

discharge after delivery, while 33.3% reported not enough, highlighting the need for counseling to be tailored to individual preference. Adolescents indicated a desire for increased education from providers on the health benefits of breastfeeding for mothers, breast pumping, and on the breastfeeding experience. Qualitative data indicates that adolescent mothers felt provider-led feeding counselling could improve through more active listening and a non-judgmental approach delivered in an atmosphere that facilitates adolescent engagement.

Conclusions: In this small clinical sample, the majority of adolescent mothers intended to breastfeed. Factors influencing their ultimate feeding practices included both their perceived success and their own physical experiences during breastfeeding. Opportunities for enhanced support by providers centered around a more individualized approach to education and counselling. This data highlights the need for trauma-informed, rights-based, and person-centered approaches to infant feeding support for adolescent mothers.

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108.

A LATENT CLASS ANALYSIS OF SEXUALITY EDUCATION TYPE AND EFFECT ON SEXUAL HEALTH OUTCOMES AMONG ADOLESCENTS IN THE UNITED STATES: RESULTS FROM A NATIONALLY REPRESENTATIVE STUDY

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Purpose: Although school-based sexuality education (sex ed) is known to widely vary in content across the United States, no nationally representative research examines the types of sex ed received by adolescents. We used latent class analysis (LCA) to examine patterns of sex ed in a nationally representative sample of U.S. adolescents 14-17 years of age.

Methods: Data were derived from an adolescent subsample (N=614, ages 14-17) of the 2016 National Survey of Porn Use, Relationships, and Sexual Socialization (Iposos Research: Menlo Park, CA, USA). LCA (MPlus v.1.8.6) was used to identify and classify patterns in receipt (no/yes) of 15 different sexual health topics in school (condom/contraception, STIs, pornography, sexual pleasure, anatomy, sexual communication with partner/parents/doctor, sexual assault/consent, gender and sexual identity, how to say yes/no to sex). We then used weighted multinomial logistic regression (SPSS, v. 28.0; all $p < .05$) to evaluate the odds of: 1) class membership [referent: no form of sex ed] as a function of background measures: gender (male/female), school grade (9th[referent]/10th/11th/12th), sexual minority (no/yes), ethnicity (white/minority), school type (public/non-public), metropolitan location (urban/rural), region (midwest/south/west/northeast[referent]); and 2) sex ed typology on sexual health outcomes: condom use at last sex (yes/no), sexting (yes/no), relationship happiness (very unhappy - perfect), and recency (never - past 30 days) of kissing, solo masturbation, performative oral sex, receptive oral sex, vaginal sex, receptive anal sex, anal use of sex toys.

Results: LCA results supported a 6-class solution of sex ed: Comprehensive (CSE: 13.3%; all topics reported), Partially Comprehensive (PCSE: 23.5%), STIs/condoms/OCPs/anatomy (SCOASE: 22.39%), STIs/condoms/OCPs (SCOSE: 21.66%), STIs/anatomy only (SASE: 6.78%), and no form of sex ed (NoSE: 12.3%[referent]). CSE was

more common in older grades and metropolitan areas (OR=1.41-5.26). SCOSE was more likely among White, metropolitan, non-public, and Midwestern students (OR=2.21-4.59). PCSE was more likely in non-public schools (OR=6.71). Adolescents receiving CSE, SCOASE or SCOSE (OR=0.23-0.43) had more recent kissing experience; those with CSE, PC or SCOASE (OR=0.35-0.38) had more recent experience with solo masturbation. Adolescents receiving SCOASE had more recent receptive oral sex (OR=0.35). More recent sexting was associated with receiving CSE or SCOASE (OR=3.50-4.79). Class membership was not linked to condom use, number of past year partners or relationship outcomes.

Conclusions: LCA supports six classes of sexuality education ranging from none to comprehensive with varying associated sexual behaviors. Further research evaluating the role of sex ed on sexual health outcomes in adolescents is warranted.

Sources of Support: None.

109.

EXPLORING THE DISCUSSION OF NEXPLANON (ETONOGESTREL BIRTH CONTROL IMPLANT) ON TWITTER

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Purpose: The Federal Drug Administration (FDA) oversees approval of medical devices, including birth control implants. Few studies have examined tools to assess the risk of federally approved medical devices already on the market, such as social media. Social media is increasingly used by adolescents and young adults (AYAs) to report health issues. Thus, this study examined Twitter content discussing the medical birth control implant, Nexplanon, including differences in content across time.

Methods: In this content analysis study, public Tweets using #Nexplanon were evaluated. Tweets were collected from two search strategies: "Top", the most popular Tweets, and "Latest", the most recent Tweets. A total of 91 Tweets were evaluated, including 41 from the Top search and 50 from the Latest search. Inclusion criteria limited tweets to dates of 2020 and earlier. A codebook was developed to evaluate mentions of Nexplanon side effects, positive attitudes, and negative attitudes, and year the Tweet was posted. The validated text analysis software, Linguistic Inquiry Word Count (LIWC), was also used to assess Tweets' use of emotional language, including the variables positive tone, negative tone, affect, anxiety, anger, and sadness. Descriptive statistics assessed the frequency of side effects and positive versus negative attitude displays. A chi-squared test assessed the relationship between positive attitude between Top and Latest search Tweets. T-tests compared emotional language use between Top and Latest search Tweets. Pearson's Correlation test assessed the relationship between both positive and negative attitude and time in years.

Results: Tweets were posted from the years of 2014 to 2020. Of Tweets referencing side effects (40.6%, n=37), 32.4% (n=12) reported issues with lengthened/excessive bleeding period, 24.3% (n=9) described mental health problems and 27.0% (n=10) shared other side effects. About one-fifth (21.6%, n=8) mentioned issues with the implantation site (upper arm). Tweets from the Top search were more likely to report a positive attitude (63.4%) than those from the Latest search (27.9%, $p = .001$). There were no significant differences in emotional language use between Tweets from Top and Latest