

lesbian and female bisexual adolescents' sexual risk behavior, specifically when taking into account histories of ARA and sexual assault. The purpose of this study was to understand whether lesbian/bisexual adolescents seeking care at school-based health centers are at greater risk for poor sexual and reproductive health after accounting for their exposure to ARA and sexual assault to inform potential clinic-based interventions with this population.

Methods: Adolescent females ($n = 770$), ages 14 to 18, seeking services at ten school-based health centers in California completed a computer-assisted survey that served as baseline data for a larger clinical trial. Fisher's Exact or Wald Log-Linear Chi-Square tests were used to assess differences in outcomes of interest by recent ARA, recent non-partner sexual assault, sexual orientation, and sexual contacts (any same-sex contacts vs. opposite sex contacts only). Adjusted logistic regression models were constructed to assess the relationship of violence victimization and sexual orientation/sexual contacts collectively with sexual/behavior risk outcomes.

Results: Eighteen percent of the sample ($n = 139$) identified as lesbian, bisexual, or questioning (77% bisexual); 13% of the sexually active females ($n = 74$) reported any same sex contacts. In bivariate analyses, lesbian/bisexual females were more likely to report recent sexual assault victimization (21% vs. 13%; $p = 0.02$), contraceptive non-use (8% vs. 3%; $p = 0.01$), and STI testing/treatment (16% vs. 10%; $p = 0.05$). Females who experienced recent ARA were more likely to report all outcomes compared to girls without exposure to ARA. Females who experienced recent sexual assault were more likely to report two or more sex partners in past 3 months, contraceptive non-use, reproductive coercion, and care seeking for STI testing/treatment. In adjusted models, exposure to abuse or sexual victimization remained salient predictors of key outcomes. When controlling for exposure to abuse, lesbian/bisexual females were more likely to report recent anal sex (AOR 1.8, 95% CI 1.002, 3.1), contraceptive non-use (2.9, 95% CI 1.5, 5.6), and STI testing/treatment (1.8, 95% CI 1.2, 2.7). Analyses were replicated using sexual contacts as a predictor with the subsample of sexually active females; disparities in exposure to ARA (26% vs. 17% $p = 0.07$) widened.

Conclusions: Among this sample of lesbian/bisexual females seeking care at school-based health centers, recent non-partner sexual assault was common. Females who reported any history of same-sex partners were more likely to have recently experienced violence compared to females with exclusively opposite-sex partners. Given the prevalence of violence victimization in this sample, health centers located within schools offer a unique opportunity to reach adolescents experiencing ARA and sexual assault. Asking youth about their sexual attraction or history of sexual contacts may be useful markers to reach adolescents at increased risk for violence and poor sexual health, though universal education about ARA and healthy relationships is indicated.

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11.

THE IMPACT OF A SIX-WEEK SCHOOL CURRICULUM ON BOYS' ATTITUDES AND BEHAVIORS RELATED TO GENDER BASED VIOLENCE (GBV) IN KENYA

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Purpose: To determine the effect of an educational curriculum designed to raise awareness of social norms underlying gender-based violence (GBV), on attitudes and behaviors of male high school students in urban slums of Nairobi, Kenya, where rates of GBV are high.

Methods: A prospective cohort of 1250 adolescent boys from five slums participated in six two-hour sessions of "Your Moment Of Truth (YMOT)", an educational curriculum designed to raise boys' awareness of the social stereotypes that promote GBV in Kenya. Data on attitudes and behaviors related to the gender roles of girls and women were collected anonymously at baseline ($N = 1250$), at completion of the course ($N = 1086$) and 6 months later ($N = 889$). At 6-month follow-up, students were asked if they had encountered any situations in which girls or women were being verbally or physically threatened or hurt.

Results: Attitudes towards women improved significantly after the school curriculum and were sustained 6 months later. At baseline, only 42.2% of respondents believed "all women should be treated with respect". This percentage increased to 79.1% at completion of the course ($p < .001$) and 79.0% 6-months later, with no significant difference between responses after course completion and 6 months later ($p = .96$). At baseline, 63.1% of respondents agreed that "if a woman dresses in a sexy dress she is giving permission for men to have sex with her". This percentage decreased to 14.5% at course completion ($p < .001$), and 17.8% 6 months later ($p < .001$ baseline compared to 6 months later, $p = 0.04$ postcourse compared to 6 months later). At baseline, 58.5% of respondents believed that "when a woman says 'no' to sex she really means 'maybe'". This decreased to 22.8% at course completion ($p < .001$) and 22.9% 6 months later, with no significant difference between responses after course completion and 6 months later ($p = .96$).

At 6-month follow-up, 419 of 879 respondents (47.7%) had witnessed a girl or woman being verbally harassed and 327 of 419 (78.0%) had successfully intervened to stop the harassment. Similarly, 408 of 869 respondents (47.0%) had witnessed someone physically threatening a girl or woman and 301 of 868 (34.7%) had witnessed a girl or woman being physically or sexually assaulted. In these situations, 308 of 408 (75.5%) and 222 of 301 (73.8%) who witnessed these events, had successfully intervened.

Conclusions: A standardized 6-week school-based GBV educational program for boys reduced negative sexual stereotypes adolescent boys have towards girls. Changes in attitudes were sustained 6 months after completion of the intervention. On follow-up, nearly half the boys reported witnessing a girl or woman being verbally or physically threatened and a third had witnessed a physical or sexual assault. Three quarters of those witnessing abuse or assault successfully intervened to protect the victim. Such a program has the potential to make an impact on the high rates of sexual assault in the urban slums of Nairobi, Kenya.

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