

association between extreme precipitation events (drought or heavy rains) and contraception, adjusting for age, urban/rural, wealth, education, marital status, household size, and survey month, incorporating survey-level fixed effects. Analyses were stratified by sex given evidence of effect modification by sex on the association between extreme precipitation events and contraception (p for interaction=0.04).

Results: The study included 225,282 participants aged 15–24 years, of which 70.5% were female. Overall, 7.6% participants were exposed to drought and 3.3% were exposed to heavy rainfall, and 21.1% reported current contraceptive use. Drought (AOR 0.90, 95% CI 0.85–0.96) and heavy rainfall (AOR 0.85, 95% CI 0.77–0.95) were associated with lower odds of modern contraception use. In sex-stratified analyses, heavy rainfall was particularly associated with lower modern contraception use among males (AOR 0.70, 95% CI 0.59–0.84) compared to females (AOR 0.91, 95% CI 0.81–1.03). In sex-stratified analyses, drought was associated with lower modern contraception use in both males (AOR 0.90, 95% CI 0.82–0.99) and females (AOR 0.91, 95% CI 0.84–0.97).

Conclusions: Both drought and heavy rainfall were associated with lower contraception use among adolescents and young adults in sub-Saharan Africa. Extreme precipitation events could reduce food security and wealth, worsen mental health, increase mobility and migration, and damage the public health infrastructure, which could reduce access to reproductive health education and lessen an individual's resources to obtain modern contraception. This work adds to a growing body of evidence on the deleterious health impacts of climate change and adolescent health.

Sources of Support: None.

76.

HEALTHY ADOLESCENTS AND YOUNG PEOPLE (HAY!): A QUALITATIVE STUDY EVALUATING AN INNOVATIVE, FULL-DISTRICT ADOLESCENT HEALTH INITIATIVE IN RURAL UGANDA

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Purpose: Document perspectives on health outcomes (service/demand) and processes (barriers, facilitators) related to HAY!, a district-wide AYA health intervention in rural Uganda.

Methods: Qualitative surveys were conducted in 2022/23 as part of a larger intervention process evaluation to assess a 2-year district-wide, population-based, health system strengthening intervention in Bushenyi and Rubirizi districts (~380,000) in rural SW Uganda. Intervention (HAY!) activities followed a specific evidence-based process model for sequence and activity type, including engagement through meetings, trainings, equipping, and mentorship within district health and political leaders, at health facilities, in schools, and in the community through a cadre ($n \sim 3,000$) of volunteer community health workers (CHWs), FGDs ($n=9$) and KIIs ($n=2$) facilitated by experienced researchers sought stakeholder and beneficiary feedback, including district health leaders, health providers, CHWs, parents, local leaders, and AYAs. Interviews were transcribed, translated, coded, and then thematically analyzed.

Results: Interview participants included 58 individuals (76% F). Participants articulated three key health outcome changes related to AYA health arising since the intervention start: (1) Overall high motivation for AYA health and the HAY! initiative; (2) improved health facility AYA service and friendliness; (3) Increased AYAs seeking facility-based care. Four implementation themes were identified: (1) "Everyoneness" (a local description for collective action) was a real motivator, accelerated by focused engagement of broad stakeholders and beneficiary groups at all levels; (2) multi-sectoral collaboration throughout the district with clear and consistent messaging was already making change for AYAs a reality; (3) Strong cultural norms and beliefs affected implementation strongly, both positively and negatively; (4) Embeddedness within already existing, influential structures (including volunteer CHWs and many others) was a key facilitator of change and sustainability.

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Sources of Support: Healthy Adolescents and Young People activities are undertaken with the financial support of the Government of Canada provided through Global Affairs Canada.

77.

PRIDE AND COMMUNITY CONNECTION FOR INDIGENOUS 2SLGBTQ+ YOUTH: THE INTERSECTIONALITY OF IDENTITY FOR INDIGENOUS ADOLESCENTS IN THE UNITED STATES

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Purpose: Two-Spirit and lesbian, gay, bisexual, transgender, queer, and gender-diverse (2SLGBTQ+) adolescents and young adults (AYA) in Indigenous communities face a disproportionate burden of poor physical and mental health outcomes. Research is needed to highlight the intersection of community connection, pride, and resilience for 2SLGBTQ+ AYA. A convergent mixed-methods approach was used 1) to assess health status and barriers to care, 2) understand feelings of pride (in both 2S and Indigenous identity) and connectedness among 2SLGBTQ+ AYA, 3) identify opportunities to improve health outcomes, and 4) stratify results by gender identity.

Methods: A convenience sample of 2SLGBTQ+ individuals ($N=223$) were recruited using social media and SMS platforms from January–April 2020. Eligible participants self-identified as Indigenous and 2SLGBTQ+, resided in the US, and were older than 15 years. This analysis was restricted to a subsample of 15 to 25-year-old participants ($N=119$). Participants completed a RedCap survey including

validated measures for self-reported health status, healthcare access, pride, and community connection. Quantitative questions involved responses on Likert scale. The survey included free response questions that prompted participants to expand on concepts and provide suggestions for improving health. Responses were summarized using descriptive analyses in SAS 9.4. The study team used thematic analysis to identify major themes from the short-answer responses. A codebook was developed using an inductive approach, and free-responses were cross-coded by all 4-study team members using Atlas.ti. Discrepancies between coders were resolved by group consensus.

Results: Half of the participants identified as gender-diverse ($n=60$). Most participants (69.8%, $n=83$) lived in an urban setting and rated their health as good or very good (70.6%, $n=84$). Several barriers to achieving health and accessing healthcare were mentioned in both quantitative and free response questions. 88.0% ($n=102$) of participants noted scarcity of medical professionals, and 70% ($n=84$) noted insufficient mental health professionals to support Indigenous 2SLGBTQ+ individuals. One participant shared, “[We need] queer Indigenous health professionals, or those who are competent and enthusiastic to care for us” (24 years old). Despite this, responses demonstrate high levels of pride and connectedness among 2SLGBTQ+ AYA. 98.4% ($n=60$) of participants who identified as 2S agreed or strongly agreed with the statement “I’m proud to be Two-Spirit” and 93.4% ($n=57$) felt being 2S helps them do good things for their communities. Results emphasized that 2SLGBTQ+ participants were connected to the Indigenous community, 2S community, and traditional practices. Free response suggestions for improving connection included the creation of spaces to support 2SLGBTQ+ youth and development of leadership opportunities to support community visibility. These free response results mirrored quantitative findings suggesting that the intersection of community connection and pride are a source of resilience for these AYA.

Conclusions: Pride and connection are inherent in 2SLGBTQ+ AYA communities and serve as protective factors to improve health outcomes. Providers can use this knowledge to support AYA clinically and through policy and advocacy actions. Findings, including the importance of intersectionality between cultural identity and gender and sexual orientation, can be applied to gender-diverse AYA in non-Indigenous communities.

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78.

FOOD INSECURITY AND SUICIDAL BEHAVIOURS IN CANADIAN ADOLESCENTS

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Purpose: Inadequate access to safe, nutritious food is a pressing public health issue, impacting 1 in 5 adolescents in the US1. While previous research identified links between food insecurity and a range of physical and mental health challenges in young individuals^{2,3}, there remains a gap in understanding whether food insecurity uniquely contributes to adolescent suicide. This study investigates the relationship between household food insecurity and suicidal behaviors in a representative sample of Canadian adolescents.

Methods: The 2019 Canadian Health Survey on Children and Youth (CHSCY) included 6735 adolescents (15–17 years) who self-reported

the presence of four suicidal behaviours: suicidal ideation (last 12 months), previous suicide attempt (lifetime), sadness/hopelessness (last 12 months), and diagnosed mood disorder. Household food insecurity was assessed through parental reports using the US Department of Agriculture’s Household Food Security Survey Module, an 18-item scale that identifies moderate or severe food insecurity within households⁴. Tax-linked household income data were obtained from Statistics Canada. Our analysis employed weighted Poisson regressions to calculate the relative risk (RR) associated with each suicidal behavior in relation to moderate or severe food insecurity, while adjusting for income and other relevant variables (household size, community size, family structure, and ethnicity). This research received ethical approval from the Institutional Review Board of the Faculty of Medicine at McGill University (protocol A03-M13-19A).

Results: The prevalence of suicidal behaviours was 13.81% (ideation), 6.67% (previous attempt), 25.76% (sadness/hopelessness), and 5.57% (mood disorder). Severe food insecurity—found in 3.27% of the sample—was associated with increased risks of a previous suicide attempt (RR 2.13, 95% CI 1.32–3.44), sadness/hopelessness (RR 1.31, 95% CI 1.02–1.69), and mood disorders (RR 2.53, 95% CI 1.65–3.88). Moderate food insecurity—found in 7.87% of the sample—related to suicidal ideation (RR 1.44, 95% CI 1.10–1.90). These associations were consistent across age and gender groups and held up to numerous statistical controls.

Conclusions: Suicide is the second leading cause of death in adolescents.⁵ Achieving a better understanding of contextual risk factors that predict suicidal behaviour can support suicide prevention efforts. Our findings emphasize the detrimental impact of food insecurity on the mental well-being of adolescents. The risks faced by adolescents living in food insecure households extend beyond income poverty and underscore the need for coordinated policy interventions that address food insecurity and provide support to at-risk adolescents.

Sources of Support: 1 Denney J, et al. Neighborhoods and food insecurity in households with young children: a disadvantage paradox? *Social Problems*, 2007; 65:342–59. 2 Ovenell M. Shielding children from food insecurity and its association with mental health and well-being in Canadian households. *Can J Public Health*. 2022 Apr;113(2):250–259. 3 Koyanagi A, et al. Food insecurity (hunger) and suicide attempts among 179,771 adolescents attending school from 9 high-income, 31 middle-income, and 4 low-income countries: A cross-sectional study. *J Affect Disord*. 2019;248:91–98. 4 Bickel G, et al. Guide to measuring household food security. United States Department of Agriculture, 2000. <https://naldc.nal.usda.gov/download/38369/PDF>. Accessed 30 Aug 2023. 5 WHO. Mental health: suicide prevention, 2022. <https://www.who.int/health-topics/suicide> Accessed 30 Aug 2023.

79.

ASSESSMENT OF THE QUALITY OF ADOLESCENT HEALTH SERVICES USING ADOLESCENT CLIENT SATISFACTION: AN INSTITUTIONAL BASED CROSS SECTIONAL STUDY

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