015 – UNDERSTANDING PERCEPTIONS AND BELIEFS: IMPROVING STI/HIV INTERVENTIONS AND OUTCOMES

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015.1 'A PREP USER IS SOMEONE WHO HAS A LOT OF BAREBACK': A QUALITATIVE STUDY OF ACCEPTABILITY OF PREP IN MSM IN LEBANON

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Background Pre-exposure prophylaxis (PrEP) is a significant development in the global efforts to prevent HIV transmission and acquisition. In order to realize the potential of this antiretroviral medication for preventing acquisition of the virus by HIV-negative people, it is crucial to understand how it is perceived by most-at-risk populations and to assess their willingness to use it. PrEP have been shown to be effective in preventing HIV in MSM. The aim of this qualitative research was to understand the willingness of MSM in Lebanon to use PrEP, including their perception of it, its effectiveness, as well as potential motivators for and barriers to its uptake.

Methods Interviews were conducted with 18 Lebanese MSM using an STI clinic and checkpoint in Lebanon. Data were analyzed using Qualitative Thematic Analysis.

Results All participants recognized that PrEP reduces the risk of HIV acquisition and frequently positioned it as an alternative to condoms. Perceived barriers to PrEP included one's lack of discipline to adhere to PrEP adequately, the risk of potential side effects, the stigma surrounding PrEP and its users, and the potential cost of acquiring PrEP.

Conclusion Findings from this qualitative study suggest that in principle PrEP may be acceptable to MSM in Lebanon but that there are significant barriers to its uptake that need to be addressed before its implementation. Greater awareness and understanding of PrEP are critical to its successful implementation in Lebanon. Furthermore, its implementation needs to be matched by an adequate stigma reduction campaign.

Disclosure No significant relationships.

015.2 INTERESTED? WHY OR WHY NOT? STI CLINIC CLIENT PERCEPTIONS OF BACTERIAL STI VACCINES IN BRITISH COLUMBIA, CANADA

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Background Sexually transmitted infections (STIs) contribute to a large global health burden, potentially leading to cancer,

infertility, and increased risk of contracting other STIs. Several STI vaccines are in development, with the potential to decrease STI prevalence and morbidity. However, concerns remain regarding acceptability across populations. To plan for implementation and rollout, the objective of this study was to explore attitudes STI clinic clients have towards STI vaccines, including acceptability and perceived barriers.

Methods The STRIVE-BC consortium - a group of public health leaders, scientists, and clinicians focused on STI vaccine research - implemented a 31-item questionnaire at two large STI clinics in Vancouver, Canada to understand STI vaccine acceptability. Demographic and clinical characteristics were summarized using descriptive measures. A multivariable logistic regression (MLR) model was constructed using a combination of *a priori* clinically relevant variables and significant covariates ($p \leq 0.05$) from univariate analysis. The MLR model assessed predicting factors of STI vaccine interest as odds ratios (ORs) with 95% confidence intervals (CI).

Results 293 surveys were analyzed with 86.5% of respondents reporting they would be interested in receiving an STI vaccine. The average respondent was a 33-year-old Caucasian heterosexual male with post-secondary education. MLR indicated that willingness to pay was a significant factor for syphilis vaccine interest (OR=3.83, 95% CI=1.29, 11.38, $p=0.02$). Intent to engage in positive health behaviours after vaccination was significant for chlamydia (OR=5.94, 95% CI=1.56, 22.60, $p=0.01$) and gonorrhea (OR=5.13, 95% CI=1.45, 18.07, $p=0.01$) vaccine interest.

Conclusion Participants attending large STI clinics expressed a strong willingness to receive STI vaccines. As STI vaccines are still years away from commercial availability, highlighting acceptable cost, ages, and anticipated health behaviours allows for informed implementation and rollout. Research priorities and areas of future work including additional populations and explorations of hesitation can be considered by attendees to apply within their research and practice areas.

Disclosure No significant relationships.

015.3 DEVELOPMENT OF A SCALE MEASURING STIGMA TOWARDS ALCOHOL ABSTINENCE AMONG PEOPLE LIVING WITH HIV IN VIETNAM

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Background Hazardous alcohol use is prevalent among people living with HIV (PLHIV), leading to sub-optimal HIV treatment outcomes. In Vietnam, alcohol use is highly normative making it challenging to reduce or abstain among PLHIV. We developed a quantitative scale to assess alcohol abstinence stigma (AAS) and assessed the association with alcohol use among PLHIV in Vietnam.

Methods We conducted qualitative interviews with 30 PLHIV with hazardous alcohol use from an antiretroviral therapy (ART) clinic in the Thai Nguyen to inform item development. Alcohol use was assessed using the Alcohol Use Disorders Identification Test (AUDIT). We tested items in a quantitative survey of 1,559 ART clinic patients in Thai Nguyen to assess internal reliability (Cronbach's α) and structural validity (exploratory factor analysis, EFA). We used binomial logistic regression to estimate associations between AAS (median score >7) and alcohol use.

Results Using the results from the qualitative interview data, we developed the AAS scale with seven final items covering internalized, experience, and anticipated stigma, with scores ranging from 7 to 35. The scale had good internal consistency ($\alpha=0.75$). EFA suggested the presence of two factors ($r=0.42$) that explained 64.5% of the total variance. Overall, the median AAS score was 7 (IQR:7–11). Those with alcohol dependence symptoms (AUDIT $\geq$ 20) reported high levels of AAS (median=9, IQR:7–14) and non-harmful alcohol users (AUDIT<8) reported lower levels of AAS (median=7, IQR:7–9). AAS was significantly associated with alcohol dependency, (adjusted prevalence ratio APR =1.74, 95%CI: 1.53,1.99), adjusting for age, gender, and employment status.

Conclusion The AAS scale may be utilized or adopted to measure of alcohol abstinence stigma among PLHIV in settings where alcohol use is culturally encouraged. This new measure will aid future studies assessing the value of developing culturally sensitive strategies to reduce alcohol consumption and ultimately improving HIV treatment outcomes among PLHIV.

Disclosure No significant relationships.

015.4 PREDICTORS OF INCORRECT HIV CARE INITIATION BELIEFS AMONG PEOPLE LIVING WITH HIV/AIDS IN CHÓKWÈ DISTRICT, MOZAMBIQUE

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Background Early initiation of HIV treatment is crucial to reach epidemic control of HIV/AIDS. We evaluated beliefs about timely HIV care initiation and their predictors to better understand barriers to treatment initiation and inform educational interventions in Mozambique.

Methods We analyzed cross-sectional data collected from the 2014–2017 HIV combination prevention survey in Chókwè District, Mozambique to evaluate the prevalence of and associations with the belief that immediate HIV care after a positive diagnosis is not needed if a patient feels well. Analysis was restricted to HIV-positive participants, aged 15–59 years, who had previously heard of HIV and HIV treatment, had prior knowledge of their HIV-positive status and had ever received

HIV care in Chókwè. Descriptive analysis and multivariate logistic regression modeling were used to estimate the adjusted odds ratios (aOR) of potential predictors. All calculations were weighted to reflect the 2013 district census.

Results The median age of participants (N=2167) was 37 years (95% CI: 37–38); twenty-five percent were male, 75% had ever taken treatment and of those, 86% were on treatment at the time of survey. Sixty-two percent of participants believed there was no need to immediately seek HIV care after a positive diagnosis if the patient felt well. Never taking ARVs (aOR=4.1, 95% CI: 3.1–5.5), believing traditional medicine was as good as HIV treatment (aOR 4.2, 95% CI: 1.8–9.8), and never notified by a healthcare provider of their HIV treatment eligibility (aOR 1.4, 95% CI: 1.0–2.0) were associated with an increased odds of this belief. No significant associations with sociodemographic characteristics were found.

Conclusion These results demonstrate the importance of robust HIV treatment and counseling services that reinforce the benefits of early treatment initiation. Implementation of culturally responsive psychosocial support strategies may increase the prevalence of correct HIV care beliefs and treatment initiation.

Disclosure No significant relationships.

015.6 WOMEN'S APPROACHES TO INVOLVING OTHERS IN MAKING HIV TRIAL ENROLLMENT DECISIONS WHILE PREGNANT IN THE US AND MALAWI

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Background There is a pressing need to expand the HIV prevention and treatment evidence base in pregnancy. However, research in pregnancy entails unique ethical and scientific complexities. The decision-making processes of potential trial participants in the doubly sensitive context of HIV, a highly stigmatized disease, and pregnancy, where multiple stakeholders and sociocultural practices may influence women's preferences, are not well understood. Involvement of others in decision-making processes may vary, including who pregnant women consult and why, and the influence of consultations on decisions. Understanding women's involvement of others in participation decisions is critical to inform practices supporting informed decision-making.

Methods 140 in-depth interviews were conducted with pregnant or recently pregnant women; 70 in the U.S. and 70 in Malawi, 35 HIV-positive and 35 uninfected in each setting. Participants described whether they would involve others in enrollment decisions while pregnant for hypothetical HIV prevention or treatment research scenarios. Thematic analysis informed the analytic approach. Interviews were transcribed, translated when necessary, coded, and emergent themes identified.

Results In both contexts, many women described collaborative decision-making approaches, particularly with male partners, female relatives and friends, and in the US, clinicians. Participants commonly described valuing others' perspectives on risks and benefits and shared responsibility for the decision. Many women described sole decision-making authority, even if informing others was likely or necessary. Few women