(19.1%, 5.5% and 20.1% respectively), with prevalence decreasing immediately postpartum but rising again by 12 months postpartum. Clinical symptoms missed at least 75% of infections and there was little use of contraception; 98.4% report never having used barrier contraception.

This study highlights a high prevalence of a RTIs in pregnancy and postpartum. Most of these infections are curable when diagnosis is made available and syndromic management alone is insufficient. This high prevalence of disease negatively affects sexual and reproductive health and these findings have important public health implications in PNG and the region.

O16.2 EPISODIC PREP USE AMONG YOUNG WOMEN IN SIAYA COUNTY, KENYA

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Introduction The DREAMS Initiative provides PrEP to young women (YW) in Siaya County, Kenya, to combat the region's high HIV incidence. Women must take PrEP consistently for three weeks for full protection; episodic use may diminish PrEP's effectiveness. We describe findings on episodic PrEP use from participatory-based research to identify multi-level factors influencing YW's PrEP use.

Methods Using photovoice, YW and four groups in their social ecology—female peers, male peers/partners, family, and community members, including healthcare providers—participated in four iterative activities. First, participants photographed factors influencing YW's PrEP persistence. Second, participants discussed photographs with their own group (e.g., YW discussed with other YW). Third, YW and members in other groups (e.g., female peers) discussed each other's photographs and answered questions on themes from previous discussions. Fourth, YW shared individual experiences on themes during in-depth interviews. All discussions/interviews were audio-recorded, simultaneously translated/transcribed, and analyzed using applied thematic analysis. We focus on data from YW and female peers.

Results During group discussions, YW and female peers (n=27) explained that YW perceive male partners as the primary source of HIV risk. As a result, YW commonly stop taking PrEP when partners are away for a few days to several weeks; they start taking PrEP again the day their partners return. Participants stressed that taking PrEP consistently for three weeks may be difficult for some because YW are unaware of their partners' return date and husbands' unwillingness to delay sex. Among YW interviewed (n=18), nearly all their partners traveled, and about one-third reported stopping PrEP during their partners' absences. Reasons two-thirds continue include not knowing partners' sexual behaviors when traveling, and because PrEP provides HIV protection in case of accidents or rape.

Conclusion Counseling on PrEP persistence during partners' short absences is essential for PrEP to be most effective among YW in Kenya.

O16.3 HIGH PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS AMONG YOUNG AFRICAN WOMEN IN REACH STUDY OF ORAL EMTRICITABINE-TENOFOVIR AND DAPIVRINE VAGINAL RING

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Background With antiretroviral (ARV)-based HIV prevention, the hidden epidemic of sexually transmitted infections (STIs) is being uncovered. Most STIs are asymptomatic and not treated by syndromic case management, the standard of care in Africa. There are limited data on STI prevalence among African adolescent girls and young women (AGYW) who are at risk for sequelae from untreated STIs.

Methods MTN-034/REACH is a randomized, open label, crossover study assessing the safety of and adherence to the dapivirine vaginal ring and oral emtricitabine-tenofovir in Cape Town and Johannesburg, South Africa, Kampala, Uganda and Harare, Zimbabwe. Sexually active HIV-negative AGYW ages 16–21 years were enrolled and tested for Chlamydia trachomatis/Neisseria gonorrhoeae (CT/GC) by nucleic acid amplification, Trichomonas vaginalis (TV) by rapid test, and syphilis by serology. AGYW with positive test results received treatment. Descriptive statistics were used to summarize STI prevalence at baseline and selected characteristics by STI status.

Results Among 247 AGYW enrolled in REACH, 34% were 16–17 years old, 87% single, and the median number of sexual partners in the prior 3 months was 1 (IQR 1–2). At enrollment, 87 (35%) tested positive for any STI with 17 (7%) with >1 STI: 71 (29%) for CT, 21 (8.5%) for GC, 12 (4.9%) for TV and 6 (2.4%) for syphilis. Of AGYW diagnosed with an STI, 90% were asymptomatic. The prevalence of any STI varied by site: 47% in Cape Town, 37% in Johannesburg, 32% in Kampala, and 25% in Harare. STI prevalence was higher among 18–21 year olds versus 16–17 year olds (37% vs 32%).

Conclusion STI prevalence among AGYW initiating oral or topical PrEP was alarmingly high and most were asymptomatic, highlighting the limitations of syndromic STI management. There is an urgent need and imperative to provide diagnostic STI testing to AGYW with the delivery of HIV prevention methods.