Results There were 610 participants (mean age: 14.2 years [SD: 1.5]; 49.5% cisgender women, 48.9% cisgender men, 1.6% transgender persons); three-quarters (n=447; 73.3%) were Indigenous. One-quarter (n=144; 23.6%) reported food insecurity and nearly one-fifth (n=111; 18.2%) IPV. Among young women, food insecurity (β : -1.89[CI: -2.98, -0.80], $p=0.001$) and IPV (β : -1.31[CI: -2.53, -0.09], $p=0.036$) were associated with lower SSE in adjusted analyses, and currently dating was associated with increased SSSE (β : 1.17[CI: 0.15, 2.19], $p=0.024$). Among young men, food insecurity (β : -2.27[CI: -3.39, -1.15], $p=0.014$) was associated with reduced SSE. Among sexually active participants (n=115), increased SSE was associated with increased condom use among young women (β : 1.40[0.19, 2.61], $p=0.024$) and men (β : 2.14[0.14, 4.14], $p=0.036$). No differences emerged by Indigenous identity across analyses.

Conclusion Food insecurity and IPV emerged as syndemic factors associated with lower SSE—a protective factor associated with condom use among Northern and Indigenous adolescents in the NWT. Poverty and violence compromise Indigenous and Northern youth's sexual agency and in turn contribute to STI vulnerabilities, requiring urgent attention.

Disclosure No significant relationships.

013.2 MIXED METHODS ANALYSIS: ROLE OF PARENTS, PEERS, AND PERCEIVED SEVERITY OF SEXUAL HEALTH OUTCOMES AMONG NATIVE AMERICAN YOUTH

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Background Native American youth experience the highest rates of teen pregnancy and sexually transmitted infections (STIs). Past research has demonstrated the influence of parents and peers on adolescent sexual health decision making. Yet few studies have explored how the threat of negative health outcomes, specifically STIs and unintended pregnancy, impact youth's intentions, perceptions of reactions from peers and parents, and ultimate behaviors.

Methods This study used a mixed-methods approach. Quantitative and qualitative data was collected from Native, reservation-based youth ages 11–19. N=558 completed a survey and 62 participated in a focus group discussion (FGD). Multivariate logistic regression assessed associations between the perceived severity of STI and unintended pregnancy with the outcomes of lifetime sexual experience, sexual intention, condom use, and condom use intention (CUI). Qualitative data was analyzed using a descriptive, directed method.

Results Mean age was 13.4 and 51.6% were female. Youth who reported they would be upset (OR=2.43, $p=0.001$) or their parents would be upset (OR=2.95, $p<0.001$) if they got pregnant/got someone pregnant had higher odds of CUI. FGD data differ slightly, with some youth (mostly females) saying they didn't use condoms because they want to become pregnant. Youth saying friends would lose respect for them if they had an STI had higher odds of CUI (OR=2.37, $p=0.001$).

FGD data endorse peers as major influencers on sexual activity, especially among males.

Conclusion Results show the perceived severity of STIs and unintended pregnancy combined with anticipated negative reactions from parents and peers are associated with Native youth's intention to use condoms, but not actual condom use behavior or sexual initiation. To bridge this intention-behavior gap, future programming should engage both parents and peers, reinforce the severity of not using condoms, and develop Native youth's skills for actual condom use.

Disclosure No significant relationships.

013.3 HIGH PREVALENCE OF CERVICO-VAGINAL INFECTIONS AMONG FEMALE ADOLESCENTS IN FOUR URBAN REGIONS OF PANAMA

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Background Few data exist on cervico-vaginal STI among adolescents in Panama. The aim of this study was to determine the prevalence and correlates of cervico-vaginal STIs among female school-going adolescents in urban regions of Panama.

Methods A multicentric cross sectional study using multistage cluster sampling, with random selection of schools and clusters was conducted among participants aged 14–19 years enrolled in public high schools in the urban regions of Panama, San Miguelito, Colón, and Panamá Oeste, accounting for 53% of the country's population. One region was studied each year between 2015 and 2018. Participants self-administered a questionnaire and gave urine samples. Those who self-reported sexual activity were tested for *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG), *Mycoplasma genitalium* (MG), and *Trichomonas vaginalis* (TV) by PCR. Correlates of infection were analyzed using univariate (OR) and age adjusted analyses (AOR).

Results A total of 1404 female adolescents (median age 17) participated. More than half (57.3%) reported a history of sexual activity; of those, 27.4% had ≥ 1 positive STI test (22.8% positive for CT, 2.2%NG, 3.9%MG, 2.3%TV). Almost all participants with NG also had CT (15/18, 88.2%); nearly half with MG also had CT (13/31, 41.9%). Correlates did not change when removing non-CT infections; correlates of one or more STI included: three or more sex partners in the past year (AOR=4.12, 95%CI: 1.13–15.1), sex with a casual partner at least once (AOR=3.5, 95%CI: 1.6–7.7), reported sex in the past month (OR=1.8, 95%CI: 1.3–2.7), and reported anal sex (OR=1.6, 95%CI: 1.1–2.4). Protective correlates included study sites Colón and Panamá Oeste (AOR=0.3, 95%CI: 0.1–0.7; AOR=0.2, 95%CI 0.1–0.4).

Conclusion This study found very high prevalence of cervico-vaginal STIs, especially CT among high school-going female adolescents in urban Panama regions. Results indicate the need for interventions that target female adolescents, such as screening and treatment in urban Panama.

Disclosure No significant relationships.