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HIV

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PARENTAL MONITORING AS A MODERATOR OF THE EFFECT OF PARENT-ADOLESCENT SEXUAL COMMUNICATION ON UNPROTECTED ANAL INTERCOURSE AMONG YOUNG MEN WHO HAVE SEX WITH MEN

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Purpose: Among heterosexual adolescents, sexual risk behavior is moderated by caregiver parenting styles and practices including permissiveness, monitoring, and parent-adolescent communication regarding adolescent sexual behavior. The protective nature of these parenting factors may be especially complex in young men who have sex with men (YMSM) because, unlike their heterosexual counterparts, YMSM may prefer to conceal sexual behavior from their parents for fear of parental rejection or other negative psychosocial health outcomes. Given the concentrated HIV prevalence in this population, it is important to examine how monitoring, permissiveness, and parent-adolescent sexual communication interact and influence sexual risk in YMSM. This study examined the extent to which perceived parental monitoring and perceived parental permissiveness (i.e., parenting style) moderated the relationship between parent-adolescent communication about sex and sexual risk outcomes in YMSM.

Methods: This study was comprised of 233 cases selected from a community-based, longitudinal sample of YMSM (N = 450; aged 16–20) recruited through modified respondent-driven sampling. Participants completed computer-assisted self-interviews assessing male-male sexual risk behavior, their caregivers' parenting style, and parent-adolescent sexual communication. Parental permissiveness and parental monitoring scale items were modified for YMSM and their scale scores were dichotomized based on median values (e.g., high vs. low). Parent-adolescent sexual communication was also dichotomized (e.g., communication vs. no communication), as were sexual risk outcomes (e.g., risk vs. no risk). Bivariate analyses were conducted between the measures of parenting style, and parent-adolescent sexual communication. Significant bivariate outcomes informed subsequent multivariable logistic regression models predicting the likelihood of sexual risk behavior by parenting style, and parent-adolescent sexual communication.

Results: Results indicated that parenting style and parent-adolescent sexual communication influence sexual risk behavior in YMSM. Neither level of parental permissiveness was directly associated with sexual risk behavior; however, high parental permissiveness was associated with a lack of parent-adolescent sexual communication ($p < 0.05$). In contrast, YMSM who reported high parental monitoring also tended to report parent-adolescent sexual communication ($p = 0.09$). A higher proportion of YMSM with low parental monitoring reported unprotected anal sex with casual male partners ($p = 0.07$), although this association did not reach statistical significance. Adjusted for age and race/ethnicity, YMSM with high parental monitoring were less likely to engage in unprotected anal sex with casual male partners (OR = 0.46; 95% CI = 0.22, 0.97); however, this

effect was only observed in those who also reported parent-adolescent sexual communication (OR = 0.36; 95% CI = 0.12, 1.04). Among participants reporting no parent-adolescent sexual communication, high parental monitoring alone was not associated with unprotected anal sex with casual male partners (OR = 1.03; 95% CI = 0.31, 3.44). **Conclusions:** Consistent with literature in heterosexual adolescents, for parents to merely have "the talk" about sex is not enough as adolescent sexual behavior is most effectively influenced by parents who both monitor and talk openly to adolescents about their sexual behavior. These findings imply that HIV prevention programming could benefit from YMSM-specific, family-based interventions aimed at improving both parenting skills and practices pertaining to YMSM. **Sources of Support:** This study was supported by the National Institute of Drug Abuse (Mustanski-R01DA025548).

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INTERACTIVE VOICE RESPONSE SYSTEM (IVRS): DATA QUALITY CONSIDERATIONS AND LESSONS LEARNED DURING A MICROBICIDE PLACEBO ADHERENCE TRIAL WITH YOUNG MEN WHO HAVE SEX WITH MEN

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Purpose: Young men who have sex with men (YMSM) account for most new HIV infections in the United States. Forthcoming biomedical prevention approaches (e.g., microbicides) may aid in reducing HIV incidence among YMSM; however, the demonstration of rectal microbicide efficacy and effectiveness is contingent on correct and consistent product use and accurate measurement of adherence. Delays in self-report, in particular, may affect the accuracy of behavioral data. Capitalizing on YMSM's mobile phone use, we examined the acceptability and use of IVRS for measuring adherence to product use with receptive anal intercourse (RAI) in a microbicide safety and acceptability trial with YMSM (ages 18–30) and documented the challenges experienced by trial participants with the system.

Methods: We enrolled 124 YMSM across three sites (Boston, Pittsburgh, San Juan). We provided them with up to 40 applicators pre-filled with 4ml of hydroxyethylcellulose placebo gel for use prior to RAI and counseled them repeatedly that the study focused on product adherence and that the gel would not protect against HIV. We asked YMSM to self-report product use through an IVRS, available in Spanish and English, during a 12-week trial. Twenty-nine participants discontinued due to early termination (N = 13) or loss to follow-up (N = 16). Using IVRS data and end-of-trial interviews, we documented YMSM's IVRS experiences and their implications for data collection.

Results: We observed 1,728 calls to the IVRS over 3 months. After developing an IVRS data quality system, we found that 427 (24.7%) entries required inspection. Of these, we excluded 324 entries due to data entry errors (18.8%). Most participants (n = 71; 75.5%) did not report problems using IVRS. Of those who reported a problem (N = 24), most experienced one (N = 14; 14.9%) or two (N = 7; 7.4%) problems. Problems included phone-specific problems (e.g., dropped calls due to limited cell signal when calling into the system), and/or system-specific issues (e.g., having to answer the same question repeatedly or having incorrect answers registered if IVRS didn't recognize their voice). One participant indicated that he stopped using IVRS because it reminded him that he hadn't had any recent sexual activity. In a