INCARCERATION, STRESS AND SEXUAL RISK-TAKING: AN INTERSECTIONAL ANALYSIS OF BLACK MEN WHO HAVE SEX WITH MEN IN THE DEEP SOUTH

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Abstracts

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**Background** This study examined if the intersection of stress and experiences of incarceration was associated with sexual risk-taking among Black gay, bisexual and other men who have sex with men (‘Black MSM’) in the Deep South of the United States.

**Methods** Data for this analysis were collected during 2013–2015 as part of a study of sexual health among Black cisgender MSM in the states of Mississippi and Georgia. At baseline, participants responded to a 12-item scale of stressful experiences in the previous year with responses organized into tertiles (low, medium, high stress). Multivariate analyses assessed independent and interactional associations between stress/incarceration and several key sexual health risk practices.

**Results** Among our overall sample of 335 Black MSM, compared to those reporting a relatively low level of stress, a high level of stress was associated with drug use in the context of sex (adjusted odds ratio [OR]=2.0, 95% confidence interval [CI]:1.1–3.6, p=0.03). While this association was observed for men without incarceration histories (aOR=2.6, 95%CI:1.2–5.8, p=0.015), among those who had been incarcerated the relationship was stronger (aOR=3.9, 95%CI:1.8–8.6, p<0.001) and for these men experiencing even a medium level of stress was associated with sexual drug use (aOR=3.4, 95%CI:1.6–9.1, p<0.001). High stress among previously incarcerated MSM was also associated with condomless casual sex (aOR=2.8, 95%CI:1.3–6.1, p<0.001) and having ≥6 partners in six months (aOR=2.8, 95%CI:2.8–1.1–7.1, p=0.03); similar associations were not observed among men who had not been incarcerated.

**Conclusion** While stress was associated with some sexual risk-taking among Black MSM, its intersection with incarceration was consistently (and more strongly) associated with a greater number and diversity of sexual risk practices. Men who have been incarcerated may struggle to deal with life stressors. Post-release programs for this population should provide adaptive tools for dealing with stress, including specific attention to safer sex and sexual risk.

**Disclosure** No significant relationships.

HIV PREVENTIVE BEHAVIOUR DURING LAST SEX WITH A NON-STANDBY PARTNER – SELF-REPORTED DATA FROM 113,000 MSM FROM 66 COUNTRIES

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**Background** In Europe and the Americas, men-who-have-sex-with-men (MSM) are heavily affected by HIV. Having traditionally relied mainly on condoms and sero-adaptive behaviours to prevent HIV transmission, more recently biomedical prevention strategies such as pre-exposure prophylaxis (PrEP) among HIV-negative and viral suppression among HIV-diagnosed men have been adopted. We analysed the choice of HIV prevention behaviour (HIV-PB) and determinants of the lack of defined HIV-PB during sex among MSM across 66 countries.

**Methods** Between October 2017 and May 2018, self-reported data were collected online: EMIS-2017 in 48 European countries (including Lebanon and Israel), and LAMIS in 18 predominately Latin American countries. Here we focus on men who reported on their last anal sex with a non-steady partner. We used a multilevel multivariate regression model (MRRM) to identify demographic and contextual factors associated with the lack of HIV-PB such as condom use, undetectable viral load, PrEP use or serostatus disclosure.

**Results** Our analysis included 71,123 MSM from EMIS-2017 and 41,834 MSM from LAMIS. Condom use remained the primary HIV-PB, followed by sero-adaptive behaviours. Using antiretrovirals as HIV-PB accounted for 14.9% (HIV-diagnosed men: 83.4%; other MSM: 3.1%). No HIV-PB as defined above was reported by 20.5%, ranging from 12.1 to 39.7% across countries. In the MRRM, increasing age, false assumptions about HIV recognisability, struggling financially, living in smaller settlements, having intercourse in a gay sex venue, a group-sex setting, and receiving money for sex were associated with increased odds for lack of HIV-PB. The strongest associations were observed among those who had never been tested for HIV (OR=1.86, 95%CI: 1.79–1.94) and those who had not bought or received condoms in the last 12 months (OR=2.75; 95%CI: 2.60–2.91).

**Conclusion** About 1-in-5 MSM did not use HIV-PB. While antiretrovirals for treatment and prophylaxis gain importance, HIV-testing and condom promotion remain essential to encourage HIV-PB.

**Disclosure** No significant relationships.