MSM are residents of the district and are above the age 18 years at the time the study was conducted with voluntary willingness to participate in the study without any financial compensation. The collected data were compared and analyzed through regression-model using health-belief-model.

Results More than 75% of respondents reported that cultural belief is used as a tool that prevented them from accessing health-care-services, impacted on accessing prevention and treatment.

60% of clinicians and 80% of non-clinicians had insufficient knowledge about MSM, using culture to promoted stigma/discrimination. 60% of the respondent experienced physical/verbal abuse in their community fueled by cultural beliefs. Culture is used as a yardstick to manhood, denying MSM of their cultural rites.

Conclusions Cultural influence on MSM health has shown to be very vast affecting the perceptions of their overarching health mostly impacting on their mental health. Health inequality is linked to direct access to health services and the provision of quality health services for MSM hindered by cultural beliefs is used as a deterrent yardstick. Community role players engagement and support identified as a tool to reduce cultural misconception against MSM.

Background In Alberta (Canada), infectious syphilis rose from 4,100,000 in 2014 to 52,100,000 in 2019 with a parallel rise in congenital syphilis. Treatment of pregnant women is highly efficacious but can precipitate the Jarisch-Herxheimer (JH) reaction. Symptoms of JH reaction are often transient but may include fever, uterine contractions, fetal heart rate abnormalities, and preterm labor. Because of these observations, many guidelines recommend hospitalization for fetal monitoring be considered. We sought to determine the incidence, and severity of JH reactions and the maternal and fetal outcomes following treatment.

Methods Retrospective cohort study of pregnant women at >20 weeks gestation admitted to urban referral centers for treatment of infectious syphilis between 2015 and 2020. Data was extracted from a provincial database and supplemented by a review of medical records. Data collection was completed in March 2021.

Results 39 women received benzathine penicillin G for the treatment of infectious syphilis in pregnancy. One mild JH reaction was identified in a patient with early latent syphilis. There were no serious maternal or fetal outcomes attributable to treatment. Average gestational age at treatment and delivery was 26 and 37 weeks respectively. Ten cases were staged as primary, 4 as secondary, and 25 as early latent syphilis. Five cases of confirmed congenital syphilis were identified. Further analysis of results is underway.