patients…[to] feel that they can relate to their providers because they'll be more comfortable talking to you…and open up to you more") and patients' motivation; barriers included the patient's experiences of stigma and medical mistrust, and the adverse effects of the patient's depression on executive function. Facilitators of care at the provider level included frequent patient-provider communication and providers' comfort with the topic of sexual health; barriers included providers' preconceptions about high-risk depressed young women, and lack of time in a clinic visit to build trust with the patient ("I don't think that's an adequate amount of time to address all of the issues that adolescents have, especially ones that are dealing with depression"). At the clinic level, facilitators of care included integration of care and use of a team-based care approach; barriers included lack of scheduling flexibility, and confidentiality and space constraints. Facilitators of care at the organization/community level included training and support for providers; barriers included a lack of support from clinic leadership and funding constraints ("I think that it all boils down to money"). At the societal level, facilitators of care included supportive policies and funding streams; barriers included policy and societal stigma about mental health and young women's sexuality.

Conclusions: Optimizing sexual health care to high-risk depressed young women necessitates attention to factors on all socioecological levels to remove barriers and bolster existing facilitators of care. Improving sexual health care for high-risk depressed young women through the integration of mental health care and sexual health care in clinic systems has the potential to improve sexual health care for all young women.

Sources of Support: iTP3 project, Aerosmith Foundation

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HEALTHCARE WORKERS' ATTITUDES TOWARD ADOLESCENT REPRODUCTIVE HEALTHCARE ~THE CASE OF CEBU CITY, THE PHILIPPINES~

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Purpose: In reproductive healthcare, negative attitudes among healthcare workers sometimes appear toward adolescent clients who have premarital sex, who use contraceptives, and who are sexually active. Such attitudes influence the quality of the services that adolescents can receive. Past studies have found that ideas based on culture, religion, lack of knowledge, and personal values created negative attitudes among healthcare workers. In the Philippines, only a few studies on healthcare workers' performance have been done and none focus on healthcare workers' attitudes in adolescent reproductive healthcare. The purpose of this research is to identify healthcare workers' attitudes toward adolescent reproductive healthcare in Cebu City, the Philippines, factors causing negative attitudes among healthcare workers, and to suggest how to improve the negative attitudes.

Methods: This research consists of a mix of quantitative and qualitative methods with a concurrent design. As a quantitative method, 65 self-administered questionnaires were distributed (64 were submitted) to healthcare workers who are engaged in maternal and family planning services in barangay health centers (local district health centers). As a qualitative method, semi-structured interviews were conducted with a staff member who works at the city government level and 6 healthcare workers who work for barangay health centers in Cebu City. All the respondents were selected using non-probability purposive sampling. The quantitative data was analyzed by binominal test and correlation analysis using SPSS. The qualitative data was analyzed using thematic analysis.

Results: Almost all the healthcare workers surveyed in Cebu City, the Philippines, have positive attitudes toward the overall idea and the practice of promoting adolescent reproductive rights. On the other hand, most of them are hesitant to discuss sexual issues and concerns with adolescent clients and have negative impressions toward adolescents who have sexual experience. This result implies that healthcare workers are fulfilling their responsibilities based on the manual or professional guidelines. However, the actual quality of the services given to adolescents might be failing to provide youth-friendly services, to look at clients on an individual level, or to satisfy the real needs of adolescent clients. From the qualitative analysis, the factors causing the negative attitudes were divided into 2 types: internal factors brought by healthcare workers' individual issues and external factors in the environment surrounding the healthcare workers. Internal factors include inadequate knowledge of adolescent sexual behavior, lack of interpersonal relations with adolescent clients, and a fear of encouraging adolescents to engage in premarital sex. External factors include ignorance of adolescent clients, parental consent required for minors' reproductive healthcare, and pressure from the Church.

Conclusions: In addition to healthcare workers' knowledge and communication skills, mandatory parental consent for minors and pressure from the Church discourage healthcare workers from providing youth-friendly services.

Sources of Support: None for the abstract.

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HOW DID THE FIRST TIME GO? YOUNG ADULTS LOOKING BACK AT THEIR FIRST VAGINAL INTERCOURSE

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Purpose: To assess factors associated with having first vaginal intercourse at the right time or not among young adults.

Methods: Data were drawn from a Swiss national study on sexual health ran in 2017. Participants (4297 young adults aged 24-28, 51.4% females) answered the question "Looking back, regarding your first sexual intercourse with vaginal penetration, do you think that…" and were divided in 4 groups: "I shouldn't have done it" (NOTDONE:320;7.5%), "I should have waited longer" (WAITED:369;8.6%), "I shouldn't have waited so long" (NOTWAITED:353;8.2%), and "It was the right moment" (RIGHTTIME:3255;75.7%). Groups were compared on their first vaginal intercourse (age, presumed first time for their partner, in a steady/occasional relationship, enjoyability, and main motivation), current frequency of vaginal intercourse, self-perception of puberty timing, having a chronic condition, and sociodemographic (gender, Swiss/foreign born, life satisfaction) variables. Groups were compared at the bivariate level and then at the multivariate level using a multinomial analysis using RIGHTTIME as the reference category. Data are presented as relative risk ratios (RRR).

Results: At the bivariate level, all variables were significant. At the multivariate level, compared to RIGHTTIME, those in NOTDONE were significantly more likely to have had their first vaginal intercourse at a younger age(RRR 0.86), with a partner for whom it was not the first

time(1.79), in an occasional relationship(4.91), to have not enjoyed it(4.02); and less likely to have done it to lose their virginity(0.25), out of curiosity(0.25) or love(0.07). They were also more likely to report only one sexual intercourse(9.09). The WAITED were less likely to be males(0.58) and to have done it to lose their virginity(0.33), out of curiosity(0.33) or love(0.10) and more likely to have had their first vaginal intercourse at a younger age(0.88), to think that it was not the first time for their partner(1.92), and to have not enjoyed it(2.61). Finally, the NOTWAITED group were more likely to be males(4.00), older at first intercourse(1.23), declare not being the first time for their partner(1.67), doing it mainly to lose their virginity(2.18), and qualifying it as unpleasant(2.14).

Conclusions: Young adults who did not experience their first vaginal intercourse at the right time (whether too early or too late) enjoyed it significantly less, which could in part be explained by the fact that there were more differences in experience with their partners. For the NOTDONE group, their first experience was more in the context of occasional relationships and they were younger, which could possibly explain why it was less enjoyable. Generally, regret is more often considered for girls, however, our results show no gender differences regarding the NOTDONE group, implying that it can affect boys as much as girls. Thus, it appears important to screen about the first vaginal intercourse as it remains a key event and reinforce prevention around first sexual experiences to take place at the right moment and consequently under the best of circumstances.

Sources of Support: The Swiss National Science Foundation

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KEY STAKEHOLDER'S PERSPECTIVES ON ADOLESCENT AND YOUNG ADULT REPRODUCTIVE HEALTH IN RURAL LATINO COMMUNITIES

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Purpose: Latino teen pregnancy and birth rates are 1.5 times higher than the US national average, and nearly 1/3 higher in rural areas. Decreased access to reproductive health care and contraceptive use contribute to higher pregnancy rates among rural, Latino adolescent and young adults (AYA). Community norms, beliefs, and attitudes appear to shape reproductive access and utilization. Little is known about attitudes and beliefs among key-stakeholders regarding reproductive health care in rural Latino communities. The purpose of this work is to explore key stakeholders' knowledge, beliefs, and attitudes about AYA reproductive health care in a rural Latino community.

Methods: Key stakeholders in three cities with Latino-majority populations in rural Kansas completed a survey to assess demographic data and participated in semi-structured interviews that explored perceptions of adolescent access to reproductive health care, sexual activity, and sex education in their communities as a part of this human subjects approved study. Interviews were conducted by trained research staff and interviews were focused on exploring perceived obstacles to teen pregnancy prevention in rural Kansas and perspectives on access to services, sexual risk-taking behaviors and outcomes among Latino youth. Survey data were evaluated using descriptive analyses in STATA and thematic analysis of focus group data was performed.

Results: 55 participants with a mean age 44 years were interviewed. They included 7 public health department staff members, 8 community health workers, 9 health care providers (MD, APRN, RN, CNA), 18 high school or college staff, and 18 community members. The majority of participants were female (84%), Catholic (52%) and Latino (55%). Main themes revealed that there are multi-layers of obstacles to teen pregnancy prevention: geographical isolation and limited rural health providers, acceptance of teen pregnancy as a community norm, reluctance to provision of comprehensive sexuality education and reproductive health information, and care with emphasis on teen pregnancy "support" services. Importantly, community health workers and public health department staff members inaccurately linked provision of reproductive health services and education with increased engagement in sexual intercourse. This same group also attributed abortion properties to standard contraceptive methods.

Conclusions: Key stakeholders serving Latino youth in Kansas identify significant obstacles for delivery of adolescent pregnancy prevention services. However, they also display attitudes and knowledge deficits that may contribute to the significant unmet reproductive health needs of rural Latino AYA and must be addressed when developing rural, community-based, AYA pregnancy prevention strategies.

Sources of Support: Katharine Berry Richardson (KBR) Award through Children's Mercy Hospital

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KNOWLEDGE AND ATTITUDES TOWARDS CONTRACEPTIVES AMONG ADOLESCENTS AND YOUNG ADULTS

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Purpose: The American College of Obstetrics and Gynecology (ACOG) recommends intrauterine devices (IUDs) as first-line contraceptive choices for parous and nulliparous adolescents. The American Academy of Pediatrics (AAP) endorses the use of IUDs as contraception to parous adolescents and those who consistently protect themselves against sexually transmitted infections. The Society for Adolescent Health and Medicine (SAHM) supports equal access for all women to the full range of contraception, including long-acting reversible contraceptives (LARCs). Research reveals young women have limited knowledge and access to IUDs. Although the copper IUD can function as emergency contraception (EC), its use as such remains limited. Male partners can influence contraceptive decisions, making it important to understand their perspectives. Perceived knowledge about IUDs among young men is lower than their objective knowledge, with increased disparities existing among minority populations. This study aims to understand baseline contraceptive knowledge and attitudes of adolescents, allowing providers to improve sexual health education and overcome barriers faced by patients when choosing contraceptives.

Methods: Subjects were recruited at Staten Island University Hospital's adolescent clinic. Participants completed an anonymous survey that assessed their knowledge and attitude towards different methods of contraception, with an emphasis on the IUD. Participants were males and females, aged 13-21.

Results: Completed surveys totaled 130 (99 females/31 males). Demographically, 17.6% identified as White, 31.3% as Black/African-American, 30.5% as Latino/Hispanic, 3% as Asian, and 14.5% as other. When assessing awareness, percentage awareness per method was: