# Your Sex Life, Your Business

# **SET REPRO**

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## Your Sex Life, Your Business

# **Introduction to Campaign**

Sexually transmitted illnesses (STI) can affect anyone, so it is important for people to be aware of the risks and resources dealing with them. Previous research has shown that university students have a lack of knowledge about sexual health practices, specifically midwestern universities. For instance, 52% of college students never get a STI screening when they have a new partner (McMann & Trout, 2020). Additionally, 51% of rural college students received the HPV vaccine (2020). It is important to note that there was a large gap between genders, with 18% of men getting vaccinated compared to 60% of women getting vaccinated (2020). Lastly, it is important to note that rural midwest universities have a lower percentage of condom usage (38.4 %) than the national average, 54.1% (2020). The preceding data exemplifies that "sexual health among rural college students is an important, but understudied, health disparity" (2020).

In order to combat this issue, McMann & Trout suggest that online and college-oriented practices should be used (2020). Michigan State University is no stranger to the topic of sexual health. When researched, the university has multiple websites detailing sexual wellness practices, as well as locations to get tested for STIs. However, it is important to highlight that the individual must seek this information out for themselves. So, implementing these resources provided by the university into a campaign can facilitate the access to information, since individuals will be passively reached by our campaign messages.

When thinking about the importance of information to STI safety behaviors, research shows that knowledge about STIs and self-efficacy of health treatment-seeking behavior are positively correlated, which in other words means that well-informed students are more confident about their ability to get treated (Thomas et al., 2022). This same study also shows a

positive association between self-efficacy and testing intention, which further supports the idea that empowered students, who are given access to information and have self-efficacy, are more likely to take positive measures regarding STIs (2022).

Based on the facts above, the goal of this campaign is to encourage MSU students to take steps to practice safe sex and increase the number of students getting tested for STIs. There are three objectives listed below to achieve the campaign's goal.

The first objective of the campaign is to reduce the stigma surrounding STI testing to increase testing by 10% within two semesters of the campaign. This can be measured through survey and statistical records from health facilities comparing testing records prior to our campaign launch.

Our second objective is to make 65% of MSU students living in on campus housing aware of safe sexual practices and STI screening on campus within two semesters. This can be measured through surveys sent to students living on campus. Questions on the survey will ask about the students knowledge of safe sex practices as well as knowledge of resources on campus.

Our third objective is to expose 75% of students living on campus, or have lived on campus during the run time of the campaign, to our campaign and the importance behind it within a full school year. This will be measured through a survey sent to student emails. The survey will ask about knowledge of the campaign and why they believe the campaign was made.

### **Formative Research**

The community of interest for this campaign is MSU college students, so to perform formative research we looked into studies about college students' STI testing intentions and demographics impact on safe sex practices. These themes directly relate to our objectives and the behaviors we aim to change on campus, so formative research will help us get a better

understanding of our target audience, and consequently, prepare us to craft tailored messages that are effective for reaching our goals.

First, looking at behavior towards STI testing intention, a study showed that college students are reluctant to STI testing even when there are testing services available (Barth et al., 2002). Subjects in the study claimed that the concern about what people might think, embarrassment feelings, and fear of unwanted results were all circumstances that made them more likely to delay or avoid testing. This information about how other college students are impacted by stigma around STI testing helps us know where to focus our efforts, in order to make college students at MSU feel more confident and encouraged to use the resources provided by the university.

Still discussing this study, authors used their results to identify the factors that affect STI testing intention (2002). We selected two main factors that are most applicable to our chosen campaign approach: *Negative Personal Emotions* and *Perceived Negative Consequences of Testing*. These factors can be more easily targeted by an on-campus campaign, and they won't necessarily demand for a fear approach. Instead, we can use light hearted and dynamic messages to still successfully address these problems, while helping the audience see STI testing as something positive and not something to be afraid of (2002).

Secondly, moving on to the second theme we researched, differences in demographic can affect a person's knowledge about STDs and testing resources. Sexual behavior differs among the four classes (Siegel, 1999). In a test conducted by the School of Allied Health Sciences and Florida A&M University, college age students took a test about STD knowledge. Compared to lowerclassmen, upperclassmen scored higher on the knowledge test (Alexander, 2015). In another study, use of contraceptives was higher in seniors compared to freshmen, but there was

not a corresponding increase in condom use (1999). Knowledge differences in classes add to the complexity of targeting an audience. This difference will influence where our campaign efforts will be focused.

Additionally, research shows women scored higher than men on the STD knowledge test. Women scored approximately 13 percentage points higher than men. Condom use was similar among both genders and all classes (2015).

In conclusion, the formative research conducted for our campaign has provided invaluable insights into the factors influencing STI testing intentions and the impact of demographics on safe sex practices. We have discovered that stigma and negative emotions play a significant role in discouraging students from seeking STI testing, while demographic differences, particularly among class levels and gender, affect knowledge about STDs and contraceptive use. This research has equipped us with the knowledge needed to craft tailored messages and campaign strategies that can effectively address these issues.

## **Situation Analysis**

In order to understand the following sections, it is imperative to understand the environment in which our campaign will take place. Given that our campaign will be taking place on Michigan State University's campus it is important to include an analysis of its environment. The following analysis will include the geographic environment of Michigan State University, as well as the sexual behavior of its students.

### Michigan State University Geographic Environment

Michigan State University is located in mid-Michigan. Renowned for its agriculture, Michigan State is surrounded by farmland. Its campus spans more than 52,000 acres (Michigan State University, 2023).

#### **Sexual Behavior of Michigan State Students**

In the campaign's introduction, it was mentioned that rural midwest universities test lower than the national average in STI testing. Michigan State University is no exception. Out of Michigan State's 51,136 students, only 24% have been tested for HIV (Michigan State University Department of Student Health and Wellness, 2023). This means that roughly 12,273 students get tested for HIV each year.

Other than testing behavior, 47% of Michigan State students have been reported as having one sexual partner in the last year (2023). Additionally, 30% of students had no sexual partners in the last year (2023).

For the students that engaged in intercourse with a partner, 81% partook in a contraceptive practice (The State of Spartan Health, 2022). These contraceptive practices range anywhere from condom to birth control pill usage.

## **Audience Analysis**

### **Demographic Factors**

The CDC estimated that one in five people in the United Stated have a STD.

Approximately one in two STD cases were acquired by people between the ages of 15 and 24 (CDC). This is the approximate age of college students, showing college students are mostly likely to acquire STDs. The same CDC article showed women disproportionately have more severe outcomes and medical costs associated with STDs. Women accounted for almost 75% of the \$2.2 billion spent on medical costs for non-HIV-related STDs (CDC).

Low income people are at higher risk of contracting STDs. Socioeconomics also influenced the likelihood someone will get tested for STDs. This can be based on the cost of

getting tested or buying condoms, education on safe safe practices and higher risk of getting a STD within that community (Boskey). College students in this socioeconomic class are at a higher risk than other students, meaning our campaign will have to acknowledge this in our efforts.

### **Existing Campaigns**

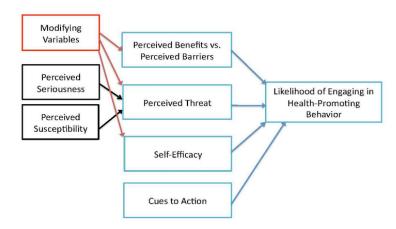
Throughout the years, there have been many campaigns targeted at STD prevention and testing. Some of the notable campaigns are GYT: Get Yourself Tested, Prepare Before You're There, and STI Awareness Week (Std Awareness Week, 2023). The CDC's GYT campaign sought to increase STD and HIV testing. They encouraged people to talk with their partners and providers about testing. They did this by sending informational boxes to high schools and other organizations. Encouraging people to get tested for peace of mind and for their own health worked toward individual behavior change (2023). The CDC's efforts increased viewers' likelihood to do these behaviors by 24.4% (McFarlane, 2015). Their campaign efforts accomplished, in part, what our campaign seeks to achieve.

The Only Condoms Prevent STDs Campaign by the Aids Healthcare Foundation (AHF, 2017) worked to increase condom use due to the increase in sexually transmitted diseases in 2015. They posted billboards with a picture of a condom and the slogan "only condoms prevent STDs" (2017). Research shows audiences are more likely to enact a desired behavior if there is an incentive and adopting the behavior is not costly (Friedman). In terms of the AHF campaign, they could have benefited from handing out free condoms or promoting ways to acquire condoms on their billboards.

## **Theory**

The Health Belief Model suggests that people are more likely to take action if they believe they are susceptible to a severe health related issue and the benefits of changing their behavior will outweigh the barriers. There are four basic components creating this model. These

are perceived susceptibility, perceived severity, perceived benefits and perceived barriers. Cues to action and self efficacy were added later to expand upon the model. The chart to the right shows these components influencing one's likelihood to engage in the health related behavior



Perceived susceptibility refers to the belief an individual is at risk of developing a health problem. Perceived severity refers to the understanding that there is a risk associated with the health problems and its consequences (Urich, 2017). This suggests that for an individual to engage in a health behavior, they must believe they are both susceptible to a disease and the disease will have severe consequences.

Perceived benefits cover the rewards related to engaging in the desired behavior. It is the value one places on engaging in the health behavior to decrease their risk of disease. Perceived barriers refers to the obstacles or costs of enacting behavior change (2017). These components mean if an individual perceives the benefits of the health behavior as outweighing the barriers, they are more likely to enact the behavior.

The final aspects that were later added to the model are cues to action and self efficacy. The Health Belief Model suggests that a trigger is needed to prompt attitude change and the healthy behavior (2017). An individual will not take action without an event that pushes them

toward enacting the behavior. Self efficacy is the individual's belief they can successfully perform a behavior. This was added to better explain how confidence in one's ability to make a change was a key factor in health behavior change (2017).

### **Selection of Theory**

In order to express the significance of the Health Belief Model, it is imperative to highlight its basic components. By understanding its premises, SET Repro constructed a health campaign that would effectively usher individuals to get tested. Additionally, it would allow individuals to become more knowledgeable of safe-sex practices across campus. By increasing one's perceived susceptibility, severity, benefits, and barriers we figured an individual would be more likely to take action. However, this is not done without the incorporation of cues to action.

As stated in lecture, "individuals will take action if they believe that they are susceptible to the condition" (Choung, 2023 p. 5). To increase the audience's perceived susceptibility, SET Repro included the statistics of Michigan State students with STDs. These statistics will be included on flyers, brochures, etc. To prove that these students are susceptible, it is important to include how rural midwest campuses are significantly less likely to get tested than others.

Incorporating this will make students feel like they are at greater risks of getting STDs. To take action, individuals must "believe it to have potentially serious consequences" (p. 5). Like the previous component, SET Repro will include the effects of STDs on brochures, flyers, etc. This action will enable students to see the serious consequences of STDs on a college campus.

Additionally, the flyers, brochures will be a method to "reduce the susceptibility and seriousness" by getting tested (p. 5). The flyers, brochures, CATA buses, will showcase the ease of getting tested. By making it easier to get tested, students will be more likely to do so.

Lastly, SET Repro will communicate that "the costs of the action are outweighed by its benefits" (p. 5). This will be done through the same methods. Physical rewards will be given to students through social media giveaways. Popup events will be held near the Olin Health Center, MSU's health center, to remove the barrier of students' lack of knowledge about where to get tested. Volunteers at the events will educate students about the benefits to knowing about one's sexual health. These actions prove to students that benefits of enacting the health related actions outweigh the few barriers. The calls to action will be done in the name manner as well.

#### **Limitations of Theory**

Though powerful, the Health Belief Model has its limitations. One being environmental factors. These factors may prevent someone from engaging in the health behavior or knowing the consequence of not engaging in the behavior. The environment one grew up in can influence their thoughts on the health issue and their knowledge about the severity and their susceptibility. Two groups that have been seen to have less knowledge about safe sexual practices and STD testing are men and lowerclassmen.

To account for this limitation, an emphasis will be placed on mens bathrooms and areas lowerclassmen live and work. Campaign materials will be placed on bulletin boards, elevator doors, in stairwells and other community spaces in all residence halls. First and second year students are required to live in these halls, meaning they are likely to see our materials no matter where they came from. Testing will be advertised as free and there will be instructions on how to get to the testing facilities by car, bus and foot. Our target audience of lowerclassmen are not allowed to have cars on MSU's campus in the first year, so it is important to supply them with various modes of transportation to testing facilities.

The model also fails to account for social norms. In relation to our campaign, the social norm surrounding getting tested for STDs is that people only get tested if they believe they have an STD. College students tend to only get tested when they need to, not when they should.

Getting tested for STDs should be a frequent occurrence even if an individual does not believe they have one.

Having an STD is seen as embarrassing, creating a shameful and humiliating stigma around getting tested. To counteract the stigmas and social norms, our campaign will assure students getting tested for STDs is normal and nothing to be ashamed of. Using statistics, we will prove the social norms lean in favor of getting tested for STDs rather than not knowing.

# Campaign Message

The goal of this campaign is to educate students about STIs and STI testing resources on campus, and empower students to use these resources to get tested. We plan to achieve the educational part by sharing information about STI prevention, symptoms, risks, and MSU's STI testing resources; and the empowerment part by destignatizing STI testing with positive and light-hearted messages.

The main tagline of our campaign is: *Your Sex Life, Your Business*, which encompasses the message of empowerment and ownership that we want our audience to adhere to. *Your Sex Life, Your Business* is an intriguing message that triggers the audience's curiosity, which allows them to read more into the secondary messages - either informational or empowering - that complement it. Since our formative research has shown that stigma and negative emotions have a discouraging effect on students about STI testing, we chose a message that is eye-catching to make them read important information, but most importantly, also starts a conversation about taking ownership of one's own sexual safety.

Every message used in our campaign will either contain some sort of direct information about testing resources, or they will be accompanied by QR codes to guide students to our Instagram account and the Health Promotion & Engagement website - where MSU has information about HIV & other STI testing. Listed below are some campaign messages examples that incorporate our tagline:

- Getting Busy? Don't let STDs into your business.
- Don't let other people's business screw you over.
- Getting an STD is no funny business.
- Your Sex Life is None of my Business... but It Should be Yours! There is no shame in owning up to your sexual safety.
- Your Sex Life is None of my Business... but It Should be Yours! Early detection of STIs makes up for a quicker treatment. Don't let shame put a pause on your life.
- Your Sex Life is None of my Business... but It Should be Yours! STI testing on campus is effective and confidential. You are the only one who can do this for yourself.
- Your Sex Life is None of my Business... but It Should be Yours! Getting an STI screening can give you the confidence you need to enjoy your sexual freedom.
- Your Sex Life is None of my Business... but It Should be Yours! Being transparent with your partner about your sexual health can actually improve the trust in your relationship.
- Your Sex Life is None of my Business... but It Should be Yours! Nervous about getting
   STI tested? Well informed students on average feel more comfortable about getting tested
   for STIs. Visit: @setrepro.mybusiness to get the information you need.

- Your Sex Life is None of my Business... but did you know that the Olin Health Center provides free HIV and STI screening for MSU students? Schedule your confidential appointment today by calling 517-353-4660.
- Your Sex Life is None of my Business... but did you know that on-campus STI testing is completely confidential?

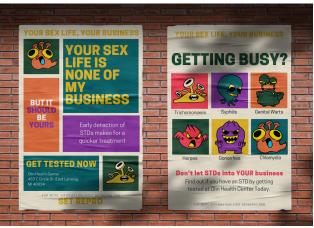
These taglines will be used to create graphical messaging displayed around campus.

#### Channels

These messages will be delivered through various different channels. These channels will be flyers, billboards, stickers, informational brochures, social media and pop-up events. Flyers will be placed in every residence hall and other community areas. This will reach our target audience of lowerclassmen as they will be living and working in the areas our flyers are posted. Pop-up events remove barriers such as lack of testing knowledge and susceptibility of getting STDs. The events will be located near Olin Health Center, so students can walk right from our event to get tested. Informational brochures will be a source of knowledge for those who do not know about the susceptibility and severity of STDs and provide them with information about getting tested.

#### 1. Flyers





# 2. Bus stop advertising





# 3. Signs inside buses





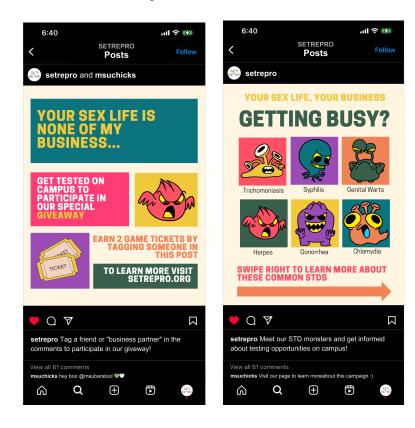
4. Pop up events banner and giveaway merchandise







### 5. Social media posts



### **Funding**

Assistance in funding these channels will come from dedicated donors like alumni, The Department of Health Promotion and Engagement, and a cause related non-profit. The campaign costs range from \$25,000 to \$27,500 for a year of funding. We will run on a pulsing timeline, actively running our campaign for the first two months of the fall and spring semesters. Our biggest costs are our billboards and pop-up events as they are necessary material. Costs will be adjusted after evaluation of the first semester. Below is a breakdown of our funding costs

What	How many	Cost	How long
Flyers	2,000	\$430	Throughout year, new ones at the start of each semester
Bus Advertisement	10	\$50/month	Two months at the

		10 signs x 4 months \$2,000	start of the Fall and Spring semesters
Custom Condoms	10,000	\$3,500	Two Pop-up Events
Tent	1	\$150	Two Pop-up Events
Workers at event	4 people	\$12/hour x 4 people x 2 events x 4 hours \$384	Two Pop-up Events
Tables	2	Free (rented from school)	Two Pop-up Events
Informative Brochures	1,000	\$460	Two Pop-up Events
Message Dissemination	15 people	\$12/hour 15 people X 3 hours x 2 months \$1,080	Two dates putting out flyers and fixing some throughout the year
Bus stop advertisement (big flyers)	4	\$50	Posters at Olin bus stops front and back switched at semester
Billboards	2	\$2,050/month 2 boards x 4 months \$16,400	Two months at the start of the Fall and Spring semesters
Message production (editing previous message material)	3 people	\$12/hour x 3 people x 10 hours x 2 sessions \$720	Two rollouts for the two months
Misc. Advertising	Extra advertising expenses	\$500	
		Total: \$25,500-\$27,500	

# **Campaign Evaluation**

As listed above, SET Repro's campaign consisted of three objectives. The following paragraphs will consist of evaluation methods for these objectives. This will be done in order to measure the efficacy of the campaign.

The first objective of this campaign was to reduce the stigma surrounding STI testing. More so, our campaign set to increase student STI testing by 10%. To measure the success of this objective, our group will take two paths. Given that reduction of stigma would be seen through an increase in STI testing, our first measure of success will be attendance at the Olin Health Center. As mentioned above, the Olin Health Center is the primary facility on campus that offers STI testing. It is important to note that there are other testing areas in East Lansing. To cover these realms our group will send out an optional survey, asking whether the student has gotten tested in the last year for STIs. If so, the student will be asked to decipher if the test took place on or off campus.

The second objective of this campaign was to make 65% of Michigan State students, with on campus housing, aware of safe sexual practices - in addition to on campus STI screenings. To combat the present issue, SET Repro posted flyers around Michigan State's dorms. Important locations of note are dormitories' front doors, elevators on every floor, and community bathrooms (if applicable). From simple statistics, our group will see how many students are exposed to the flyers. We plan to do so by gathering the amount of students that live in each dormitory. Additionally, our campaign will measure the amount of flyers that are to be hung around campus. This will measure the potential exposure to SET Repro's campaign.

The third objective of this campaign was to expose 75% of students living, or have lived, on campus to SET Repro's campaign and its significance. To measure this desired exposure, our team will create two surveys. The first survey will be sent within the first week of the first semester. The second survey will be sent within the final week of the second semester. Both surveys will collect the sexual behavior of on-campus housing students. The data will then be analyzed to discover whether there has been a change in behavior.

### **Conclusion**

In summary, the S.E.T Repro campaign at Michigan State University (MSU) addresses the pressing issue of sexual health disparities among rural college students. Targeting gaps in STI testing, HPV vaccination rates, and condom usage, the campaign aims to reduce stigma, increase awareness, and empower MSU students to take proactive measures regarding their sexual health. The formative research conducted on college students' behavior and demographic influences, coupled with a comprehensive situation analysis, grounds the campaign in the unique context of MSU, providing valuable insights for tailored interventions.

Guided by the Health Belief Model, the campaign strategically incorporates its fundamental components to shape messages that resonate with the MSU student population. Acknowledging model limitations related to environmental factors and social norms, S.E.T Repro actively addresses these challenges through targeted placements of educational materials in residence halls and challenging existing stigmas around STI testing. The campaign's carefully crafted messages, encapsulated by the tagline "Your Sex Life, Your Business," foster empowerment and ownership while providing essential information about STI prevention, symptoms, risks, and testing resources.

The campaign's success will be assessed through three defined objectives, focusing on reducing stigma, increasing awareness, and promoting positive behavior change. The evaluation methods, ranging from tracking Olin Health Center attendance to surveys measuring awareness and exposure, offer a robust framework to gauge the impact of S.E.T Repro over time. Through a combination of quantitative and qualitative measures, the campaign aims to demonstrate tangible improvements in STI testing rates and foster a positive shift in the sexual health landscape at MSU.

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