O11.4 TRANS AND GENDER DIVERSE PEOPLE'S EXPERIENCES OF SEXUAL HEALTH CARE ARE ASSOCIATED WITH SEXUAL HEALTH SCREENING UPTAKE

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Background Transgender and gender non-binary people have unique sexual health needs and rates of HIV and other sexually transmissible infections that outstrip the general population. Very little is known, however, about their experiences of sexual health care, including how those experiences might affect sexual health screening practices.
Methods Using data collected via a national survey of transgender and non-binary people in Australia (n=1,636), responses to four items on sexual health care experiences were summed to create a scale from 0 (gender-sensitive) to 4 (gender-insensitive). Bivariate and multivariate analyses compared scale scores and assessed associations with sexual health screening.
Results In total, 50% of trans and non-binary participants were uncomfortable disclosing their gender during sexual health care, 68% reported that intake paperwork did not allow accurate gender descriptions, 74% felt staff made assumptions about their bodies or sex lives, and 40% did not receive sexual health care that was sensitive to their needs. On average, non-binary participants experienced the greatest degree of gender-insensitivity (M=2.3) compared with transgender men (M=1.8) and women (M=1.6, p<0.001). Gender insensitivity was most common in hospitals (M=2.9) followed by general practice clinics (M=2.1) and least common in sexual health clinics (M=1.6) and community-lead sexual health services (M=1.3, p<0.001). Among sexually active participants, 51% had received a sexual health screen in the previous year. After controlling for confounders (age, education, income, monogamy, condom use), transgender and non-binary people with more gender-insensitive experiences of sexual health care were less likely to report a recent sexual health screen (adjusted odds ratio=1.3, 95% confidence interval:1.1–1.5, p<0.001).
Conclusion Transgender and, in particular, non-binary people experience gender insensitivity when receiving sexual health care, most notably in hospital settings. This insensitivity is associated with delaying sexual health screens among the sexually active. Educating health providers on gender sensitive sexual health care could improve screening uptake.
Disclosure No significant relationships.

O11.5 IMPACT OF HIV SELF-TESTING ON THE PROMOTION OF HIV TESTING AMONG MEN WHO HAVE SEX WITH MEN IN CHINA: A RANDOMIZED CONTROLLED TRIAL

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Background HIV self-testing offers a novel opportunity to increase HIV testing among MSM in China. We conducted a randomized controlled trial to evaluate if access to HIV self-testing materials would increase testing behavior among MSM in China.
Methods We randomized 491 HIV-negative MSM into either an intervention (n=250) or control group (n=241). The intervention group received free self-testing materials, while the control group was refer to test at local facilities. Both groups then received HIV testing reminders three and six months every three months. HIV testing results were verified via the HIV testing database in Guangzhou. Completed-records analyses and intention-to-treat with multiple imputation were used to determine the efficacy of self-testing in promoting HIV testing. Sensitivity analyses were further performed to exclude individuals from the control group who had used a self-test since randomization to reduce spurious findings.
Results HIV testing results were obtained for 91.2% of the sample (n = 448), with information obtained for 88.4% (n = 213) of the control group and 94.0% (n = 235) of the intervention group. Within the final sample, 73.7% (n = 330) had received an HIV test within the period of assessment, with 27.7% (n = 124) of the sample reporting use of an HIV self-test (35.7% in the intervention group versus 18.8% in the control group, χ^2=12.73, P<0.001). HIV Self-testing produced a 24.8% (95%CI: 10.0, 39.7.) increase in HIV testing in intervention group compare with control group. Likewise, individuals in the intervention group were 3.10 (95%CI: 2.06, 4.65) times more likely to receive an HIV test than control group participants.
Conclusion HIV self-testing as a supplement to existing facility-based testing services is useful in increasing HIV testing among MSM in China. More research is necessary to assess the long-term feasibility of providing HIV self-testing materials to MSM in China as an effective HIV prevention tool.
Disclosure No significant relationships.

O11.6 TRENDS IN CHLAMYDIA SCREENING AND PAP TESTING AMONG US FEMALES BY AGE AND RACE, NATIONAL SURVEY OF FAMILY GROWTH, 2006–2017

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Background From 2010 to 2017, rates of chlamydia declined among young black women in the United States but increased among all white women. Around the same time, the recommended age for cervical cancer screening was raised to ≥21 years. Changes in reported chlamydia may be due to changes in screening. We examined trends in chlamydia screening and Pap screening among women by age and race.
Methods Data are from the four most recent waves of the National Survey of Family Growth (2006–2010, 2011–2013, 2013–2015, 2015–2017). To assess trends in chlamydia screening and Pap tests, we used chi-square and logistic regression analysis to examine self-reported screening in the past 12 months among sexually active women (oral, vaginal, and/or anal sex with a male partner in the past 12 months) by age (15–24, 25–44 years), race (non-Hispanic black, white), and lifetime number of male sex partners (1, 2–4, 5+).