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Dirty Details: An Evaluation of Sexual Health Resources in the Grand Valley State University Community

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Dirty Details: An Evaluation of Sexual Health Resources in the Grand Valley State University
Community

Dirty Details is my Honors Senior Project and my contribution to promoting a sex-positive culture at Grand Valley State University (GVSU). A sex-positive environment is one in which sexual choices are respected, communication is encouraged, and education and resources to promote sexual health are available and accessible. Fusing my knowledge from Nursing and Women, Gender and Sexuality studies, I created an educational presentation that teaches sexually transmitted disease prevention strategies and resources for related sexual health services. All forms of sexual activity were included and respected during my presentation and the appropriate barrier method for each was addressed. My methodology involved collecting information about Grand Valley and ranked universities' resources, conducting a literature review to determine best practices, connecting with other sexual health activists and advocates, creating a program guided by my findings, piloting the program to nursing students, considering feedback, and revising accordingly. By collaborating with other devoted members of the community, I joined in the effort to make sexual health information and resources more consistently accessible to students.

Problem

Sexually active individuals often do not receive the education necessary for making informed decisions about their sexual health. Throughout the development of *Dirty Details*, my intention has been to respond to the limited access to sexual health resources in the Grand Valley State University community. Many universities include sexual health curriculum in freshman orientation programming *and* provide access to sexual health resources on and off campus. In my

initial assessment of Grand Valley's methods, I discovered that our freshman Transitions program includes a presentation about sex, consent, and healthy relationships (Promotions, 2014); however, sexual health is briefly covered, and supplemental resources that are accessible 24/7 are limited to a page on the Women's Center's website regarding contraceptive options. Members of the registered student organizations "Voices for Healthy Choices" and "Eyes Wide Open" work to educate students about sexual health and sexual violence, respectively. While it is clear that some members of the GVSU community are invested in shifting toward a more sex-positive culture, these resources are simply not accessible enough to serve the entire student population. Considering that "half of all sexually active young people will get an STD before the age of 25" and "most will not know it" (Centers for Disease Control and Prevention [CDC]), the Grand Valley community includes many high-risk individuals who do not have access to the critical sexual health resources that they need. It is time that sexual health education programming and resources that are reflective of the needs of its students are implemented at Grand Valley.

Advocates for identity inclusion promote appreciation of the unique ways in which individuals perceive and represent themselves. Discussion of these topics has been well-received by a majority of the GVSU community, as evidenced by the thriving Women's and LGBT Resource Centers; however, detailed conversations about sexuality inclusion are less frequent and accepted. Often, people avoid conversations about respecting sexual choice because many believe that talking about sex is the same as encouraging it, and become morally opposed to educating about it. Just as feminism is not inherently man-hating, sex-positivity is not inherently sex-promoting. We are not yet a sex-positive campus. Without resources, our institution communicates to its students that sex should not be practiced or even discussed. Further, failing

to acknowledge the real health risks associated with sexual activity may be interpreted as suggesting that there are none worth mentioning. While abstinence is an effective strategy for preventing STI's, Human Immunodeficiency Virus (HIV), and unplanned pregnancy, 83% of people have engaged in sexual activity by age 21 (Promotions, 2014). According to the most recent American College Health Association National College Health Assessment II, 44.0% of students surveyed reported having 1 sexual partner in the last 12 months, 10.1% reported having 2 partners, 6.2% reported having 3, and 10.1% reported having 4 or more partners (American College Health Association [ACHA], 2014). We are doing our student population a disservice by denying them accessible resources; it is Grand Valley's responsibility to promote the health of its students by providing resources that acknowledge, respect, and disperse information about the spectrum of sexual choices (Lechner, et. al., 2013).

Vision

The focus of my project is to educate my peers about sexual health topics and resources by connecting my fields of study and fusing my roles as a feminist activist and health advocate in order to promote empowered decisions. Anticipating that sex is often considered taboo and avoided as a conversation topic, my intention is not to simply increase the number of well-informed individuals among the Grand Valley community, but to encourage open conversation and information sharing by presenting an empowering perspective in a comfortable environment. I want to equip my peers with reliable resources and liberate them from the notion that sexual health topics are distasteful so that they have the tools to be self-directed learners, make informed, healthy choices, and teach their peers.

Since Grand Valley's campus is currently not sex-positive, I anticipate push-back from some groups. Advocating for sexual health resources requires that I am well-prepared to

overcome resistance. While I cannot prevent controversy, I can prepare to counter it with data that transcends personal beliefs. By creating a well-developed, fact-based argument from scholarly research and successful programming at other institutions, I intend to articulate an indisputable need for more accessible resources. Once the need is established and revealed, hopefully my program will ease and advance our transformation toward a more sex-positive campus.

Strategy

My methodology paralleled the nursing process: assessment, diagnosis, planning, implementation, and evaluation. During the assessment phase, I completed gained a comprehensive understanding of the status quo by collecting information about Grand Valley and ranked universities' resources, conducting a literature review to determine best practices, and connecting with other sexual health activists and advocates in the community. The information I collected allowed me to diagnose the problem articulated earlier in this analysis. Planning involved creating a program guided by my findings and connecting with many community resources in order to collect suggestions and informational materials. In order to ensure that my final presentation would be informative and helpful for students, I worked through the planning, implementation, and evaluation phases twice. Initially, I piloted the program to nursing students and collected feedback. Due to the feedback I received, I revisited the planning phase in order to make constructive revisions prior to the final presentation.

Assessment

In order to understand and articulate how the GVSU community can become more sex-positive, I assessed what sexual health information and resources are currently available to our students, what information and resources that nationally ranked institutions provide for their

students, and how the literature describes best-practices for educating and supporting students. As mentioned previously, students have access to a sexual education event during freshman orientation, to registered student organizations, and to the campus health clinic. Approximately half of the incoming freshman class attends the sexual education event, fewer than 100 students are involved in related student organizations, and the campus health clinic can only impact students who come in as patients. In fall of 2014, invested faculty and staff at Grand Valley established a Sexual Health Committee that is working “to promote sexual health through the development of sex positive and inclusive approaches to sexuality”. Representatives from Campus Recreation, Student Life, Counseling, Nursing, the Women’s Center, the LGBT Resource Center, the Metro Campus Health Clinic, and the student body comprise the interdisciplinary committee. The Sexual Health Committee was created with the intention of creating and improving upon existing sexual health information and resources for students in order to promote a more sex-positive culture. Through connecting with members of the committee about my pursuits, I was invited to join and seized the opportunity for multiple reasons: understanding their comprehensive perspective on sexual health at Grand Valley allowed me to create an inclusive and community-based program; I was able to connect with resources and receive valuable feedback; and I had the opportunity to influence and contribute to work that will continue long after I graduate. Another student member and I utilized the Campus Resources and Sexual Health (CRaSH) assessment tool - found in the literature - to better understand and identify how sexual health resources can be improved at Grand Valley in accordance with what is suggested for universities similar to ours. GVSU scored below average in three categories: Clinic Convenience, Sexual Violence Resources, and Sexual Health Information – including safe sex supplies. The CRaSH results helped me to determine the

priorities for my presentation, and the committee to establish a baseline for gauging progress in years to come.

Practices at top-ranked universities also gave me insight into potential recommendations for GVSU. Simply navigating through their websites revealed that information regarding choice, disease transmission risk, prevention strategies, contraception options, testing facilities, and safe sex supply locations are consistently emphasized. Oregon State University even has a safe sex supply golf cart that is driven around campus for interested students.

Simultaneously, I conducted an extensive literature review. The most significant tools I found include the CRaSH assessment tool, the 7 Standards of Practice for Health Promotion in Higher Education as determined by the American College Health Association (ACHA, 2012), and F.O.R.E.play – an information-motivation-behavioral skills model for presenting sexual health information. Statistics from the Center for Disease Control and the American College Health Association National College Health Assessment supported the need for improved sexual health resources.

Diagnosis

Synthesizing my assessment data about the GVSU community, top-ranked institutions, and a thorough investigation of the literature, I developed a comprehensive understanding of what sexual health resources are available and which are still needed or in need of improvement. Combining that 83% of people have engaged in sexual activity by age 21 (Promotions, 2014); by age 25, half of sexually active individuals will have had an STI & most will not know it (CDC); of students who engaged in intercourse in the past 30 days, 50.7% and 27.2% reported using a barrier method during vaginal and anal intercourse, respectively (ACHA, 2014); and the fact that Grand Valley does not have well-advertised and constantly available safe sex supplies on

campus, I determined my priority diagnosis. Grand Valley has insufficient sexually transmitted infection knowledge and resources related to the lack of constant access to information regarding the importance of appropriate barrier methods for all types of sexual activity and getting tested, and to safe sex supplies for preventing disease transmission, as evidenced by national statistics that indicate high rates of sexual activity and sexually transmitted infections and low rates of barrier method use.

Planning

In order to ensure that my presentation would be effective, I utilized the 7 Standards of Practice for Health Promotion in Higher Education as determined by the American College Health Association (ACHA, 2012). As encouraged by these standards, my programming was congruent with Grand Valley's institutional values of a healthy community and self-directed learning, community-based, collaborative, culturally competent, theory-based, evidence-informed, and promoted continued professional development. Since these are the same standards for liberal arts courses, my event was approved for LIB 100/201 approval, which allowed students to receive credit for attending. By following the framework of the F.O.R.E.play model, I created a presentation that emphasized Facts, Open communication, Responsibility, and Enjoyment. Anticipating that students who attended would have questions specific to sexual health that I may not have the best answer for, I invited three faculty and staff who are involved in sexual health at Grand Valley or in healthcare. While students are waiting for the development of new sex-positive programming and resources, they need sustainable access to information. Realizing this, I planned to incorporate and bring attention to many resources during my presentation so that students could revisit them afterward. These resources included campus resources (the Women's Center, LGBT Resource Center, campus health center, and faculty

panel), student organizations (Voices for Healthy Choices and Eyes Wide Open), community resources (Kent and Ottawa County Health Departments, Planned Parenthood, Grand Rapids Red Project) and internet resources (the Center for Disease Control, top-ranked institutions, and reliable Youtube videos).

Implementation

The pilot presentation occurred on Tuesday, March 31, 2015 from noon-1pm in a classroom in the Cook-Devos Center for Health Sciences. It was presented to 10 nursing students who understand health education and have foundational knowledge about sexual health. I presented the powerpoint portion of my presentation to the students and asked for feedback at the end.

The final presentation occurred on Tuesday, April 7, 2015, from 6:00-7:30pm in the multipurpose room of Niemeyer Honors College. It consisted of a 1 hour powerpoint presentation and approximately 30 minutes of questions and answers for the faculty panel. During the powerpoint presentation, I explained my methodology and presented information and resources for utilizing barrier methods in order to reduce the risk of disease transmission during all types of sexual activity. Specific sexually transmitted infections, modes of transmission, barrier methods and proper use, and diagnostic tests were identified and described. Resources were incorporated into the presentation in order to provide options for continued learning. Sex-positivity was defined and the influence of gender, choice, inclusion, and respect were emphasized as significant in establishing and maintaining a safe culture for discussing and maintaining sexual health. Three faculty and staff members concluded the event by answering questions about sexual health information and resources, as well as their specific significance in the GVSU community.

Evaluation

Overall, feedback following the pilot presentation was positive, and students especially appreciated the explanation of gender and the statistics that supported the need for further education and resources. Suggestions for improvement included adding a section about what testing involves and information about contraceptives. Between the pilot presentation and the final presentation, I incorporated information about testing for sexually transmitted infections in order to enhance comfort with the topic. Because the focus of my project is inclusive disease prevention, I chose not to include information on contraceptives.

The final presentation was comprehensive and successful. While attendance was limited to approximately 20 students, the students who were there received information and resources that equip them to promote their sexual health and that of their peer groups. *Dirty Details* was created and implemented in accordance with the results of a thorough community assessment, practices of top-ranked institutions, and research from the literature. The presentation was a well-developed, F.O.R.E.play style informational program, and the data collected serves as the foundation for progress. Grand Valley has some excellent resources; we should work to reconstruct and strengthen those resources in order to maximize efficient use of time and resources, as well as the likelihood of community acceptance and involvement. Future programming should continue to be congruent with Grand Valley's institutional values of a healthy community and self-directed learning, community-based, collaborative, culturally competent, theory-based, evidence-informed, and promote continued professional development.

Personal Development

There is still significant work to do before Grand Valley is a sex-positive community, but through completing this project, I have learned a great deal about activism and about myself.

Despite my passion for enhancing sexual health resources, I struggled to get started on my project. I was afraid to approach people because I did not want to burden them with questions and requests. Soon after my first interview, I realized that people were not only willing to help, but excited to connect me with other resources. My web grew quickly and I made contact with people who are working on the same type of project. Before connecting with the Sexual Health Committee, I felt overwhelmed and isolated. Not only did their invitation help me to feel more confident moving forward with my project, but I know that we will be more effective as a team than I could be as an individual, because “the most effective campaigns are grounded in existing advocacy efforts” (Evans, 2003, p. 3). The group is relatively new, but derives great strength from a shared passion for the goal and maintains motivation by collaborating to create action plans (Baumgardner & Richards, 2005). Aside from realizing how productive it is to reach out and work with other like-minded activists, I learned that starting early allows one to reevaluate and reconstruct the plan until it truly articulates its intent. I also realized that as important as it is to have a firm literature foundation for one’s argument, sooner than later, one must stop reading and act. Knowing these things now, I would have begun my project without hesitation at the beginning of the semester. People were extremely willing to help, and as I utilized human resources, I was guided toward more applicable scholarly literature. Had I been comfortable enough to connect with people immediately, I may have had a more complete assessment of the situation earlier and been able to contribute more to the committee. That said, this journey is far from over, and I look forward to utilizing my developing skills in networking, research, and collaboration, as I transition into my professional role as a Registered Nurse: advocate and activist for the *Dirty Details*.

References

- American College Health Association. (2014). American college health association national college health assessment II spring 2014 reference group executive summary [Data file]. Retrieved from http://www.acha-ncha.org/docs/ACHA-NCHA-II_ReferenceGroup_ExecutiveSummary_Spring2014.pdf
- American College Health Association, Task Force on Health Promotion in Higher Education. (2012). *Standards of Practice for Health Promotion in Higher Education*. Retrieved from http://www.acha.org/Publications/docs/Standards_of_Practice_for_Health_Promotion_in_Higher_Education_May2012.pdf
- Baumgardner, J. & Richards, A. (2005). *Grassroots: A fieldguide for feminist activism*. New York: Farrar, Straus & Giroux
- Centers for Disease Control and Prevention. GYT half of poster. *STD – GYT Materials CDC-INFO on Demand*. Available at <http://wwwn.cdc.gov/pubs/CDCInfoOnDemand.aspx?ProgramID=122>
- Eisenberg, M. E., Garcia, C. M., Frerich, E. A., Lechner, K. E., Lust, K. A. (2012). Through the eyes of the student: What college students look for, find, and think about sexual health resources on campus. *Sexuality Research and Social Policy*, 9(4), 306-316. doi: <http://dx.doi.org/10.1007/s13178-012-0087-0>
- Eisenberg, M. E., Lechner, K. E., Frerich, E. A., Lust, K. A., & Garcia, C. M. (2012). Characterizing sexual health resources on college campuses. *Journal of Community Health*, 37(5), 940-948. doi:10.1007/s10900-011-9536-6

Evans, K. (2003). An advocacy guide for feminists. *Young Women and Leadership*, 1-7.

Retrieved from

file:///C:/Users/Emily/Downloads/An%20advocacy%20guide%20for%20feminists.pdf

Lechner, K. E., Garcia, C. M., Frerich, E. A., Lust, K. A., Eisenberg, M. E. (2013). College students' sexual health: Personal responsibility or the responsibility of the college?.

Journal of American College Health, 61, 28-35. doi:

<http://dx.doi.org/10.1080/07448481.2012.750608>

Moore, E. W., & Smich, W. E. (2012). What college students do not know: Where are the gaps in sexual health knowledge?. *Journal of American College Health*, 60(6), 436-442.

doi:10.1080/07448481.2012.673521

Promotions Office Video Team (Producer). (2014). Dorian & Marshall [DVD].