objectives of this analysis were to assess the accuracy of perceptions about sexual concurrency among pregnant adolescents and their partners and whether self-reported concurrency is related to the accuracy of perceptions.

Methods Pregnant adolescent couples (N=258) were recruited from antenatal clinics as part of a larger study. Couples included pregnant women, 14–21 years, romantically involved with the father of the baby, ≥ 14 years. Sociodemographic, psychosocial and sexual behaviour data were collected from each member of the couple via ACASI. κ statistics assessed the accuracy of perceptions about partner concurrency during the relationship. Respondents who were uncertain about their partner's concurrency (n=58) were excluded from the kappa calculations. Multivariable logistic regression using generalised estimating equations assessed the associations between the respondent's self-reported concurrency and the accuracy of their perceptions about partner concurrency.

Results A total of 162 (81%) males and 146 (85%) females accurately reported their partner's nonconcurrency, but only 40% of males and 43% of females accurately reported the partner's concurrency (Abstract P2-S1.14 table 1). Overall, the accuracy of perceptions about concurrency was moderate (κ 0.41 for males, 0.49 for females). Adjusting for age, gender and partnership duration, respondents who self-reported non-concurrency were 54% less likely to accurately report their partner's concurrency ($p=0.061$). Respondents who self-reported concurrency were 81% less likely to accurately report their partner's non-concurrency ($p<0.001$).

Abstract P2-S1.14 Table 1 Agreement between respondent's perceptions about sexual concurrency during the relationship and partner-reported concurrency

Male's perception	Female partner's self-reported concurrency # (% of total)		
	No	Yes	Total
No	162 (63)	31 (12)	193 (75)
Yes	12 (5)	23 (9)	35 (14)
Uncertain	25 (10)	4 (2)	29 (11)
Total	199 (77)	58 (23)	257

Female's perception	Male partner's self-reported concurrency # (% of total)		
	No	Yes	Total
No	146 (57)	33 (13)	179 (69)
Yes	13 (5)	37 (14)	50 (19)
Uncertain	12 (5)	17 (7)	29 (11)
Total	171 (66)	87 (34)	258

Conclusions Among pregnant adolescents and their partners, there were many inaccurate perceptions about partner sexual concurrency. More than half did not accurately report their partner's sexual concurrency, which may increase their STI risk. Respondents' personal concurrency was associated with inaccurate perceptions about their partners' concurrency, reinforcing the need to improve sexual communication among young expecting parents.

P2-S1.15 CRIMINAL JUSTICE INVOLVEMENT IN ADOLESCENCE AND SEXUALLY TRANSMITTED INFECTION IN ADULTHOOD IN USA

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Background Criminal justice involvement (CJI) may influence a former offender's sexually transmitted infection (STI) risk by, for

example, disrupting sexual networks thereby increasing sex partnership exchange or increasing links to high-risk networks and thus STI-infected sex partners. If CJI increases STI risk, juvenile CJI may be a particularly important determinant of subsequent STI, because experiences and behaviours during the adolescent period have been shown to influence risk trajectories into adulthood and because adolescent CJI that continues into adulthood would result in greater CJI exposure. No study, to our knowledge, has measured associations between juvenile CJI and adult STI risk.

Methods We used Wave III (2001–2002: young adulthood) of the National Longitudinal Study of Adolescent Health (N=14 322) to estimate cross-sectional associations between reported history of juvenile justice involvement and adult biologically-confirmed infection with chlamydia, gonorrhoea, or trichomoniasis.

Results In analyses adjusting for age, race, gender, socio-economic factors, drug use, delinquency, and depression/suicidality, indicators of 1 juvenile arrest and 2–5 juvenile arrests were not associated with adult STI. Those who had been arrested 6 or more times as a juvenile had 8 times the odds of adult STI as those with no juvenile arrest history (adjusted OR 8.58, 95% CI 2.94 to 25.1). History of juvenile conviction and serving a sentence of juvenile detention or probation also was associated with STI (adjusted OR: 2.07, 95% CI

Abstract P2-S1.15 Table 1 ORs and 95% CIs for the association between juvenile justice involvement and adult biologically-confirmed sexually transmitted infection (Assessed at Wave III)*, among young adults aged 18–28 years in the USA†

Juvenile criminal justice involvement	Adult biologically-confirmed sexually transmitted infection	
	Unadjusted OR (95% CI)	Adjusted OR (95% CI)‡
Number of times arrested as a minor		
0 times	Referent	Referent
1 time	1.23 (0.73 to 2.07)	1.24 (0.73 to 2.11)
2–5 times	1.30 (0.59 to 2.84)	1.17 (0.49 to 2.78)
6+ times	7.58 (3.00 to 19.17)	8.58 (2.94 to 25.1)
Ever convicted or plead guilty in a juvenile court		
No	Referent	Referent
Yes	2.14 (1.26 to 3.63)	2.07 (1.16 to 3.70)
Persistent Offending		
Never arrested as a juvenile or an adult	Referent	Referent
Arrested as a juvenile, not as an adult	1.19 (0.64 to 2.22)	1.35 (0.71 to 2.56)
Arrested as an adult, not as a juvenile	1.11 (0.78 to 1.56)	1.22 (0.82 to 1.81)
Arrested both as a juvenile and an adult	1.98 (1.26 to 3.10)	1.72 (1.06 to 2.80)
Timing of First Arrest		
Never arrested as a juvenile or an adult	Referent	Referent
Arrested for the first time as a minor	1.58 (1.09 to 2.29)	1.53 (1.02 to 2.29)
Arrested for the first time as an adult	1.10 (0.78 to 1.55)	1.21 (0.81 to 1.79)

*Overall, 6.1% of the analytic sample was confirmed to have a positive test result with *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, or *Trichomonas vaginalis*.

†Use of survey commands to account for stratification, clustering, and unequal selection probabilities yielded nationally representative estimates of white and black young adults.

‡Adjusted for age; gender; race/ethnicity; age at first sex; high school education status of mother/primary caretaker; high school education status of respondent; poverty level measured at Wave III, defined as difficulty affording housing/utilities in past year; adolescent history of getting drunk or marijuana, cocaine, or injection drug use; high levels of delinquency in adolescence, defined as a score of 7 on a 7 point delinquency scale; and indicators of hopelessness in adolescence, including respondent report that he/she would be killed by the age of 21 year and report that he/she would get HIV/AIDS.

1.16 to 3.70). Persistent offenders, defined by report of both juvenile and adult arrest, had elevated odds of STI compared to those who were never arrested (adjusted OR: 1.72, 95% CI 1.06 to 2.80), while those who reported history of arrest either as a juvenile or as an adult but not during both time periods did not have elevated STI risk.

Conclusions Adolescents who have very high repeat contact with the criminal justice system, who are convicted as juveniles, or who remain offenders into adulthood are priority populations for STI treatment and prevention. Though the potential for residual confounding especially due to unmeasured mood and personality characteristics is a limitation, the independent associations between juvenile CJI indicators and adult STI suggest that for some, the disruptive effect of juvenile CJI may contribute to a trajectory that results in adulthood STI see Abstract P2-S1.15 Table 1.

P2-S1.16 SOCIAL INFLUENCES ON RELATIONSHIP FIDELITY AND CONCURRENCY PATTERNS AMONG LATINO ADOLESCENTS IN SAN FRANCISCO

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Background Our previous research in San Francisco's Mission District, a predominantly Latino neighbourhood characterised by high immigration, poverty, and gang-related violence, highlighted diverse partnership patterns among youth and the role of gang affiliation in high-risk sexual activity and pregnancy. 38% of Latino youth reported concurrent partnerships.

Methods We conducted 33 semi-structured in-depth interviews with immigrant and US-born male and female Latino youth aged 16–21 to explore how the social environment affected partnership formation and STI risk. Participants were recruited from community venues; interviews were conducted in Spanish or English. Interview transcripts were coded in Atlas.ti. We analysed the following themes: relationship fidelity; STI prevention; and concurrency norms (agreement with the statement, Many Mission youth in a relationship are also seeing someone on the side).

Results Participants were 48% female; had a mean age of 17.5 years; and 55% were immigrants from Mexico or Central America. 27 of 30 believed that concurrency is widespread, described as "cheating" (having a "main girl with 'friends with benefits' on the side") or resulting from initiating new relationships before ending existing ones or between serial break-ups with a main partner. Infidelity was motivated by machismo, a cultural notion of masculinity that was heightened for men respected for having multiple partners; boredom with a single partner; an ideal that fidelity was only relevant within marriage with cheating expected prior to that; and revenge for known, suspected or pre-emptive cheating. Street gangs introduced distinct reasons for young males preferring multiple, casual partnerships: limited time for relationships because of obligations to the gang first and foremost; disinterest in committed relations to avoid emotional vulnerability given emotional demands of street life; and multiple partners bringing status: "you got more game; you got more reputation." Young women recognised that having partners in a gang brought social prestige and articulated strategies for increasing intimacy (eg, pregnancy) to draw partners away from the street and strengthen commitment to the relationship. Despite a perception of pervasive concurrency, STI risk perception was low.

Conclusions Many relationship norms and expectations held by youth supported concurrency, highlighting the importance of addressing social influences like gangs in STI prevention.

P2-S1.17 EVALUATING NATIVE STAND: A PEER EDUCATION CURRICULUM FOR HEALTHY DECISION-MAKING FOR NATIVE YOUTH

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Background American Indian/Alaska Native (AI/AN) youth are disproportionately affected by a myriad of health and social conditions. Compared to other US teens, AI/AN youth have higher rates of sexually transmitted infections, teen pregnancies, tobacco use, alcohol use, and substance use. Native STAND (Native Students Together Against Negative Decisions), a 29-session peer educator curriculum was developed to address a range of sexual and reproductive health topics, including important communication and peer education skills. It is the first peer educator curriculum for healthy decision making developed for AI/AN youth.

Methods Eighty students attending four Bureau of Indian Education (BIE) boarding schools were selected to be trained as peer educators. The curriculum was delivered by trained adult staff at each school and the sessions occurred over the course of the school year with each session approximately 90 min in length. A pre- and post-test using Computer Assisted Self-Interviewing (CASI) was administered to the participants. At the end of the program, focus groups with peer educators and school staff and key informant interviews with facilitators and school administration were conducted to identify programmatic strengths and weaknesses and inform final program revisions.

Results Overall, analysis of pre- and post-test CASI data showed students at all four schools experienced increases in talking to peers about sexual health; in STI/HIV prevention and reproductive health knowledge; in the intention to use condoms to avoid pregnancy and STIs; and in condom self-efficacy indices. Focus groups and key informant interviews revealed that facilitators and students felt they learnt a lot through the curriculum and enjoyed the program; they saw the program as a badly needed source of clear and honest information; and they voiced their desire to have the program continue.

Conclusions Native STAND was well-received at all four sites by students, facilitators, and school administrators. Almost everyone felt that no topics should be eliminated and that all the curriculum's activities were relevant and important to include to address the unique needs of Native youth. We will incorporate findings from the evaluation into the curriculum and make it widely available.

P2-S1.18 ACCURACY OF SELF-REPORTED CONDOM USE ASSESSED BY THE SEMEN Y-CHROMOSOME BIOMARKER FOR UNPROTECTED SEX

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Background Adolescents may use condoms inconsistently or incorrectly, and may over-report their condom use. Biomarkers offer a