

Tuesday Poster Session

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Abstract

County-level sexual education policy: Exploring association with adolescent sexual health outcomes in Florida

Gaia Zori, MPH, Mark Hart, Ed.D., M.A.L.S., Foti Steven, PhD and KD Jacobs
University of Florida, Gainesville, FL

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Introduction– Rates of teen birth and sexually transmitted infections (STIs) in Florida consistently meet or exceed the national average, with wide variation by county. State legislation allows for flexibility in school sex education policy at the county level. This study assesses the association between county sex education policy and adolescent sexual health outcomes.

Methods– All data are county level for years 2013-2017. Outcome variables included birth rates among females aged 15-19 and rates of bacterial STIs among adolescents aged 15-19. Multiple linear regression was conducted to explore the association between these outcomes and sex education policy, identified as abstinence-only, abstinence-based or comprehensive, while controlling for potential confounding variables. Multiple analyses were completed for each outcome including two single years where policy was known for all counties and the five-year period 2013-2017 for counties with continuous policy data.

Results– In single year, simple linear regression models, abstinence-based ($p=0.05$) and comprehensive ($p=0.06$) policies were associated with a decrease in birth rates compared to abstinence-only; significance was not retained in multivariable models. Five-year birth rates and rate of STIs were not significantly associated with policy in any models.

Discussion– Preliminary results show county sex education policy is not significantly associated with adolescent sexual health outcomes in Florida after controlling for important social determinants and demographic variables. As there are limitations to county-level analyses, these findings warrant further exploration. Sex education in schools is widely seen as a primary prevention mechanism; quality evidence is essential in guiding prevention of adverse adolescent sexual health outcomes.

Planning of health education strategies, interventions, and programs Public health or related education
Public health or related research

Abstract

Adolescents' views on pornography and sexual health: A systematic review of research

Amy Peterson, PhD¹, **Gillian Silver, MPH, CHES²**, Stephanie Guinosso, PhD, MPH², Heather Bell³ and Karin Coyle, PhD³
(1)ETR, South Pasadena, CA, (2)ETR, Oakland, CA, (3)ETR, Scotts Valley, CA

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Interest in the use and influence of pornography among adolescents has increased in recent years due to ease of access to the Internet through computers and mobile devices. Quantitative research suggests pornography exposure is associated with adolescent sexual development, attitudes and behaviors; however, causality has not been established. Qualitative studies can provide valuable insight into how adolescents conceptualize pornography use and what messages they are receiving from pornography. For this study, a

systematic review following PRISMA reporting guidelines was conducted to understand young peoples' views on how pornography use influences their sexual development, attitudes and behaviors. Qualitative studies published in English after 1997 of young peoples' (ages 10-24) views of pornography were included in the review. Three databases yielded 28 studies. Narrative synthesis revealed that adolescents' motivations for using pornography include arousal and sexual gratification; sexual exploration and identity development; to fulfill curiosity; and for entertainment alone and in social settings. Adolescents demonstrated critical thinking towards pornography's influence on themselves and their peers, including identifying positive effects (e.g., a safe space for sexual exploration, reduced anxiety related to early sexual experiences) and negative effects (e.g., experiencing coercion and harassment related to porn, unrealistic sexual expectations). Adolescents and researchers suggested expanding sexuality education and pornography literacy programs to provide realistic information about bodies, sexuality and pleasure while building applicable critical thinking skills. These findings have implications for youth development and sexual health education programs. Such programs should reflect the realities of adolescents' pornography use and respond to adolescent needs.

Advocacy for health and health education Planning of health education strategies, interventions, and programs Social and behavioral sciences

Abstract

California vs. Texas reproductive health policies: A comparison of preferred contraceptive method use among community college students

Kristine Hopkins, PhD¹, Jennifer Yarger, PhD², Irene Rossetto, PhD¹, Lina Palomares, LMSW¹, Marta Cabral, BA³, Jill Eversole, MPH, CHES³, Janelli Vallin, MS² and Cynthia Harper, PhD²

(1)The University of Texas at Austin, Austin, TX, (2)University of California, San Francisco, San Francisco, CA, (3)University of California, San Francisco School of Medicine, San Francisco, CA

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

California and Texas have similar populations in need of family planning services but sharply contrasting reproductive healthcare policy environments. California's more supportive policies may positively influence whether more women use their preferred method of contraception compared to Texans. Using baseline survey data from an ongoing cluster randomized controlled trial of sexually active first-year students age 18-25 at 20 community colleges in California and Texas, we conducted descriptive and multivariate logistic regression analyses for clustered data to compare state differences in community college students' preferred methods of contraception, likelihood that preferred methods were used, and barriers to not using preferred methods. Among 1,170 students for whom we have contraceptive preference data to date, there were no differences by state in methods preferred (e.g., long-acting reversible contraception [LARC] 40% vs. 33%; short-acting reversible contraception [SARC] 42% vs. 44%). However, differences exist between California and Texas in women's ability to use their preferred methods: any type (50% vs. 35%; aOR=1.67, 95% C.I. 0.97-2.85); LARC (39% vs. 15%; aOR=3.51, 95% C.I. 1.69-7.28); and SARC (53% vs. 36%; aOR=1.33, 95% C.I. 0.88-2.01). Texans were more likely than Californians to cite cost barriers as the reason for not using their preferred method. Community college students in California are more likely than Texas students to use their preferred method of contraception, particularly expensive long-acting methods. Family planning policies in California that facilitate contraceptive access likely drive this difference.

Provision of health care to the public Public health or related public policy

Abstract

Association of sexually transmitted infections and sexual healthcare provider attitudes in adolescent black males in Philadelphia, PA

Breauna Branch, MPH¹, Alison Evans, ScD², Archana Bodas LaPollo, MPH³ and Heather Batson, MA³

(1)Drexel University Dornsife School of Public Health, Philadelphia, PA, (2)Drexel University, Philadelphia, PA, (3)Public Health Management Corporation, Philadelphia, PA

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Introduction:

Sexually transmitted infections (STIs) are a common cause of morbidity in sexually active adolescents. Adolescents have disproportionately higher rates of STIs, yet are reluctant to get screened and tested for STIs. Numerous barriers prevent adolescents from seeking care such as the attitudes towards them from sexual healthcare providers (SHPs) and racial biases. This study seeks to fill the gap on understanding the SHPs' attitudes towards adolescent Black males.

Methods:

Baseline cross-sectional data collected on 609 adolescent Black males between the ages of 15-22 years in Philadelphia, PA who indicated if they have received STI testing was used to analyze the association between negative experiences with SHPs and sexual behaviors. The association between STI testing and feelings of discomfort were also measured. Analyses were conducted using multivariable logistic regression models.

Results:

In adjusted models, negative associations were found between various exposures and negative attitudes. However, positive associations were found where disrespect was predicted between younger adolescents (15-17 years) with *Chlamydia trachomatis* (OR: 10.251, 95% CI: 1.483-70.855) as well as those who have been tested for STIs (OR: 3.061, 95% CI: 1.010-9.273).

Conclusion:

Having a STI, including *C. trachomatis*, and not being tested for a STI do not increase the odds of facing negative attitudes or discomfort when seeking sexual healthcare. However, younger adolescents have higher odds of experiencing disrespect from SHPs. We will discuss the significance of the results and their impact on this population and seeking sexual healthcare services.

Epidemiology Public health or related research

Abstract

A ten-year trend analysis of condom use behavior among a nationally representative sample of US high school students.

John Yannessa, PhD, Michael S. Dunn, PhD and Nicholas Pritchard, Ph.D.
Coastal Carolina University, Conway, SC

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Introduction: There is considerable concern among public health professionals regarding the lack of condom use during sexual intercourse. When considering samples of adolescents, researchers have regularly documented the lack of condom use. However, there is little data to examine the direction of this trend over time in samples of adolescents. **Method:** Data was derived from the YRBS surveys from 2007-2017 (n=82,677). These studies are conducted every odd year, and are representative of U.S. high school students. Chi-Square test was used to examine the question "The last time you had intercourse, did you or your partner use a condom?" over time. A logistic regression model was then developed to further assess the relationships. **Results:** Teens reported a steady decline in condom use for every two-year increase in time from 2007-2017. Holding race constant, the odds of not using a condom during the last sexual encounter are 1.049 times larger for every 2-year increase. African-American students were more likely to report condom use than their white or Latino counterparts. Holding race and year constant, the odds of a male reporting that a condom was used during the last sexual encounter are 1.675 times larger than that of

a female. **Conclusions:** Overall, the decade long decline in condom use is extremely troubling. Other researchers have documented a national decline in teen pregnancy rates due to increased contraceptive use. However, our results indicate a need to continually reinforce the importance of barrier methods in the efforts to prevent the transmission of sexually transmitted infections.

Implementation of health education strategies, interventions and programs Other professions or practice related to public health Social and behavioral sciences

Abstract

The sexual health of arab-American immigrant youth: An invisible health disparity

Nazineen Kandahari, MS¹, Ndola Prata, MD, MSc², Maureen Lahiff, Ph.D.² and Sarah Abbouds, PhD, RN³
(1)UC Berkeley-UCSF Joint Medical Program, Berkeley, CA, (2)University of California, Berkeley, Berkeley, CA, (3)University of Illinois at Chicago, College of Nursing, Chicago, IL

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Background: Arab-American immigrant youth have multiple marginalized identities that raise their risk for worse health outcomes, yet there remains a paucity of literature about their health, particularly their SRH. Furthermore, no scholars to date have applied a social determinants of health approach to the study of Arab-American immigrants' health. Thus, we investigated the relationships among sexual behaviors, sexual attitudes, acculturation, and religiosity for Arab-American immigrant youth aged 18-25 years living in the United States.

Methods: We conducted a cross sectional study. Participants (N=100) were recruited via purposive sampling and completed either an in-person or online survey. Data on the frequency of sexual behaviors, sexual attitudes (Sexual Double Standards Scale, Premarital Sexual Permissiveness Scale), acculturation (Arab Acculturation Scale), and religious identification and religiosity (Duke University Religion Index) were collected and then analyzed using descriptive statistics (frequency, mean, and standard deviation), bivariate analyses, and multiple regression analysis.

Results/Conclusion: Preliminary findings demonstrate a nuanced relationship of sexuality among youth who are navigating multiple identities and norms about sex and sexuality. This study contributes new knowledge about sexuality in Arab-American youth. Ultimately, our findings can be used as a guide to plan, develop, and test interventions that are culturally sensitive and guided by community-based research, to promote healthy sexualities among this understudied population. We also recommend the representation of Arab-Americans and, more broadly, Middle Eastern and North African individuals, in the federal racial schema such that their experiences of greater structural harms, such as racism and racialization, can be quantified and monitored.

Advocacy for health and health education Diversity and culture Epidemiology Planning of health education strategies, interventions, and programs Public health or related research Social and behavioral sciences

Abstract

“you do it without their knowledge”: Is nonconsensual condom removal a new form of sexual violence?

Marwa Mohamed, MPH and **Monideepa Becerra, DrPH, MPH, CHES**
California State University, San Bernardino, San Bernardino, CA

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Background: Sexual consent is often defined as the voluntary agreement to participate in a sexual act,

though the differing definitions across and within countries make legal consensus difficult. In recent years, due to popularization through social media, nonconsensual condom removal, termed *stealthing*, is becoming common, especially among young adults. Yet, little to no empirical evidence exists on this sexual behavior as lack of consent maybe considered a form of sexual violence.

Methods: In this exploratory sequential mixed methods approach, we aimed to address the current perception of *stealthing* among young adults. College students were recruited from general education courses at a medium-sized four-year public university. Focus groups followed by quantitative surveys were conducted.

Results: Results demonstrated central theme of health-decision making with associated themes of consent, which further included subthemes of privacy, trust, and violation, followed by consideration of *stealthing* as sexual assault and social norm and acceptance of *stealthing*. Quantitative assessment showed that knowledge and awareness of *stealthing* remains low, though sex differences exist on the perception of *stealthing* being considered sexual assault; with lower rates among males as compared to females.

Conclusion: The act of *stealthing* has been popularized in social media. Our results demonstrate that there is a need for health educators to assess the prevalence of such a behavior among young adults and policy makers to assess the legal implications of nonconsensual condom removal as a form of assault.

Administer health education strategies, interventions and programs Advocacy for health and health education Public health or related public policy Public health or related research Social and behavioral sciences

Abstract

Childhood sexual trauma, adverse adult outcomes, & help-seeking: The role of trauma duration

Ashley Schuyler, MPH and Joseph Catania, PhD
Oregon State University, Corvallis, OR

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Background: Childhood sexual trauma (CST) has been linked to adverse adult outcomes (AAOs) across health and life domains. Few CST studies have examined public health concerns regarding identification of high-priority sub-populations most in need of linkage-to-trauma-related-care. Progress in this area has been limited by the lack of theoretical grounding. Based on traumatic stress models, which emphasize the role of trauma duration in driving long-term outcomes, we examined the effects of CST duration on the occurrence of multiple AAOs and trauma-related help-seeking.

Methods: The National Sexual Health Survey (N=6,537; 18-70 yrs.) assessed perpetrator-specific CST experiences and the length of time over which CST occurred. Adjusting for background characteristics, we compared CST duration categories in predicting multiple AAOs (Domains: physical & mental health, achievement; N = 12 total AAOs) and CST-related help-seeking (e.g., mental health providers).

Results: The mean number of AAOs increased significantly with longer CST duration [Single event CST: 2.1 (SD: 1.6); Intermediate duration: 2.4 (1.6); Extreme duration: 3.0 (1.8); ps < .01]. Duration groups differed by gender, sexual orientation, and education. Approximately 2/3 of participants with CST did not seek help. Longer CST duration predicted a higher prevalence of help-seeking from professionals (Single event: 20%; Intermediate: 34%; Extreme: 54%; ps ≤ .001).

Conclusions: CST duration is useful in identifying sub-groups with multiple long-term AAOs and inadequate levels of help-seeking. Screening for CST needs to consider trauma duration in identifying priority populations in need of assistance in linking-to-care. Traumatic stress theory provides an important framework for conceptualizing CST-related health needs.

Public health or related research Social and behavioral sciences

Abstract

Primary care physician practices and perspectives on offering reproductive health services

Meredith Manze, MPH, PhD¹, Heidi E. Jones, PhD MPH², Lynn Roberts, PhD³, Susan Rubin, MD, MPH⁴ and Diana Romero, MA, PhD¹

(1)City University of New York (CUNY) Graduate School of Public Health and Health Policy, New York, NY, (2)CUNY School of Public Health, New York, NY, (3)CUNY Graduate School of Public Health & Health Policy, New York, NY, (4)The Institute for Family Health, New York, NY

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Background: Primary care provides an important opportunity for patients to access comprehensive reproductive health (RH) services. Data are lacking on the specific RH services provided by primary care physicians (PCPs), and their perceptions of offering these services.

Methods: We recruited a large convenience sample of 443 PCPs in New York State. We conducted descriptive statistics overall and by specialty (family medicine, internal medicine, and other PCPs) for type of services provided and perceived disadvantages/barriers to integrating RH in primary care.

Results: The majority of respondents provided at least one RH service in the last year (88%), with HIV/STI testing and counseling (74%) being the most common, followed by contraceptive counseling (67%) and cervical cancer screening (63%). The least reported service was induced abortion (9%). The majority of respondents provided at least one contraceptive service in the last year (74%), most notably provision of oral contraceptives (71%). However, less than 40% of PCPs provided any of the other contraceptive services. The most frequently held perceived disadvantage/barrier to offering RH services was not being sufficiently trained (51%, cited more often by internal medicine vs. family medicine physicians), followed by additional time that may detract from other primary care services (32%); over a third reported no disadvantages (36%).

Discussion: Although physicians in our sample offer some RH services, there is room for expansion of comprehensive services. Training on RH service delivery, particularly for internal medicine physicians, is needed prior to expansion of RH in primary care.

Provision of health care to the public Public health or related research

Abstract

Association between IPV perpetration and STIs among African American young adults in Washington, DC

Forough Saadatmand, PhD¹, **Jennifer Bronson, PhD²** and Craig Dearfield, Ph.D.³
(1)Howard University, Washington, DC, (2)National Association of State Mental Health Program Directors Research Institute, Alexandria, VA, (3)George Washington University, Washington, DC

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Background: This presentation discusses analysis of baseline data from 638 African American young adults ages 18-25 living in Washington, DC collected in a longitudinal study.

Objective: To examine the association between intimate partner violence (IPV) perpetration and the prevalence of sexually transmitted infections (STIs).

Methods: A total of 250 respondents indicated that they were in a romantic relationship and completed a 23-item questionnaire on IPV in their current relationship. Correlation analysis was performed to measure the association between perpetration of IPV and STIs.

Results: In this study, 58% of the respondents engaged in some forms of IPV (physical or sexual) and about 20% reported ever having an STI. There was a statistically significant difference between males and females with about 14% of males and 27% of females reporting having ever had an STI. In the overall sample, perpetration of each measured type of IPV behavior was positively associated with ever having had an STI

(physical violence: $r = .232$, $p > .001$; high physical violence: $r = .165$, $p > .01$; sexual violence: $r = .203$, $p > .01$). For males, perpetration of each type was also significantly associated with having an STI (physical violence: $r = .238$, $p > .05$; high physical violence: $r = .313$, $p > .001$; sexual violence: $r = .401$, $p > .001$). For females, only perpetration of physical violence was associated with having an STI for this sample ($r = .222$, $p > .01$).

Conclusion: This analysis suggests that perpetration of physical or sexual IPV may be associated with lifetime prevalence of STIs. People in violent relationships should be considered for STI screening in clinics.

Public health or related research Social and behavioral sciences

