## TUAD0101

### Social ecological contexts of HIV vulnerability among internally displaced women in Leogane, Haiti

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**Introduction**: The confluence of poverty, increased gender-based violence and limited access to sexual health services elevate HIV infection risks among women displaced from natural disasters. Scant research has examined factors associated with condom use among internally displaced women in post-disaster settings, such as post-earthquake Haiti. Approximately, 65,000 people continue to experience protracted displacement in Haiti where they face chronic poverty, overcrowding, and unsafe living conditions. We examined factors associated with consistent condom use among internally displaced women in Haiti.
**Methods**: This community-based study involved a cross-sectional survey with a peer-driven sample of internally displaced women in Leogane, Haiti. Peer health workers administered tablet-based structured interviews to internally displaced women ($n = 175$). We conducted multivariate logistic regression analyses to assess correlates of past month condom use.
**Results**: The 128 participants who reported being sexually active in the past 4 weeks were included in analyses. Two-thirds ($n = 84$; 65.2%) reported consistent condom use in the past month. Three-quarters ($n = 95$; 74.2%) of participants ate one meal or less per day. In multivariate logistic regression analyses controlled for age and income, consistent condom use in the past month was associated with meals per day (aOR 2.02, $p = 0.022$), sexual relationship power (aOR 1.12, $p = 0.006$), no reported intimate partner violence (aOR 2.82, $p = 0.022$) and poor self-rated health (aOR 3.25, $p = 0.040$). Participants who were less likely to report consistent condom use in the past month reported sex work involvement (aOR 0.09, $p = 0.004$), shorter relationship duration (aOR 0.18, $p = 0.004$), depression (aOR 0.62, $p < 0.001$) and a higher number of sex partners in the past year (aOR 0.56, $p < 0.001$). This model explained 48.7% of the variation in consistent condom use scores (pseudo $R^2 = 0.487$).
**Conclusions**: Findings provide the first assessment of contextual factors associated with condom use among internally displaced women in post-earthquake Haiti. This research highlights the salience of a social ecological approach to understand the HIV vulnerability, underscoring intrapersonal (e.g. depression), interpersonal (e.g. relationship duration) and structural (e.g. food security, intimate partner violence) domains. Understanding social ecologies of HIV vulnerability among internally displaced women can inform complex, multilevel interventions that address food security, gender-based violence and depression, to advance HIV prevention in post-disaster settings.

## TUAD0102

### Still ''at risk'': an examination of how street-involved youth understand, experience and engage with ''harm reduction'' in Vancouver's inner city

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**Introduction**: Vancouver is an international leader in implementing interventions to reduce harms related to injection drug use, including a large needle exchange programme and North America's first government-sanctioned supervised injection facility. However, street-involved youth who use drugs continue to be vulnerable to HIV infection as a result of high rates of syringe sharing. To understand why youth in this setting continue to experience drug-related harms in the context of intensive public health intervention, we consider how these youths understand, experience and engage with harm reduction programmes in the context of entrenched marginalization.
**Methods**: Twelve semi-structured interviews were conducted in 2013 with 13 youths (aged 17–28) recruited from the At-Risk Youth Study, a prospective cohort of 500 street-involved and drug-using youth. These interviews were embedded within a larger, 8-year programme of ethnographic research and explored the participants' understandings of ''harm reduction'' in their use of specific services and their ideas about improving their day-to-day lives. Interviews were transcribed verbatim and a thematic analysis was performed.
**Results**: Youth's understandings of and ideas about ''harm reduction'' were diverse, and went beyond public health efforts to minimize drug-related risks. Many youth articulated the limitations of existing programmes, indicating that while they reduce the risk of HIV transmission, they offer little meaningful support to improve youth's broader life chances. Youth described how they used ''softer drugs'' like marijuana to reduce the amount or frequency of substances deemed more harmful (e.g. crack cocaine, heroin) to their mental and physical health. They also indicated that using ''softer drugs'' allowed them to transition from intravenous routes of administration to oral, inhaled or intranasal routes. Finally, youth indicated that spatial considerations (e.g. distance from Vancouver's Downtown Eastside) strongly determined access to harm reduction services, and to the more expansive visions of ''wellness'' that they envisioned for themselves.
**Conclusions**: In Vancouver, a large, well-established harm reduction infrastructure seeks to reduce drug-related harms such as HIV transmission among street entrenched youth. However, youth's multiple understandings, experiences and engagements with ''harm reduction'' in this setting illustrate the limitations of the existing infrastructure in improving their broader life chances and addressing their desires for structural change.

## TUAD0103

### Forced sex, migration and HIV infection among women from sub-Saharan Africa living in France: results from the ANRS Parcours study

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**Introduction**: In Europe, sub-Saharan African migrant women are a key population for HIV infection. Social hardships during migration may increase women vulnerability to sexual violence and HIV infection. The aim of this study is to assess the association between forced sex, migration and HIV infection among sub-Saharan African women living in France.
**Methods**: Parcours is a life-event survey conducted from February 2012 to May 2013 in healthcare facilities in the Paris region, among two random samples of sub-Saharan migrant women: 570 receiving HIV care (156 acquired HIV in France) and 407 not diagnosed with

HIV (reference group). Women were retrospectively asked whether they had ever been forced to have sex against their will and if happened, during which calendar year(s). Using mixed-effects logistic regression models, characteristics associated with an experience of forced sex after 14 years old in France, including migration history and living conditions each year after arrival in France, were first identified. Then, the frequency of forced sex after 14 years old in France was compared, adjusting for these characteristics, between women having acquired HIV either before or after migration and those HIV-uninfected.

**Results**: Overall, 22.2, 23.1 and 18.3% of women HIV-infected before migration, HIV-infected after migration and HIV-uninfected, respectively, reported an experience of forced sex after 14 years old (childhood sexual abuse was about 4%), and, 3.8 17.3 and 4.2%, respectively, reported an experience of forced sex after arrival in France. Having migrated because of being threatened in the country of origin (aOR = 5.96 (1.57–22.61)) and absence of stable (aOR = 4.64 (1.69–12.79)) or own (aOR = 2.72 (1.13,6.53)) housing in France were associated with a higher frequency of forced sex in France. Adjusting for migration history and living conditions, the frequency of forced sex in France was higher among women having acquired HIV in France compared to those HIV-uninfected (aOR = 4.97 (1.63–15.12)), while no difference was found for those HIV-infected before migration (aOR = 2.18 (0.78–6.04)).

**Conclusions**: Among sub-Saharan African migrant women, HIV acquisition in France may be related to a context of sexual violence. Women whose migration was motivated by violence and those who experience social hardships in the host country are at high risk of sexual violence.

## TUAD0104

### Whoonga: off-label antiretroviral medication for recreational substance use and predicted implications for pre-exposure prophylaxis HIV prevention in South Africa

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**Introduction**: ''Whoonga'' is a colloquial term describing an illicit drug allegedly comprising antiretroviral medication used alone or in combination with cannabis, methamphetamine, heroin and other substances. Few studies characterize whoonga use among adolescents. Off-label use of antiretrovirals may diminish supply of antiretroviral treatment (ART) medication and contribute to non-adherence, medication resistance and an illicit drug epidemic.

**Methods**: Emergent data on whoonga were derived from two adolescent HIV prevention studies conducted from 2015 to 2016 in Cape Town, South Africa. The first study was a baseline survey from an ongoing intervention study of family adolescent HIV prevention with N = 399 adolescents and parents (adolescents: 100% Black African, 56% female, M = 14 years; parents 100% Black African, 96% female, M = 40 years). Participants were recruited through house-to-house community sampling and completed behavioural self-reports of whoonga use via a computerized mobile smartphone with audio computer-assisted self-interview software. The second study is an ongoing qualitative study of acceptability of HIV pre-exposure prophylaxis (PrEP) for adolescents involving focus groups and interviews with N = 24 adolescents (M = 100% Black African, 60% female, 16–17 years) and N = 17 service providers. Adolescent participants were recruited using convenience sampling in community and clinic settings; service providers were recruited using respondent-driven sampling. We conducted descriptive analysis of quantitative survey data using SPSS and thematic analysis of qualitative data using NVivo. Brown University and University of Cape Town provided ethical approvals.

**Results**: Nearly a fifth of adolescents reported whoonga use (3% used themselves, 14% knew someone who used). Administration included smoking (71%), snorting (15%), injecting (15%), ingesting (15%) and inserting (3%). Parents also reported whoonga use (4% used themselves, 7% knew someone who used). Administration included smoking (57%), ingesting (29%) and snorting (14%). Preliminary qualitative findings demonstrated clinicians knew of patient whoonga use and were concerned about how PrEP implementation would impact whoonga initiation and abuse. Adolescents used specific slang for individuals using whoonga and identified linkages between crime and whoonga abuse.

**Conclusions**: Whoonga use is an emerging prevention challenge. Future studies should characterize the prevalence, composition, social and behavioural correlates of whoonga use, and further explore how the use of whoonga may be affected by PrEP implementation.

## TUAD0105

### Impact of a structural intervention to address alcohol use among gay bar-patrons in San Francisco: the PACE study

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**Introduction**: Men who have sex with men (MSM) have high rates of binge drinking (>50% in San Francisco (SF)), which can lead to increased sexual risk and other negative health outcomes. Heavy alcohol use is a recognized driver of the HIV epidemic in SF and gay bars have been identified as important venues for interventions addressing alcohol-related HIV risk. We sought to evaluate the impact on alcohol intake and blood alcohol concentration (BAC) of a pilot structural intervention to increase the availability of free water, coupled with messaging on pacing alcohol intake and normative feedback about BAC in a convenience sample of gay bars in San Francisco, CA, USA.

**Methods**: From January 2012 to August 2014, study participants (n = 1293) were recruited among exiting patrons of four gay bars in SF (two intervention bars and two control bars). Participants answered a brief survey regarding alcohol intake and sexual risk behaviours, and then completed a breathalyzer test to measure their BAC. Individuals' measured BAC was displayed graphically in relation to others exiting the bar. Alcohol intake and measured BAC of participants were compared at baseline and post-intervention between control and intervention bar patrons using Pearson chi-square test.

**Results**: No significant differences between intervention and control bars were found at baseline. Participants were 69% Caucasian, 11% Latino, 5% African-American, 7% Asian Pacific Islanders (API), 8% other race; mean age was 37.5 years. We found high levels of alcohol use and sexual risk across all participants (56% reported condomless sex with a potentially serodiscordant partner at last sex). Post-intervention, there were significant differences on measures of alcohol consumption: 30% of