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## TITLE

Missed HIV prevention opportunities among online sexual and gender minorities in India with low PrEP use and low paccuracy of U=U - results from a national cross-sectional survey

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**BACKGROUND:** Sexual and gender minorities (SGM) using smartphones to seek partners in India are vulnerable to HIV are outside of the government's physical-hotspot-focused interventions. As an underreached and under-researched known about the reach of HIV-related public health messaging and services for this population. We investigated the contemporary HIV prevention strategies like daily Pre-exposure Prophylaxis (PrEP) and perceived accuracy of Undetectable=Untransmittable (U=U) among to identify the gaps and lost opportunities in the HIV prevention space India

METHODS: We conducted online cross-sectional study (March-April 2022) of Grindr users across 33 states and union ter including individuals =18 years who reported sex with men. Cisgender women were excluded. Associations with percei and PrEP use were estimated using adjusted prevalence odds ratios (aPORs) with 95% confidence intervals (95%CI). RESULTS: The median age of 3126 eligible participants who completed the survey was 28 years. 70.6 % (N=2206) identifi urban areas. 82.5% (N=2581) self-identified as male, rest identifying as transwomen, hijra, Kinner and other identities.

HIV prevalence in the sample was 3.1% (N=97).
7% (N=219) of participants reported ever using PrEP, which was associated with higher income (>INR 62,000 aPOR 1.94 [s selecting English language for survey (aPOR 1.70 [95%Cl 1.21, 2.40]), single relationship status (aPOR2.35 [95%Cl 1.45, 4.04 drugs (aPOR2.57 [95% Cl 1.65, 3.93]).

After being provided with the correct definition of U=U, 25% (N=782) perceived it as completely accurate, which was as knowing their HIV status (HIV Negative aPOR 1.37 [95%CI 1.1, 1.71], HIV Positive aPOR 3.39 [95%CI 2.11, 5.46]), having aware (aPOR1.58 [95%CI 1.29,1.92]) or have used PrEP (aPOR1.56 [95%CI 1.15, 2.12]) along with use of party drugs (aPOR1.51 [95%CI attending LGBTQIA+ events (aPOR1.38 [95%CI 1.1, 1.73]).

**CONCLUSIONS:** With low perceived accuracy around U=U and low PrEP use, SGM using smartphones in India are misse novel HIV prevention strategies. We recommend incorporating PrEP and U=U in programmatic interventions and ado digital strategies that could reduce stigma and promote HIV prevention.