

avoid pregnancy. Weekly journals measured relationship, contraceptive, and pregnancy outcomes. We examined 27,572 journals from 940 women over the first year. Our outcome was self-reported pregnancy. At baseline, we assessed moderate/severe depression (CESD-5) and stress (PSS-4) symptoms. We estimated the effect of baseline mental health symptoms on pregnancy risk with discrete-time, mixed-effects, proportional hazard models using logistic regression.

**Results:** At baseline, 24% and 23% of women reported moderate/severe depression and stress symptoms, respectively. Ten percent of women became pregnant during the study. Rates of pregnancy were higher among women with baseline depression (14% vs. 9%,  $P=0.04$ ) and stress (15% vs. 9%,  $P = 0.03$ ) compared to women without symptoms. In multivariable models, the risk of pregnancy was 1.6 times higher among women with stress compared to those without stress (RR 1.6, CI 1.1, 2.7). Women with comorbid stress and depression symptoms had over twice the risk of pregnancy (RR 2.1, CI 1.1, 3.8) compared to those without symptoms. Among women without a prior pregnancy, having both stress and depression symptoms was the most strongly associated predictor of subsequent pregnancy (RR 2.3, CI 1.2, 4.3), while stress alone was the strongest predictor among women with a prior pregnancy (RR 3.0, CI 1.1, 8.8). Having depression symptoms alone was not associated with women's pregnancy risk.

**Conclusions:** Stress consistently, negatively influenced young women's risk of unintended pregnancy over one year. Women with comorbid mental health symptoms had the highest pregnancy risk.

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#### CORRELATES OF CONSISTENT USE OF EFFECTIVE CONTRACEPTIVE METHODS AMONG MALE AND FEMALE ADOLESCENT AND YOUNG ADULT SOLDIERS IN TRAINING

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**Purpose:** Over 50% of pregnancies among adolescents and young adults in the US are unintended. Similar to civilians, the high rates of unintended pregnancy (UIP) in Army soldiers are, in part, attributed to ineffective and inconsistent use of contraceptive methods. This study aimed to identify the sociodemographic, psychosocial, and behavioral factors associated with consistent use of effective contraceptive methods (consistent-effective use) in male and female soldiers in training.

**Methods:** This cross-sectional study reflects baseline data of a randomized-controlled intervention trial to prevent sexually transmitted infections and UIP in Army soldiers, aged 17-36 years, during their first year of military service. Participants completed a self-administered baseline questionnaire, including measures on sociodemographic factors (gender, age, race/ethnicity, marital status, education), psychosocial factors (condom and UIP knowledge, condom and UIP attitudes, perceptions of vulnerability for UIP, and perceptions of self-efficacy, behavioral skills and behavioral intentions for preventing UIP) and behavioral risk factors (age at coitarche, number of sexual partners, history of prior unintended or intended pregnancies, and type and frequency of contraceptive method(s) used). Bivariate logistic regression analyses

were performed to determine variables for entry into the multivariate analyses. Iterative implementation of a two-block hierarchical logistic regression model identified statistically significant correlates of consistent-effective use (i.e., use of any of the following during each sexual encounter: condoms, contraceptive pills, contraceptive patch, contraceptive ring, contraceptive implant, contraceptive injection, intrauterine device, sterilization, avoidance of vaginal sex, and sex with only same-sex partner).

**Results:** Only participants who reported a history of sexual experience ( $n = 672$ , 93.5%) were included in this research. Participants were young (mean age = 21), male (86.2%), racially/ethnically diverse (51.8% white, 22.2% black, 16.4% Hispanic, 9.6% other) and unmarried (87.2%). Overall, 26.6% reported a prior pregnancy of which 76.9% reported an UIP and 22.2% were consistent-effective users. Compared with non-consistent-effective users, consistent-effective users were significantly more likely to report: higher condom (OR = 1.90, CI = 1.16-3.12) and UIP knowledge (OR = 1.82, CI = 1.18-2.80), more positive condom attitudes (OR = 1.36, CI = 1.05-1.75), disagreement that their sexual behaviors place them at high UIP risk (OR = 0.36, CI = 0.14-0.95), neutral agreement that UIP would hurt their career (OR = 1.85, CI = 1.09-3.15), higher levels of behavioral skills (OR = 2.53, CI = 1.42-4.51), greater behavioral intentions for preventing UIP (women only; OR = 7.91, CI = 1.86-33.65), and no prior unintended (OR = 0.30, CI = 0.10-0.93) or intended pregnancies (OR = 0.56, CI = 0.32-0.97).

**Conclusions:** Consistent-effective contraceptive use is associated with having knowledge, positive condom attitudes, lower perceived UIP risk, and behavioral skills to prevent UIP. With the exception of behavioral intentions for preventing UIP, no gender differences were found. UIP prevention interventions to increase consistent-effective use in adolescents and young adults are still warranted.

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#### PREDICATORS OF IRB RISK CATEGORIZATION AND APPROVABILITY IN ADOLESCENT SEXUAL BEHAVIOR RESEARCH

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**Purpose:** Research on adolescent sexual behavior presents challenges for IRBs. Investigators and IRBs struggle with pediatric risk categorizations and often there are long delays in approvals. Investigators and IRBs must be knowledgeable about complex state healthcare consent laws, reporting requirements, federal regulations, and best practices. State laws are variable: while all allow minor consent for STI services, only a subset address pregnancy services. We surveyed IRB members, IRB staff, and investigators that submitted protocols involving adolescents. We examined the influence of knowledge of Indiana healthcare consent laws, best practices, federal research regulations, and self-efficacy on risk categorization and approval of a survey of adolescent sexual behavior.

**Methods:** Adolescent protocols at Indiana University are evaluated by a university-wide IRB. IRB members, IRB staff, and investigators that submitted protocols involving adolescents were invited to participate in an online survey of their knowledge, attitudes and