frequency of risky sexual behavior due in part to issues with intimacy and trust. The objectives of this study were to prospectively: 1) examine the predictive value of attachment style on incident sexually transmitted infections (STI) in a cohort of urban adolescent females, and 2) determine whether STI risk was a result of individual behaviors or partner selection.

Methods: A clinic and community recruited cohort of adolescent females, aged 16 - 19 at enrollment (N = 122) were interviewed quarterly for 18 months using audio computer-assisted self-interview. The forced choice attachment measure was used to assess attachment style. At each interview, participants reported on their own and their current sex partner’s sexual and substance use behaviors. Participants ranked the importance of characteristics for their ideal main sex partner and then reported on these characteristics for their current main sex partner at each interview. Participants’ urine was tested for gonorrhea and chlamydia quarterly. Generalized estimating equations examined the repeated measures.

Results: Fifty-three percent of the cohort had an insecure attachment style. Adolescents with insecure attachment style were twice as likely to become infected with an STI (GC and/or CT) compared to adolescents with secure attachment style [OR: 2.00, 95% CI: 1.002, 4.00]. Insecure adolescents were no less likely than secure adolescents to have discordance between ideal and actual partner characteristics, to have lower ideal partner preferences, nor to choose sex partners who had STI risk behaviors. Insecure adolescents did not report lower feelings of intimacy or trust for their partner compared to securely attached adolescents. Insecure adolescents were more likely to have a greater number of sex partners [OR: 2.68, 95% CI: 1.49, 4.83], have concurrent sexual partners [OR: 2.00 95% CI: 0.98, 4.09], to use alcohol [OR: 3.80, 95% CI: 1.27, 11.4] and to do something unplanned sexually after drinking [OR: 2.16, 95% CI: 1.12, 4.15].

Conclusions: Adolescent females with insecure attachment style were at increased risk for STI. STI risk appeared to be a result of individual behavior and not selection of risky sex partners, nor compromise on desired sex partner characteristics. Our findings suggest that insecure attachment style, identified using a brief assessment tool, may be an indicator of an adolescent females’ vulnerability toward behavior that puts her at risk for an STI.

Sources of Support: NICHD R01 HD058309.

44.

AN EVALUATION OF THE EFFECTS OF PARTICIPATION IN EL JOVEN NOBLE ON YOUTH VIOLENCE

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Purpose: This study examined the effects of participation in El Joven Noble on the perpetration of School Violence, Non-School Violence, and Intimate Partner Violence among middle and high school students in a Disciplinary Alternative Education Program (DAEP) in an economically disadvantaged and predominantly Latino school district. El Joven Noble, a youth development curriculum that promotes responsible and respectful behavior in relationships with significant others, is currently being used in more than twenty states in the USA. In this study, The Teen Medical Academy, a health career promotion program, was implemented as an attention control program.

Methods: The study used a quasi-experimental Intervention/Control with repeated measures design. The study was conducted during six consecutive school semesters. During three semesters, high school students in the DAEP were invited to participate in El Joven Noble, while middle school students were invited to participate in the control program, the Teen Medical Academy. During the other three semesters, program offerings were reversed. Both programs consisted of eighteen 45-minute sessions conducted twice a week. Students participated for the duration of their stay in the DAEP. Participants self-reported past 30 day perpetration of acts of School Violence, Non-School Violence, and Intimate Partner Violence through a confidential questionnaire at baseline and at 3 and 9 months post-enrollment in the study. Program (intervention vs. control), grade level (middle vs. high school), and gender (male vs. female) effects at 3 and 9 months post-enrollment were examined using three Analyses of Covariance Models (ANCOVAs). Covariates in each of the models included the baseline measure of the dependent violent outcome and the time congruent measure of exposure to community violence, presence of significant depression symptoms, level of alcohol use, level of marijuana use, and academic achievement motivation. When statistically significant interactions were present in the ANCOVA models (p < .10), post hoc analyses with pairwise comparisons were conducted. A Sidak adjustment for multiple comparisons was used to determine statistical significance.

Results: No significant baseline demographic differences were found between the participants of the intervention (n = 183) and control (n = 192) programs. 91% of the participants were Latino, 74% were male, and 51% were in high school. The ANCOVA models for School Violence and Non-School Violence demonstrated statistically significant program by grade level by time interactions (p < .01). The Intimate Partner Violence model demonstrated that students who participated in El Joven Noble reported higher levels of violence than students who participated in the Teen Medical Academy. The Intimate Partner Violence model demonstrated that students who participated in El Joven Noble reported higher levels of violence than students who participated in the Teen Medical Academy (p < .04). With the exception of level of marijuana use, all of the covariates were statistically significant predictors of the violence outcomes.

Conclusions: In this study, students who participated in El Joven Noble did not report lower levels of violence as compared to students that participated in a health career promotion program.

Sources of Support: The National Institute of Child Health and Human Development.

45.

IMPACT OF AGE AND PRIOR CARE ON BARRIERS TO ENGAGEMENT IN HIV CARE FOR HIV POSITIVE WOMEN OF COLOR

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Purpose: Women of color with HIV infection are more likely to have sporadic care and poor outcomes. This paper describes a cohort of HIV+ women enrolled prospectively in a national study as part of the Health Resources and Services Administration Special Projects of National Significance Women of Color Initiative. This analysis examines barriers to care, comparing young women ages 18-24 to those ages 25-39, and how these change over time.

Methods: Women entering HIV care between November 2010 and March 2013 were enrolled. This paper reports on the Brooklyn, NY