

Creating a Sexual and Reproductive Health Social Media Campaign for Adolescents

A Pilot Project

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May 13, 2021

Abstract

The Reproductive Health Equity Act (RHEA) works to increase access to sexual and reproductive health services for all Oregonians by expanding coverage to include comprehensive contraceptive counseling, voluntary sterilization, screenings for pregnancy, sexually transmitted infections (STIs), breast and cervical cancers, counseling on STIs and relationship safety, and abortion (Oregon Health Authority, n.d.). Adolescents in particular are a population that face decreased access to recommended preventative health services while also accounting for half of the STI cases reported each year (CDC, 2018; CDC, 2019). In partnership with Multnomah County Health Department and Multnomah County Student Health Centers, this pilot project was created to educate and advertise sexual and reproductive health services to adolescents through a social media campaign. The social media campaign included 12 weekly posts, addressing 3 monthly topics, published onto the Student Health Centers Instagram account. Next steps may include assessing impact through adolescent feedback, addressing further sexual and reproductive health topics, or using other social media platforms such as Facebook or TikTok to expand reach and audience.

Introduction

Problem Description

Reproductive health is an important component of overall health, including complete physical, mental, and social wellbeing in all matters relating to the reproductive system and its functions and processes (World Health Organization, n.d.). Despite the integral role in overall health, accessing comprehensive reproductive health services remains a challenge. Although the United States spends more on health care than any other country, more than one-third of women report skipping needed medical care because of cost, a rate far higher than other high-income countries (Gunja et al., 2018). In the United States, young adult women, ages 18-25 years, have lower rates of health care access and utilization compared to other age groups (Murray Horwitz et al., 2018). Furthermore, racial disparities exist within this age group, with young Black women being half as likely to have received the HPV vaccination and Black and Latinx women being half as likely to effectively use contraception compared to their white counterparts (Murray Horwitz et al., 2018).

Locally, according to the 2015 Multnomah County Community Health Assessment, access to health care was among the most prioritized health issues, with women's health and reproductive health noted as important emerging health issues. This community assessment found similar health disparities relating to reproductive health among minority adolescent groups including Latinx and Black teens that were also seen nationally. In Multnomah County, Black teens are two and a half times more likely to give birth than their white counterparts and Latinx teens give birth at rates six times higher than Whites (Multnomah County Health Department, 2015).

To address this disparity and improve health care access and outcomes, Governor Kate Brown signed the Reproductive Health Equity Act (RHEA) in 2017. This legislation works to comprehensively address systemic barriers to accessing reproductive health care, expanding coverage to thousands of Oregonians throughout the state – regardless of income, citizenship status, or gender identity. Expanded coverage includes reproductive health services such as comprehensive contraceptive counseling, voluntary sterilization, screenings for pregnancy, STIs, breast and cervical cancers, counseling on STIs and relationship safety, and abortion (Oregon Health Authority, n.d.). As of January 1st, 2018, reproductive health services became available for all Oregonians, but the question remains as to whether these services are being accessed and outcomes improved.

Although the Reproductive Health Equity Act expands coverage and increases access for Oregonians to receive reproductive health services, there is still an issue of knowledge of and engagement with these services. As social media is an increasingly important component of everyday life for adolescents and adults, opportunities exist for dissemination of reproductive health promotion, education, and advertising of services through these channels with social media campaigns. This project is a pilot social media campaign in collaboration with Multnomah County Health Department and Student Health Centers. The health promotion campaign focused on reproductive and sexual health education and services. Photos, posts, and stories were published on the Multnomah County Student Health Centers Instagram page.

Available Knowledge

A literature search was conducted in August 2020 to explore the structure and efficacy of health promotion campaigns through social media outlets. Two electronic literature searches were performed using PubMed Legacy and Scopus databases. Search terms included “social

media,” “social media campaign,” “health promotion,” “reproductive health,” and “reproductive health services”. Search results were limited to articles published in English from January 2010 to August 2020. Additionally, a manual review of bibliographies was conducted to identify other relevant primary articles.

When considering the development of a social media campaigns, studies show that the most important component is choosing a target audience (Friedman, Kachur, Noar, & McFarlane, 2016; Neiger, Thackeray, Burton, Giraud-Carrier, & Fagen, 2013; Veale et al., 2015). Next, the online platform should match the audience. Facebook is the most widely used social media platform with 69% of U.S. adults engaging on Facebook. Alternatively, Instagram and Snapchat are especially popular among 18-24-year-olds, with respective rates of use at 67% and 62% (Perrin & Anderson, 2019). Thus, choosing the appropriate platform depends on the demographics of the desired audience.

Another key component in a health promotion social media campaign is the chosen level of engagement. Low engagement includes the creation of a social media presence, recruiting and retaining followers, and usually one-way messaging. Medium engagement builds upon low engagement to then create conversations with users. Finally, high engagement is online or off-line audience member involvement with health promotion programming and participation (Neiger et al., 2013). The goal of a sexual and reproductive health social media campaign is to reach high engagement that will then encourage users to utilize services and programs that can improve their health.

Successful campaigns include a variety of components, most of which fall under medium and high engagement. Primarily, a successful campaign will have numerous and varied posts. More exposure to a campaign through posts and messaging is associated with increased behavior

change (Friedman et al., 2016). One study found that top profiles on Facebook and Twitter that were regularly posting had a median of 46 posts per month or 125 tweets per month (Veale et al., 2015). Furthermore, the variety of posts is crucial in encouraging interaction between host and audience. Twitter may be used to post updates, while Facebook may allow for conversation and sharing of photos, stories, and links. It is important to use platforms and posts that will engage the audience and encourage their interaction with the content (Friedman et al., 2016; Gold et al., 2012; Veale et al., 2015). Using this medium to high level of engagement may go a step further to post questions that would then encourage interaction and strike conversation. Overall, it is this engagement and conversation that ultimately leads audience investment and changes in behavior.

In addition to numerous and varied posts, successful campaigns also include collaboration with a multidisciplinary team and regular evaluation and assessment of the exposure and outcomes. Numerous articles recommended the utilization of social-marketing and media experts, public health researchers, experts in user technology, and community organizations with experience in sexual health promotion (Friedman et al., 2016; Gold et al., 2012). An interdisciplinary team with this knowledge and expertise helps to create a well-informed, well-designed final product.

Nevertheless, despite having a well-informed, well-designed final product, it can still be difficult to measure outcomes and determine the success of a social media campaign. Most studies investigating these campaigns do not have experimental comparison groups and have difficulty determining user exposure levels (Crutzen et al., 2011). Exposure may be measured through number, frequency, and duration of profile or site visits, but it is difficult to assess an assumed linkage between campaign and site visits.

Overall, social media campaigns can be a helpful tool for advertising reproductive and sexual health programs and services as they relate to RHEA. However, due to the various types of platforms and outreach, it is crucial that a successful campaign plan appropriately to have numerous and varied posts, work within a multidisciplinary team, and determine outcome goals and metrics to evaluate those goals.

Rationale

In 2011 Facebook, MySpace, and Twitter were the primary social networking sites being used for sexual health promotion with Facebook engaging the most in health promotion campaigns (Gold et al., 2011). Now, ten years later, more social media platforms have entered the market, including Instagram and TikTok, which both present further opportunities for sexual health promotion. These platforms become even more relevant as the current global Coronavirus pandemic forces people to engage more online than in person. With more adolescents now utilizing Instagram than Facebook, this platform was chosen, keeping in mind that a successful social media campaigns must engage users, publish various types of posts and on multiple platforms, and consider working within a multidisciplinary team.

Two important frameworks to consider for this project include the Health Belief and Health Promotion Models. The Health Belief Model can be applied to health promotion and health prevention strategies. This model postulates that health-seeking behavior is influenced by perceived threats posed by a health problem and the value associated with actions that may reduce that threat (Polit & Beck, 2017). The Health Belief Model is directly related to perceived susceptibility and perceived costs and benefits. As a social media campaign that targets patients who would benefit from reproductive and sexual health care and screenings, it will be important to create a campaign that will influence these perceptions. In other words, a successful campaign

will convey the utility and benefit of services that fall under the Reproductive Health Equity Act, including STI testing and cancer screenings.

Additionally, the Health Promotion Model can be utilized to help develop resources to aid in sexual and reproductive health interventions. The Health Promotion Model explains health-promoting behaviors through self-efficacy. The model incorporates both interpersonal and situational influences that impact self-efficacy related to a given behavior and the likelihood of actual performance of that behavior (Polit & Beck, 2017). With a social media campaign, the goal is to influence users to health-promoting behavior, such as accessing reproductive and sexual health services. Through posts that educate on the benefits of these health-promoting behaviors, the hope is to influence viewers towards self-efficacy in actualizing those behaviors and actions.

Specific Aims

The primary purpose of this project was to create a social media campaign through collaboration with the Multnomah County Health Department that promotes sexual and reproductive health services offered through the Reproductive Health Equity Act.

Methods

Context

The campaign was a collaborative project with the Multnomah County Health Department and Student Health Centers. Team members included the Deputy Nurse Practitioner Director, the Medical Director's Program Specialist, and the Student Health Centers Program Coordinator, and the DNP student. The pilot project's primary objective was to create a health promotion campaign that educated adolescents on reproductive health practices and increased knowledge of available free services offered through reproductive health grants. Specifically,

this project aimed to reach adolescents associated with Multnomah County Student Health Centers who could access the Student Health Centers Instagram account and health services.

Adolescents were chosen as the target demographic because of the increased risk that exists within this population. According to the Centers for Disease Control and Prevention, teens are less likely than younger children or adults to receive recommended preventative health (CDC, 2019). Furthermore, young people (ages 13-24) account for an estimated 22% of new HIV infections in the United States, and almost half of the 20 million STIs reported each year (CDC, 2018). One way to address this is through increased education and use of sexual health services. School-based health centers provide an opportunity to connect student and youth to sexual and reproductive health services including HIV and STI testing, contraceptive counseling, and HPV vaccination.

Intervention

A three-phase project was introduced using the Multnomah County Student Health Center Instagram account. Phase I was an Instagram poll among followers of the Student Health Center account used to gauge interest in sexual and reproductive health topics. Phase II included the creation of weekly Instagram feed posts addressing topics selected from Phase I. Phase III was the implementation of the posts through publishing on the Multnomah County Student Health Centers Instagram.

Phase I

Phase I was completed utilizing two Instagram story features that gave followers the opportunity to participate and provide input into what they wanted to learn more about. The first question that was asked of users through the Instagram story was: “what sexual and reproductive health topics would you like to learn about?” Since stories are temporarily available for 24

hours, this question was posted for three consecutive days to gather responses. One week later a poll was created based on responses to the initial question. The poll asked followers to select the one topic they were most interested in among four topics. Topic options included in the poll were STI testing, safer sex, birth control, and periods 101. The poll was also available for three consecutive days to gather sufficient responses. The top 3 choices, which were STI testing, safer sex, and birth control, were then chosen as monthly topics for the social media campaign.

Phase II

Phase II included the creation of posts using Canva, a graphic design platform. Weekly posts were created for each of the 3 monthly topics, resulting in 12 posts total. Each post was evidence-based with reminders of where and how to best access resources, such as the local Planned Parenthood, Student Health Center, or Primary Care Provider. Posts were reviewed by the interdisciplinary team from Multnomah County Health Department and Student Health Centers for approval before posting.

STI Testing

For the first month's topic of STI testing, weekly subtopics included general STI testing break down and recommendations and information on Chlamydia, Gonorrhea, and Syphilis as these are the three most common STIs. The weeks with specific STI subjects detailed basic information including signs and symptoms, testing, and treatment. See Appendix A.

Safer Sex

The second month's topic was safer sex. Subtopics included an overview of safer sex, barrier protection, how to talk about safer sex, and tips for safer sex. The overview of safer sex detailed an explanation of safer sex and why it's important. Barrier protection included information on condoms and dental dams as well as how best to use them. How to talk about

safer sex detailed ways of initiating conversations and questions to ask. Finally, tips discussed how to be prepared for safer sex and plan ahead. See Appendix B.

Birth Control

The final month consisted of subtopics related to birth control including how to choose the right birth control and information on implants and IUDs, scheduled birth control, and the pill. The scheduled birth control included the depo shot, vaginal ring, and the patch. Each type of birth control was described, detailing how they work, duration of use, and side effects. See Appendix C.

Phase III

Phase III was the publication of posts on the Multnomah County Student Health Center's Instagram. The Multnomah County Student Health Center's Instagram account has 953 followers and has been used to address student-requested health topics, including mental health and sexual and reproductive health. Phase III included posts on both the Student Health Center Instagram feed and their Instagram story feed, which has temporary 24-hour access. Over three months, between January and March 2021, there was one post to the feed and one-story post weekly. The story post was used to help promote the weekly feed post. The content of each post was evidence based and utilize guidelines and recommendations from nationally recognized organizations such as American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and Centers for Disease Control and Prevention and Planned Parenthood.

Measures

Due to the nature of this project, there were no qualitative or quantitative measures, but rather the creation of a final product that can then be used by Multnomah County Health Department to help advertise the services covered under RHEA.

Results

The final Instagram story poll from Phase I had an average of 54 views and 8.6 votes per day. STI testing had the most votes at 16, then safer sex at 12 votes, followed by birth control at 10 votes, and periods 101 at 5 votes. As this campaign consisted of monthly topics over three months, periods 101 was excluded from the project. The final topics, as mentioned previously, were STI testing, safer sex, and contraception.

During Phase III, the weekly posts received an average of 9 likes, with the most likes (21) on the initial first post of STI overview and recommendations. The weekly story posts, which were created through sharing the weekly posts, received an average of 29.6 views. The most viewed story was the safer sex overview, which received 53 views. This story was also the only story that was promoted or shared by another follower. On average, only 3.1% of followers saw story posts. Even lower, only 0.9% of followers engaged with the material by liking weekly posts.

Ethical Considerations

Before implementation, this project was submitted to the International Review Board for approval. There were no specific ethical considerations for this project as there were no surveys of participants or direct contact with human subjects. This project was exempt from IRB oversight.

Discussion

Interpretation

Literature suggests that the most successful social media campaigns publish multiple and varied posts and work alongside a multidisciplinary team (Friedman et al., 2016; Gold et al., 2012; Veale et al., 2015). The posts throughout this campaign were limited to just once weekly

to the Instagram feed and Instagram stories due to time constraints as the DNP student was solely responsible for creating posts. This ultimately meant that there were less posts overall, making the campaign more limited in scope and reach. Additionally, the interdisciplinary team was not as diverse as to include marketing or graphic design experts that could have contributed to more appealing infographics and widespread dissemination of information. Furthermore, although the Student Health Instagram targets students and adolescents, many followers are not students. Of those that liked, viewed, or answered the polling questions, many were adults or other student organizations. This indicates that the intended audience was perhaps not well reached through this account.

The final cost of this project was relatively low. The subscription to the Canva was only \$26.00 for a three month period. The use of structured doctoral student time to create the posts was crucial in keeping costs low. The initial plan to use a graphic designer proved to be challenging due to scheduling constraints, consistency of regular designs, and high cost that would have exceeded the budget provided by the grant.

Limitations

Although this social media campaign targeted adolescents through the Multnomah County Student Health Centers account, it is difficult to determine how many students this campaign reached. There is no way to identify how many students viewed each post related to the sexual and reproductive health campaign. Although there is data showing how many followers liked or viewed a story, this does not reflect the reach of the campaign. Likes and story views demonstrate who interacted with posts, but does not necessarily detail if the posts were shared with others, referenced, or utilized. Furthermore, there is no data showing whether or not the followers that did interact with the posts were adolescents and part of the target

audience. Followers of the Student Health Centers account range from adolescents, to parents, to other student or health organizations. While this may be beneficial in advertising RHEA services widely to the broader population, it does not necessarily help to prove that the campaign reached its target adolescent population. Since the Student Health Centers account is not private, posts are accessible and can be viewed by anyone, not necessarily followers of the account. Therefore, while the likes and story views were relatively low in relation to followership, there may have been a far greater number of people viewing and sharing the posts. Ultimately, the data detailing the scope and reach of this project are limited.

In addition to the scope and reach, the utilization of RHEA services is also unknown. The goal of this project was to create a social media campaign that advertised services provided under the RHEA grant to ultimately increase utilization of these services. These services include comprehensive contraceptive counseling, voluntary sterilization, screenings for pregnancy, STIs, breast and cervical cancers, counseling on STIs and relationship safety, and abortion (Oregon Health Authority, n.d.). There is no data to reflect how the social media campaign influenced utilization of these services and whether or not access increased as a result of the information posted on the Student Health Centers Instagram account.

In terms of the external factors influencing this project, it is important to note two key situational components. Firstly, due to the worldwide pandemic, COVID-19 has further emphasized the use and value of social media as a means of communication and information dissemination. Social media is used as a tool for staying up to date when it comes to clinical practices, recommendations, and information (Tsao et al., 2021). The second situational factor to keep in mind through this project is the lack of experience with and novelty of a social media campaign. The Multnomah County Health Department has a Facebook account, but no Instagram

account. Rather than making a new account, there was collaboration with Multnomah County Student Health Centers to use their Instagram account for the social media campaign. Members of both the Multnomah County Health Department and the Student Health Center were novices in the creation of such a campaign, but enthusiastic to work together on this pilot project.

Conclusion

This campaign was created as a pilot project meant to be built upon. The cost of this project was low as labor for creating the campaign posts was primarily completed through student doctoral hours. Future next steps to build upon this project may include the use of a full time staff member and graphic designer. Expertise in this area may help to create more appeal and effective visuals and posts that further the reach and utilization of services. A hired graphic designer would have knowledge and skills to create varied posts on various platforms and a full time staff member may be able to better coordinate videos or events that further engagement with the intended audience.

Additionally, this project was limited to a three month period and only addressed three topics. The expansion of this project may extend to topics that were not addressed, such as Periods 101, which came in fourth during the initial polling phase of this project. In addition to extending the topics, there could be more time spent getting feedback from adolescents to better understand what they find helpful and informative. Continued outreach to the intended audience will better inform the project to ensure that a social media campaign is created around their interests and preferences. Furthermore, expansion could also include posting on other social media platforms including Facebook and TikTok to further extend the reach of the project.

Social media campaigns can be a helpful tool in healthcare to inform, educate, and advertise. This was a pilot project to create a social media campaign specific to sexual and

reproductive health in order to help increase knowledge of and access to services provided under the Reproductive Health Equity Act (RHEA). Although evaluation of the success of this project is difficult to measure based on limitations in data, this project was still able to provide useful, informative posts that educated and advertised of RHEA services. The use of social media for information dissemination is likely to continue to be a helpful tool in the future, especially as social media platforms are utilized more for community outreach. Social media campaigns such as this one may be a way to help educate and inform the public on a variety of health topics beyond sexual and reproductive health.

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Appendix A

STI Testing: Overview

STI Testing

What you need to know

“

Young adults 15-24yrs account for half of all new sexually transmitted infections

Prevent the spread of STIs with 3 simple steps. Talk. Test. Treat.

STI Testing: What to test for?

- Syphilis, Gonorrhea, and Chlamydia are the most common STIs in Oregon
- In 2018, the CDC noted increased cases of these three STIs for the fifth year in a row with national data including
 - 1.8 million cases of Chlamydia
 - 583,405 cases of Gonorrhea
 - 115,045 cases of Syphilis

Typical STI Test checks for:

- Chlamydia
- Gonorrhea
- Syphilis
- HIV

*Further STIs testing recommended depending on exposure or symptoms

STI Testing: Who to test?

The CDC recommends all sexually active people <25yr of age receive annual STI screening

***STI testing is recommended for anyone engaging in vaginal, oral, and/or anal sex without a condom, particularly when having sex with multiple partners. Some STDs such as HIV and Hepatitis B can also be spread by sharing injection drug gear.

What does an STI test include?

What is tested depends on which STI you're checking for. It may include inspection of urine, blood, or body (genitals, skin, mouth)

Where to get tested? Check out these locations

Multnomah County STD Clinic
503-988-3700
<https://multco.us/health/std-services>

Multnomah County Student Health Centers

Planned Parenthood
www.plannedparenthood.org

Your Primary Care Provider!
*STI testing available where you get your typical health care

For more details please visit multco.us or cdc.gov or visit your nearest student health center

STI Testing: Chlamydia

Chlamydia



Chlamydia is a SUPER common bacterial infection that affects close to 3 million Americans every year, most commonly among 14 to 24-year-olds.

Chlamydia can spread through **vaginal, anal, and oral sex**, regardless of if a male partner ejaculates.

How do I know if I have chlamydia?

- Although most people experience no symptoms, some may notice:
- **Abnormal discharge** from the vagina, penis, or rectum
 - A **burning** sensation with urination
 - **Pain and swelling** of testicles
 - Anal pain or **bleeding**

The best way to know if you have chlamydia is through testing!

How do I get tested for chlamydia?

Laboratory testing for chlamydia can be as simple as urinating in a cup or gently swabbing genitals to take cell samples from the urethra, vagina, cervix, or anus.

- Testing is recommended for:
- Anyone with symptoms
 - Anyone who has had unprotected sex
 - All sexually active persons annually (along with testing for other STIs)

What happens if I have chlamydia?

- Chlamydia can be easily treated. Here's what you should know:
- Your medical provider will prescribe antibiotics (take all medication, as directed!)
 - Your partner(s) should also be treated to be sure the infection isn't transmitted back and forth or to others
 - Do not share your medication. Your medical provider can provide additional doses of the medication for your partner(s)
 - Do not engage in sex for 7 days following treatment
 - It is recommended to retest 3-4 months following treatment to make sure the infection is gone

*For more information on where to get tested, visit your local student health center, primary care provider, or Planned Parenthood

STI Testing: Gonorrhea

Gonorrhea



Gonorrhea is one of the most common sexually transmitted infections with highest incidence among people in their teens and 20s. It is sometimes referred to as "the clap" or "the drip."

Gonorrhea infection is carried in **pre-ejaculate, ejaculate, and vaginal fluid** and can infect the **penis, vagina, cervix, anus, urethra, throat, and eyes** (though this is rare).

How do I know if I have gonorrhea?

- Although most people experience **no symptoms**, some may notice:
- **Abnormal discharge** from the vagina, penis, or rectum
 - A **burning** sensation with urination
 - **Pain and swelling** of testicles
 - **Bleeding** between periods

The CDC recommends yearly STI testing for all sexually active people 25 and younger as well as people engaging in riskier sex practices such as unprotected sex or sex with multiple partners.

How do I get tested for gonorrhea?

- Testing may include:
- Urinating in a cup
 - Testing discharge gathered from the urethra, vagina, or anus
 - Gently swabbing for cell samples from the urethra, vagina, anus, or throat

Gonorrhea can have symptoms similar to other common STIs such as chlamydia, so you will likely be tested for multiple infections.

What happens if I have gonorrhea?

- Gonorrhea can be easily treated. Here's what you should know:
- Your medical provider will prescribe antibiotics (take all medication, as directed!)
 - Some strains of gonorrhea may be difficult to treat, so your medical provider may give you two antibiotics, one in shot form and one in pill form
 - Your partner(s) should also be treated to be sure the infection isn't transmitted back and forth or to others
 - Do not engage in sex for 7 days following treatment
 - It is recommended to retest 3 months following treatment to make sure the infection is gone

*For more information on where to get tested, visit your local student health center, primary care provider, or Planned Parenthood

STI Testing: Syphilis

Syphilis



Syphilis is common bacterial infection spread through sex that can be treated easily in early stages, but can have lasting permanent damage if left untreated.

Syphilis is spread through **vaginal, anal, and oral sex** by contact with **syphilis sores** (also called **chancres**). Sores can be found around the **penis, vagina, or anus**, or in the **rectum, on the lips, or in the mouth**.

How do I know if I have syphilis?

Symptoms will depend on the stage of syphilis infection:

- **Primary syphilis** causes sores that are typically firm, round, and painless found around the penis, vagina, anus, or mouth
- **Secondary syphilis** can cause skin rash, swollen lymph nodes, and fever
- **Latent stage** has no signs or symptoms
- **Tertiary syphilis** can cause blindness, paralysis, or tumors affecting the nervous system, brain, and other organs

Some symptoms can be so mild that they go unnoticed or are confused for something else such as pimples or a rash. Symptoms can come and go, but that doesn't mean the infection is gone. The **ONLY** way to get rid of syphilis is through medication treatment.

How do I get tested for syphilis?

Testing for syphilis typically includes a **blood test** or **sampling fluid from a syphilis sore**.

*For more information on where to get tested, visit your local student health center, primary care provider, or Planned Parenthood

What happens if I have syphilis?

Syphilis can be easily treated. Here's what you should know:

- Your medical provider will prescribe antibiotics, typically penicillin (take all medication, as directed!)
- Your partner(s) should also be tested and treated to be sure the infection isn't transmitted back and forth or to others
- Do not engage in any type of sex until you and your partner(s) have completed treatment and sores are fully healed

*Syphilis is not a one time deal. If you are exposed again after treatment it is possible to be reinfected. Be sure to get tested if you are exposed or engage in unprotected sex.

Appendix B

Safer Sex: Overview

It's Okay.
Let's Talk.



Safer Sex

Safer sex includes **STI testing, talking** with your partner(s), and using **barriers** such as condoms and dental dams.

Why does safer sex matter?



Safer sex is all about protecting you and your partner(s) from sexually transmitted infections. Safer sex practices keep you **healthy** and can make sex **better!**

Test

- Most people with sexually transmitted infections don't have symptoms or know when they're infected and can easily pass the infection to their partner(s). **Getting tested is the only way to know for sure whether or not someone has an STI.**

Talk

- The best time to talk about safer sex is before having sex. Talk with your partner(s) about what activities you're comfortable with and how you'll communicate consent. Discuss using condoms or dental dams and when and how you'll get tested for STIs.

Barrier Protection

- One of the best ways to make sex safer is using barriers such as condoms, dental dams, and/or latex or nitrile gloves. **Barriers protect you and your partner from sexual fluids and some skin-to-skin contact, which can both spread STIs.**

Where to get supplies and info

Multnomah County STD Clinic
503-988-3700
<https://multco.us/health/std-services>

Planned Parenthood
www.plannedparenthood.org

Multnomah County Student Health Centers
<https://multco.us/student-health>

Your Primary Care Provider!
*STI testing available where you get your typical health care

For more details please visit multco.us or cdc.gov or visit your nearest student health center

Safer Sex: Barrier Protection

Barrier Protection

Barrier Protection, including **internal and external condoms**, and **dental dams** help to make oral, anal, and vaginal sex safer.



“
Barriers protect you and your partner from sexual fluids and some skin-to-skin contact, which can both spread STDs.”

How do condoms and dams work?

- Internal condoms**, also called “female condoms,” are soft plastic pouches put inside of the vagina or anus to create a barrier, preventing pregnancy and reducing the risk of STIs.
- External condoms** are small thin pouches worn on the penis that collect semen and prevent the exchange of fluids that could lead to pregnancy or STIs.
- Dental dams** are thin latex squares that help to prevent STIs while performing oral sex. The dam is simply placed on the vulva or anus, no stretching necessary.

When do I use them?

Roll the condom onto an erect penis BEFORE it touches your partners mouth or genitals and wear it the whole time you're having sex.

*Likewise, for dams and internal condoms, these barriers only work if used before making skin-to-skin contact.

Where can I get them?

Condoms can be purchased at most grocery or convenience stores and are often **free** at your local **primary care provider's office, student health center, or planned parenthood**

Tips for condom use:

- Check the **expiration date** located on the package
- Store in **cool, dry place** away from direct sunlight or sharp objects
- Never use two condoms at the same time** (this includes internal and external condoms)
- Practice makes perfect!** It's a good idea to practice putting a condom on a penis or banana (anything penis shaped!) before actually engaging in sexual activity

Safer Sex: How to Talk About Safer Sex

Let's Talk About Sex

It can feel awkward to bring up safer sex, but it's important. Talking about protecting each other shows you care, and it can even make your relationship better.



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The best time to talk about your safer sex plan is BEFORE you start having sex (including oral sex). Make sure you both agree to use condoms and/or dams, and figure out when and how you're going to get tested for STDs.
”

What questions should I ask?

Good questions to ask someone **before** having sex with them:

- Do you know if you have any sexually transmitted infections (STIs)?
- When was the last time you were tested for STIs?
- Do you usually use condoms and/or dental dams?
- Have you ever shared needles with someone for tattoos, piercings, or shooting drugs? (You can get some STIs like HIV this way, and then they can be passed to partners during sex.)
- Have you had any STIs before? Which ones? Did you get them treated?

How do I talk about consent?

Some ways to ask for consent include:

- **"Can I [fill in the blank]?"** or **"Do you want me to do [fill in the blank]?"**

Listen for the response and pay attention to their **body language** and **tone**

- If your partner says **"yes"** or makes it clear that they're into it, then you have consent.
- If your partner says **"no,"** doesn't say anything, or says yes but seems unsure or uncomfortable, then you **DON'T** have consent.

If you don't know what they want, or they say yes but don't seem sure, check in before you continue:

- "I want to make sure you want to do this. Should I keep going?"
- "It's okay if you're not into this. We can do something else. What do you think?"

What if my partner doesn't want to have safer sex?

If your partner won't get tested or use protection, it may be a sign that your **relationship isn't healthy** and the best thing to do is not have any sexual contact with them. This can be hard — they may get angry and even end the relationship — **but it's the best way to stay safe.**

Someone who doesn't respect your body and your health isn't worth having sex with.

Safer Sex: Tips for Safer Sex

Tips for Safer Sex

Here are some tips to make safer sex easier, more convenient, and enjoyable.



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Protection and pleasure are important, and the good news is safer sex can give you BOTH!
”

How can safer sex make sex feel better?

- **Choose the right condom for you:** There are many different types of condoms, some designed to increase sensation and make sex feel better. Some are made of lamb skin, some are latex - choose the material that feels best to you and your partner.
- **Use lube:** While some condoms come pre-lubricated, additional lube can be helpful in making sex feel good and keeping you safer. Put a few drops of lube inside the condom and/or rub it on each other's genitals before having sex.
- **Attitude is everything** — the better you feel about using protection, the better protection will feel when you use it.

How do I make safer sex more convenient?

- **Keep condoms and lube easily accessible** near your bed or wherever you plan on having sex.
- Make putting on condoms part of your **foreplay**, that way it is part of sex rather than something that interrupts it.
- **BYOC (Bring Your Own Condom).** Condoms can be easily be purchased at convenience stores or online and are often free at community health centers and Planned Parenthood. There is no prescription needed and no age requirement for purchase. **Always have your own supply and make sure you check the expiration date.**

Plan Ahead

Talk with your partner and establish limits and boundaries around safer sex in advance.

- + What are you comfortable with? What do you want or don't want?
- + What type of barrier or contraceptive do you want to use to prevent STIs and pregnancy?
- + How will you express if/when something is uncomfortable or crossing a line?

Appendix C

Birth Control: How to Choose the Right Birth Control

How do I know which is right for me?

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Birth Control

There are so many different types of birth control out there, and although there is no perfect birth control that works for everyone, it's important to figure out which one is best for you and your life style.

What do I need to consider?

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When choosing birth control, here are some things to consider:

- Do you want to have children someday? How soon?
- Do you have any health conditions?
- How often do you have sex?
- Do you also need protection against STIs?
- How well does the birth control work?
- Are there any side effects?
- Will you be able to use it correctly every time?

Effectiveness

- Some forms are birth control work better than others at preventing pregnancy. For example, implants such as the IUD and Nexplanon have a <1 in 100 chance of getting pregnant, while the pill or patch has a 6-9 in 100 chance. Remember - condoms are the only birth control that protect against STIs!

Hormones

- Different birth controls work in different ways. Some have hormones and some do not. Like all medications, there are risks and benefits involved. **Knowing the risk and benefits when comparing different methods** is important to choosing an option that works best for you.

Know Yourself

- Consider what you are able to keep track of and keep up with. Are you able to take a pill every day? Can you reliably always have a condom on you when you need it? **Knowing yourself and what is reasonable for you to manage helps to ensure you pick a birth control method that will work best for YOU.**

Where to go for birth control

Multnomah County Student Health Centers
<https://multco.us/student-health>

Your Primary Care Provider!
 Birth control is available where you get your typical health care

Planned Parenthood
<https://www.plannedparenthood.org/online-tools/what-right-birth-control-m>

**This is a helpful quiz to determine which birth control is best for you


Birth Control: Implants and IUDs

Implants and IUDs

Birth control implants and Intrauterine devices (IUDs) are two of the most effective options for pregnancy prevention.

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Implants and IUDs are long-term, reversible, low maintenance birth control that are 99% effective



Implants

What are they?

- The birth control implant is a tiny, thin, plastic rod about the size of a match stick

How do they work?

- A medical provider inserts the implant under the skin of your upper arm
- The implant releases the hormone progestin to stop you from getting pregnant

How long will they last?

- The implant is effective for 3-5 years
- It is not permanent and can be removed at any time

What are the side effects?

- The most common side effect is spotting
- Other side effects that are less common include headache, breast pain, nausea, and pain or bruising where implant was inserted (but this goes away)

IUDs

What are IUDs?

- An intrauterine device (IUD) is a small piece of flexible plastic or plastic with metal (copper) shaped like a T that is placed inside the uterus to prevent pregnancy.

Hormonal

- How it works: Hormonal IUDs release the hormone progesterin to prevent pregnancy.
- How long it lasts: Depending on the type of hormonal IUD, it can last between 3-7 years, but can be removed at any time.
- Side effects: Most people experience lighter periods or their periods go away all together, but some experience spotting.

Non-Hormonal

- How it works: Non-hormonal IUDs contain copper, which creates an environment that keeps sperm from reaching the egg, thus preventing pregnancy.
- How long it lasts: 10-12 years.
- Side effects: Some people have irregular bleeding or increased bleeding.

With both types of IUDs there may be pain and cramping with insertion, but this goes away within a few days. Sexual partners typically do not feel or notice the IUD.

Things to consider


- Implants and IUDs do NOT prevent STIs.** Condoms are the best protection from STIs.
- Everyone's body is different!** If you have them, most side effects will go away. Try to stick with it for a few months to allow side effects to improve.
- Implants and IUDs are long-term, reversible birth control.** If you struggle to remember to take your birth control, these may be good options for you!

*Visit your nearest Planned Parenthood, Student Health Center, or Primary Care Provider for more information

Birth Control: Scheduled Birth Control

Scheduled Birth Control

As an alternative to the daily pill, these birth control options provide pregnancy prevention when taken on a monthly or weekly basis.



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Birth control shots, vaginal rings, and patches are 91-94% effective when used correctly.

Depo Shot

How do they work?

- The injection is given at a health center, usually by a doctor or nurse.
- The depot shot (AKA Depo-Provera) contains the hormone progesterin that stops you from getting pregnant.

How long will they last?

- The injection must be done every 12-13 weeks (about every 3 months) and only works when given on time.

What are the side effects?

- The most common side effect is changes in your periods with heavier bleeding, less bleeding, or no periods at all (which happens to about half of users).
- Other side effects include headache, weight gain, nausea, sore breasts, or temporary pain at injection site. **These side effects typically go away within 2-3 months** once the body gets use to the hormones.

Vaginal Ring

How do they work?

- A small, flexible ring is inserted into the vagina. When placed correctly you shouldn't feel it.
- The vaginal ring (AKA NuvaRing) contains the hormones estrogen and progesterin that stop the ovaries from releasing an egg to prevent pregnancy.

How long will they last?

- The rings lasts 3-5 weeks and can be taken out for 1 week to allow for a period, or replaced immediately if you want to skip your period.

What are the side effects?

- Many people don't experience side effects, if they do, some include headache, nausea, sore breasts, spotting, or more vaginal wetness. **These side effects typically go away within 2-3 months** once the body gets use to the hormones.
- Some positive side effects include prevention of acne, iron deficiency anemia, and cysts in breasts or ovaries.

Patch

How do they work?

- The patch is placed on clean, dry skin on your belly, outer upper arm, buttocks, or back.
- The patch should stay put through any environment including hot tub, shower, sauna, or while swimming.
- The patch contains hormones estrogen and progesterin, which are absorbed through the skin. These hormones stop the ovaries from releasing an egg and prevent pregnancy.

How long will they last?

- The patch needs to be changed every week. You can decide to get a period every month or skip it - it's up to you!

What are the side effects?

- Many people don't experience side effects, if they do, some include headache, nausea, sore breasts, spotting, or sore skin where the patch is placed. As with other birth controls, **these side effects usually go away within 2-3 months.**
- Some positive side effects include prevention of acne, iron deficiency anemia, and cysts in breasts or ovaries.

Things to consider

- Birth control shots, rings, and patches do NOT prevent STIs.** Condoms are the best protection from STIs.
- Set an alarm!** These birth control methods must be remembered on a weekly, monthly, or quarterly basis. Set an alarm or reminder to keep you on schedule.
- Always check the expiration date** before using the patch or ring. If expired, these medications will not work as well to prevent pregnancy.

*Visit your nearest Planned Parenthood, Student Health Center, or Primary Care Provider for more information

Birth Control: The Pill

The Birth Control Pill

Birth control pills are medicine with hormones that are taken daily to prevent pregnancy.



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Birth control pills are 91% effective. This means that 9 in 100 pill users become pregnant each year.

How does the pill work?



There are 2 types of birth control pills. Both use hormones to stop sperm from joining an egg, thus preventing pregnancy.

Combination pills (AKA combined oral contraceptives, COCs)

- These are the most common type of pill and contain both estrogen and progestin hormones
- COCs must be taken daily to work effectively

Progestin Only pills (AKA POPs or the mini pill)

- This option only contains the hormone progestin
- POPs must be taken within the same 3 hours every day to prevent pregnancy

What are the side effects?



Many people don't experience side effects, but some that may occur include:

- Headache, nausea, sore breasts, and changes to your period (early, late, or stopping altogether)
- **These side effects typically go away within 2-3 months** once the body gets use to the hormones.

Birth control pills also have **benefits** including:

- preventing or lessening acne, cysts in your breasts or ovaries, endometrial and ovarian cancers, and PMS (premenstrual syndrome)
- improving period cramping and helping to regulate periods

Things to consider

- **The birth control pill does NOT prevent STIs.** Condoms are the best protection from STIs.
- **The pill must be taken daily** (or within a 3hr time frame for POPs). If you miss or forget pills, it won't work as well.
- There are some medical conditions and medications that aren't compatible with the pill. **Check with your health care provider before starting** to make sure it's a good option for you.

*Visit your nearest Planned Parenthood, Student Health Center, or Primary Care Provider for more information