age, HIV status, use of condom, and anal intercourse outside primary relationship.

**Conclusion** Our data suggest STIs prevalence is lower among gay men in longer term relationships. Future studies on gay male couples should consider the effect of relationship length on sexual behavior patterns to implement interventions for reducing STIs occurrence based on findings in a gay couple context.

**Disclosure** No significant relationships.