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