Results Among 431 participants across 1,258 visits, 9.3% (40/431) of participants were MSMW and 90.7% MSM. 30% of MSMW were living with HIV (12/40) compared to 52.4% (205/391) of MSM ($p=0.007$). In adjusted analysis, MSMW had higher odds of: not discussing sexual orientation/behavior with healthcare providers (AOR 2.19; 95% CI 1.10–4.35), unknown last partner HIV serostatus (2.19; 1.23–3.89), transactional sex (4.35; 2.27–8.36) and last partner also being MSMW (2.10; 1.10–4.02), compared to MSM.

Conclusion Despite riskier behaviors for HIV/STI transmission, MSMW had lower odds of discussing these behaviors with their healthcare providers, representing potentially missed opportunities for HIV/STI screening and prevention. Additionally, MSMW had higher odds of having MSMW sexual partners, suggestive of high-risk MSMW sexual networks that may not be uncovered in routine patient-provider discussions and should be prioritized in HIV/STI interventions designed to reduce barriers and facilitate linkages to care.

018.5 COMPARISON OF INTIMATE PARTNER VIOLENCE PRIOR TO AND DURING THE COVID-19 PANDEMIC: FINDINGS FROM THE I-SHARE CROSS-SECTIONAL MULTI-COUNTRY STUDY

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Background Shelter-in-place and related COVID-19 physical distancing measures may influence the risk of intimate partner violence (IPV). The current study aims to (1) describe perceived changes in IPV experienced during and prior to the COVID-19 outbreak, (2) identify social correlates of IPV.

Methods The International Sexual Health and REproductive Health (I-SHARE) study collected data on sexual and reproductive health during the COVID-19 pandemic (10,717 respondents in 16 countries between July 26th and December 1st 2020). The sample comprises participants in 7 HICs, 5 UMICs, 2 LMICs, and 2 LICs: 6,643 (62.3%) participants identified as women, 3,650 (34.2%) as men, and 178 (1.7%) as another gender. The median age was 30 (IQR 24; 39). Adults (≥ 18 yrs) were recruited online (social media, panel,

or population-representative). IPV was a primary outcome measured using an adapted six-item version of the WHO IPV scale. Mixed effects modelling was used to assess participants' experience of IPV in the three months prior to, and during, the COVID-19 physical distancing measures; participants were also asked about informal and formal reporting of IPV.

Results Preliminary analysis indicated that 1,864 (17.4%) of the 10,717 participants reported experiencing at least one form of IPV before the introduction of COVID-19 control measures; 1,346 (12.6%) participants reported IPV during COVID-19 physical distancing measures. Among participants experiencing IPV when physical distancing measures were in place, 691 (37.1%) told either a friend, the police, social services or other organization. Participants with a reduction in household income during the COVID-19 measures (aOR 1.48, 95% CI 1.29–1.69) and increased consumption of alcohol during COVID-19 (aOR 1.51, 95% CI 1.26–1.81) had higher odds of experiencing IPV.

Conclusion IPV may have decreased during COVID-19 measures, but remained common overall. Structural interventions are necessary to mitigate the impact of IPV.

018.6 RACIAL-ETHNIC MIXING PATTERNS IN THE UNITED STATES, 2006–2019

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Background Racial-ethnic mixing patterns have been associated with STIs in the U.S.; recent national data are lacking.

Methods We used data from the National Survey of Family Growth (NSFG), a national probability sample, from 2009–2019 (response rate: 63–77%). Analyses were limited to those 15–44 years who had a current, opposite-sex partner. Respondents reported the race-ethnicity of their most recent partner (not spouse or cohabiting partner) ($n=20,640$). We coded partner race-ethnicity as concordant-discordant with the respondent's race-ethnicity. We examined differences by race-ethnicity and sex and, within sex, by race-ethnicity, age, education, poverty, residence, and U.S. nativity (Wald F). Variables $p<0.25$ in bivariate analyses were entered into separate logistic regression models by sex. Adjusted prevalence ratios (aPR) were calculated.

Results Race-ethnicity concordance significantly differed ($p<0.001$) among women and men among non-Hispanic (NH) whites (77.7% vs 84.4%, respectively) and NH blacks (92.1% vs. 70.3%). Significant bivariate analyses ($p<0.25$) included race-ethnicity, education, poverty, and residence for women and race-ethnicity, education, residence and U.S. nativity for men. Among women, Hispanic (aPR=0.75; 95% CI:0.69–0.82), NH white (aPR=0.84; 95%CI:0.80–0.88) and NH other (aPR=0.32; 95%CI:0.25–0.42) were less likely than NH black to have a race-ethnicity concordant partner. Women who lived in major cities (aPR=0.90; 95%CI:0.84–0.97) or suburbs (aPR=0.92; 95%CI:0.86–0.99) were less likely than women who lived in rural areas to have a race-ethnicity concordant partner. Among men, residence findings were similar to women. NH other (aPR=0.42; 95%

CI=0.35–0.49) were less likely, but NH white (aPR=1.20; 95%CI:1.14–1.25) were more likely, than NH black to have a race-ethnicity concordant partner. Finally, men who were not U.S. natives (aPR=0.84; 95%CI:0.81–0.87) were less likely to have a race-ethnicity concordant partner than U.S. natives.

Conclusion Given STI disparities, high concordance means lower STI exposure for NH white women but higher exposure for NH black women. Continually monitoring concordance may be important for understanding STI prevalence.

Miscellaneous

019.1 EFFECT OF A WEB DRAMA VIDEO SERIES ON HIV/STI TESTING AMONG GAY MEN IN SINGAPORE: A PRAGMATIC, RANDOMIZED CONTROLLED TRIAL

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Background While HIV/STI testing rates among Gay, bisexual and other men who have sex with men (GBMSM) are increasing worldwide, they remain suboptimal in a variety of settings.

Methods The study is a pragmatic, randomized controlled trial design to evaluate a popular web drama video series developed by a community-based organization in Singapore for GBMSM. A total of 300 HIV-negative, GBMSM men in Singapore aged 18 to 29 years old were recruited and block-randomized into the intervention (n=150) and control arms (n=150). Primary outcomes included changes in self-reported intention to test for, actual testing for, and regularity of testing for HIV, Syphilis, Chlamydia and Gonorrhoea, while secondary outcomes include changes in a variety of other knowledge-based and psychosocial measures at the end of the study period.

Results Overall, 125 out of 150 participants (83.3%) in the intervention arm completed the proof of completion survey, compared to 133 out of 150 participants (88.7%) in the control arm (Chi-square test, p=0.715). We found statistically significant differences in self-reporting as a regular (at least yearly) tester for HIV (Chi-square test, p=0.016), as well as chlamydia and gonorrhoea (Chi-square test, p=0.009), indicating that the intervention had positively impacted these outcomes compared to the control condition. We also found statistically significant differences in participants' intentions to test for HIV (Chi-square test, p=0.009), syphilis (Chi-square test, p=0.014), as well as chlamydia and gonorrhoea (Chi-square test, p=0.008) in the next three months, indicating that the intervention was effective in positively impacting intention for HIV and other STI testing among participants.

Conclusions There are benefits for promoting intentions to test especially in tandem with interventions that address structural barriers to testing. This intervention has potential to reach GBMSM without access to conventional HIV/STI prevention messaging, and who do not frequent physical venues where such messaging targets.

019.2 LIMITED HIV PRE-EXPOSURE PROPHYLAXIS UPTAKE AMONG CHINESE MEN WHO HAVE SEX WITH MEN—QUALITATIVE ANALYSIS AND POTENTIAL FOR AN APP

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Background In China, few gay, bisexual and other men who have sex with men (GBMSM) use HIV pre-exposure prophylaxis (PrEP), and little is known about their views of PrEP and barriers to uptake. We aimed to understand Chinese GBMSM's limited use of PrEP and assess the potential of a new PrEP education app to address barriers.

Methods We developed and tested a theory-informed, gay-friendly PrEP education app among GBMSM in Guangdong, China. In Phase I qualitative interviews were conducted to understand perceived barriers and facilitators toward PrEP uptake; each participant tested the app for 5 minutes and completed the System Usability Scale (SUS). Phase II included a 4-week pilot study of the app with baseline and follow-up surveys (not presented here) and qualitative exit interviews.

Results 41 participants completed qualitative interviews (Phase I=31, Phase II=11). GBMSM (mean age=27, SD=7.6) described numerous barriers to starting PrEP including limited access to PrEP care (e.g., few providers, high copays, medical mistrust), misinformation and low awareness about PrEP (e.g., severe side effects, ineffective), no official PrEP endorsement from providers or policymakers, and a thriving unregulated underground PrEP market. Facilitators of using PrEP included fear of HIV, seeking sexual pleasure, and freedom from stigma. 77.4% (24/31) rated the app 'above-average' usability on SUS. Aspects of the app enhanced usability included convenient access to gay-friendly PrEP information, a streamlined user-interface, inclusive contents addressing physical and mental health, and an asynchronous chat feature to send questions to study staff.

Conclusion We found major barriers to PrEP uptake among Chinese GBMSM including unaffordable prices, lack of GBMSM-friendly PrEP campaigns, and insufficient provision of PrEP care. Mobile health may be feasible for increasing PrEP awareness and engaging GBMSM in the health system in China. Other barriers point to the need also for health systems-level interventions to expand PrEP uptake.

019.3 TRENDS IN DISCUSSION OF PRE-EXPOSURE PROPHYLAXIS FOR HIV ON REDDIT, 2014–2019

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Background Data from social media forums offer a window into real-time discussions and emerging issues, often from individuals who might not otherwise be represented in