

# Sexual Health at Princeton

## Overview

According to a 2016 survey conducted by University Health Services at Harvard University, sixty percent of students engaged in sexual activities within the past twelve months, but many of them did so without protection (“60 Percent of Students Sexually Active, Survey Finds Lower Rates of Protection”). Based on this data, it seems that there is an inherent disconnect; a significant number of students seem to be engaging in sexual activity, yet are not properly equipped to engage in such activities in a healthy way. In order to protect themselves from sexually transmitted infections and unwanted pregnancies, students must have easy access to sexual health resources on campus. However, since “sex” and “sexuality” are controversial topics in society, many students may not feel comfortable actively seeking advice and information.

A system that could apply design principles to this problem on Princeton’s campus would be targeted to students, with University Health Services, SHARE, the Women’s Center, the LGBTQ Center, and the Residential Colleges being stakeholders, as all of these institutions tackle issues surrounding the sexual health and overall well-being of students. Relevant tasks that students seeking sexual health resources would perform include obtaining accurate information about sex and sexual health, making a sexual health consultation appointment, obtaining contraception, and getting an STI test. Because many of these tasks are somewhat nerve wracking to perform, a system that addressed these problems would ideally be easy-to-use so that frustration with the user interface combined with uneasiness about the topic of sex will not cause the user to stop using the system. Additionally, since many of these tasks involve patient health information, the system needs to be able to store data in a confidential way, and allow the user to interact with it in a discreet way.

The final design will be constrained by what we consider to be high priority user values: privacy and discretion, ease of use, and easy access. Possible considerations for the final design include a discreet name for the product that would not appear out of the ordinary in a browser history or app launcher, in case the user does not want others to find out that they are consulting sexual health resources due to social stigma; and a choice of platform that is available to most people in our target population regardless of what devices they might own or their ability to go somewhere on campus in person.

The success of the final design will be evaluated through user testing with the criteria of whether user goals have been met in mind. In the current stage of our project planning, we expect user goals to have something to do with the criteria of privacy, usability, and accessibility. These criteria will be updated if we learn new things from the user research steps.

To conduct this research, an adult consent form, a survey, and an interview guide are all needed. The adult consent form will be displayed at the beginning of the online survey sent to all students and will be presented to the interviewee at beginning of an Residential College Advisor interview. The online survey participants will click on a box if they've read and understood the purpose of the research, while the interviewees will physically sign the consent form if they've read and understood the purpose of the research. The survey will be conducted and maintained in Google Forms and Google Sheets. The interview guides will be used to prompt conversation with Residential College Advisors about discussions around sexual health in the residential college advisee group setting.

## Methods

Our methodology includes two distinct subsets of data collection: 1) general on-line survey via Google Forms, 2) in-person interviews with Residential College Advisers (RCAs).

We selected surveys to garner the majority of our respondents because they can be entirely anonymous and have low barriers to response. By sending the survey out to various email listservs on campus, we hope to be able to collect upwards of 100 individual, anonymous responses, each of which will last no longer than 5 minutes.

We chose to pursue deep-dive interviews with RCAs since they are peer resources who are primed to talk about these sorts of sensitive topics with the Princeton community at-large. Additionally, RCAs serve as students' advocates, mentors, and supporters, so we believe that they will offer thorough insight into the experiences of multiple students through a single interview. We aim to interview between 10-30 RCAs, for 15+ minutes each.

The above methodologies will afford us both qualitative and quantitative data to analyze; the survey will provide a breadth of information regarding students' experiences with sexual health and wellness on campus, while the interview will offer depth of perceived resources and accessibility. Please find our [survey guide](#) and [interview questions](#) attached.

Our survey will be sent to Residential College listservs as a Google Form. The first page of the survey consists of the consent form, and the second page contains the questions pertaining to our study. The first questions are required and consist of multiple-choice answers or checkboxes in order to gather data about the participants. The last two questions have free-form answers and are optional but encouraged, and will help us the most during our evaluation of the answers. For the first questions, we will analyze the data in the resulting spreadsheet to find trends among the student population. We will use the free-form answers in order to brainstorm ideas for our possible designs. The data we gather from our interviews with RCAs will also be used to assess the current state of sexual health on campus and the most pressing concerns, as well as a base to build off of for design ideas.

All participants will consent to participating in the study prior to participating in the survey or interview. Our consent form can be found [here](#).

## User Characteristics

Within the population of Princeton undergraduates, we are focusing on freshmen (of all genders). Incoming students have less experience navigating Princeton's systems, which means that any improvement we contribute to sexual health information at Princeton will have the most positive impact on this sub-population. Furthermore, since they have four years ahead of them, they will have more time to benefit from information about sexual health and wellness at Princeton. However, this is not to say that we will neglect the rest of the undergraduate population; we might gain instructive insights by comparing the needs of freshmen compared to the undergraduate population as a whole during the user research step.

## User Tasks

In order to improve the sexual health and wellness of students on campus, we want to better support them in the tasks they perform related to this issue. An extensive but not exhaustive list of these tasks includes:

- Finding clear and accurate information about sexual health privately in order to become informed and comfortable around sexual health and well-being. This includes reading online resources and knowing what people to reach out to in order to find answers to specific questions. The environment in which students do this should be easily accessible, respect users' privacy and have scientific and objective information.
- Making an appointment at McCosh health services. This includes using the online appointment scheduling service and being able to modify it or cancel it if need be. Additionally, the students should be able to see all their scheduled appointments in one place. These tasks are usually done on a computer, and should also respect the privacy of the users.
- Getting contraception of all types, both male and female contraception. In order to do this, students have to find relevant information and sometimes make an appointment as explained above, evaluate the different options, consult their insurance coverage, and either make an appointment to receive the contraception (ex: IUD) or set up a prescription with the corresponding pharmacy (ex: birth control).
- Getting tested and treated for STIs. In order to do this, students need to make an appointment and then have some way to receive the results of the appointment and act on them if necessary.

- Learning about pregnancy options. This includes reading relevant information, talking to a health provider about these options, and possibly following through on either of them with off-campus health providers. In this case, privacy is also an important issue for users when discussing such issues.

## Existing Systems

On campus, there are a number of resources that provide information surrounding sexual health to students. The McCosh student center has a [separate clinic](#) dedicated to sexual health and wellness that offers a number of services including birth control options, examinations and screenings, services for HIV prevention, and more. In our surveys and interviews, we will aim to find out what prevents students from going to McCosh, but we anticipate there is a lot of uncertainty around what these services are, how to schedule them, and what the payment options for services are. There also might be a stigma surrounding going to the health center. In order to schedule an appointment, students must know how to navigate the McCosh scheduling system and find time in their busy schedules to come in. However, McCosh is also conveniently located on campus and provides insurance options for students.

Another resource on campus are all of the students trained to help underclassmen be aware of their options regarding sexual health. These include the [Residential College Advisors](#), [Peer Health Advisors](#), and [SHARE peers](#), all of whom undergo a mandatory training to learn about the options provided on campus so they can relay the information to freshman. By having an assigned peer that is supposed to assist with these issues, students can feel more comfortable asking questions. Unfortunately, not all students might feel comfortable with the assigned peer, and the information a freshman gets might depend on who their RCA or PHA is.

Off campus, there are a number of resources students can use, including organizations like [Planned Parenthood](#) or online resources like [Bedsider.org](#). The McCosh website provides links to a number of online resources, such as the [SexPositive App](#) and [Healthy Body, Safer Sex](#), which is intended for trans, non-binary and gender nonconforming people. A disadvantage of off campus resources is that they are less visible, although they provide the advantage of allowing for a space off campus where a student who might be embarrassed to be seen accessing sexual health services by peers can feel more comfortable.

## Relevant Literature

As the internet has emerged as the primary source of information for individuals of all ages, health professionals and researchers have recognized and embraced the immense impact technology has on informing youth. In 2004, Suzuki & Calzo conducted an analysis of bulletin

boards on an online health website, and found that the medium proved to be a valuable forum for personal opinions, actionable suggestions, concrete information, and emotional support, and allowed teens to discuss topics surrounding sexual health and personal relationships in a candid way (Suzuki & Calzo 2004). In 2005, Gray et. al explored adolescents' perceptions and experiences of using the internet to find information about health and medicine. They found that the internet combines positive features of amateur and professional sources, as well personal and impersonal sources, and that the internet as a whole is an immensely important health information source for adolescents (Gray et. al 2005). On the other side of the issue of informing students about their sexual health are the health professionals who must facilitate and engage in a conversation about sex with these often reluctant adolescents. In "Opening a can of worms': GP and practice nurse barriers to talking about sexual health in primary care", Gott et. al identified significant barriers to discussing sexual health with patients of the opposite gender, patients from minority groups, and non-heterosexual patients (Gott et. al 2004).

A major concern with conducting research and designing a system surrounding sexual health it must handle personal information according to the Health Insurance Portability and Accountability Act (HIPAA), which regulates the use and disclosure of Protected Health Information (PHI). As health data is digitized in systems all around the world today, it can be extremely vulnerable to cyber attacks. Thus, if a system stores student health data, it must be extremely secure and very hard to hack. Additionally, as designers of the system, we should not be able to see a user's health information in connection with his/her identity, even when maintaining the system.

## Evaluation

In order to evaluate our improved system, we will need to measure whether or not comfort and awareness surrounding sexual health has improved on campus. This can be accomplished in a number of ways, including a follow-up survey sent to college listservs or accessing data from McCosh. We could ask McCosh whether or not the number of sexual-health related appointments they have received has increased and whether students feel more comfortable in these appointments. We can also conduct follow-up interviews with RCA's to gauge their students' impressions of our new system, or to ask if more students have felt comfortable asking questions.

## Citations

**60 Percent Of Students Sexually Active, Survey Finds Lower Rates of Protection | News. (n.d.). Retrieved October 12, 2017, from <http://www.thecrimson.com/article/2016/12/12/uhs-health-survey-data/>**

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**Gray, N., Klein, J., Noyce, P., Sesselberg, T., & Cantrill, J. (n.d.). Health information-seeking behaviour in adolescence: the place of the internet. *Social Science & Medicine*. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0277953604003934>**

**Suzuki, L. K., & Calzo, J. P. (2004). The search for peer advice in cyberspace: An examination of online teen bulletin boards about health and sexuality. *Journal of Applied Developmental Psychology*,25(6), 685-698. doi:10.1016/j.appdev.2004.09.002**