**Rationale for agent rules:** *Why did you give the agents these rules?*

Assumption development was based on studies drawn from the scientific literature.

~~I will do further~~ research in order to determine and more accurately base some of the assumptions of this model in scientific literature.

In order to … make the model more accurate and similar to real life… research of … scientific literature/research was used in order to determine factors and assumptions used in this model…

Determine factors inform/influence attitudes (and consequently behaviors), and to what extent they do so

….and form reasonable assumptions

-- Determining what factors inform/influence attitudes towards safe sex (and consequently behaviors), and to what extent they do so [potential options: attitudes of parents/friends/sexual partners, infection history of self or friends, education/awareness of safe sex practices]

**Explanation of theories of petty, etc. \*\*\***

Researchers have repeatedly identified that social networks are crucial in examining the spread of different types of infections, as well as attitudes – many of these have specifically been on STDs like HIV/AIDS during the early 90s or whatever. However, difference between a social network and a infection spread network, may not coincide.

Chose mesosystem terminology based on Bronfenbrenner’s word, but not his theory. Some articles, especially the Hispanic one, suggest heavy family influence.

Limitation: doesn’t take into account ethnicities. Some articles say that African americans keep stds within their own race, others examine the attitudes/practices of specific ethnicities – even classic Jefferson high school was pretty homogenous, and this is not necessarily representative of a college campus…though there is always self segretationl

This model is also not intended to represent sexual attitudes and behaviors as people get older. College is a special time, and a unique time of higher risk (reference?) due to hookup culture of millennials

Std transmission network may be different not only on existence of std, but stad of epidepmic

Assortative or disassortative??

Other studies have explored the internet and other media. The general consensus seems to be that multimedia is the way to go, but direction to these resources should ideally come from trusted people/role models in their lives

Why I chose the parameters I did for testing

Females have better health practices, have more to lose from unprotected sex (pregnancy OR sti)

Attitude – asdkfj

Certainty – asdkfj

Justification – asdkfj

Likelihood – asdkfj

**Likelihood**

description of coming up with the formula for likelihood, deciding on attitude, justification, certainty, etc. possibly include a chart

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Initial factors** | **Increase** | **Decrease** |
| **Attitude** | Condom desire | Talking to peers with similar attitude   * (only slightly above? Or also slightly below, but on same pole as you?   If they have sex with a partner that is infected and use protection…??? proposed  Super boosted if contract an STI and know it | Proposed: Think you “got away with” unsafe sex   * but actually, increases justification, just attitude gets more negative? So initially likelihood should take safe sex justification and use it to potentially bump up lower likelihoods, which are most influenced by attitude…? |
| **Certainty** | Mesosystem influence | Every time you repeat your attitude to someone else  If you feel like others have the same/similar attitude as you  Super boosted if contract an STI and know it | Attitude challenged   * *(in opposite direction?? Does it have to be < 50 vs. > 50?)* |
| **Justification** | Sex ed including condoms | Super boosted if contract an STI and know it | Current: Think you “got away with” unsafe sex   * but actually, increases justification, just attitude gets more negative? So initially likelihood should take safe sex justification and use it to potentially bump up lower likelihoods, which are most influenced by attitude…? |