Improving Sexual Health, P.U.L.S.E., and E.R.O.S. at California Polytechnic State University, San Luis Obispo

A Senior Project submitted in partial fulfillment of the requirements for the Bachelor of Science Degree in Psychology

by

Meg Rust

Psychology and Child Development Department

College of Liberal Arts

CALIFORNIA POLYTECHNIC STATE UNIVERSITY

San Luis Obispo

Spring Quarter, 2010

Faculty Advisor: Laura Freberg

Abstract

This project is designed to update and refine EROS educators' knowledge of sexual health and to gain insight into Cal Poly students' general knowledge of sexual health. Educators are given extensive training during the entire quarter before they begin their positions, but information is constantly changing. This project intends to initiate up to date informational tools that can be revised as new psychological or medical discoveries are made in the realm of sexuality and sexual health.

Improving Sexual Health, P.U.L.S.E., and E.R.O.S. at California Polytechnic State University, San Luis Obispo

Cal Poly San Luis Obispo's Peer Health Education (P.U.L.S.E.) program is an entity of the University's Health Center. PULSE stands for Peers Understanding, Listening, Speaking, and Educating. Volunteer Cal Poly students, who are trained to specialize in 1 of 3 areas, carry out the PULSE program. The areas covered are: nutrition and activity, careful lifestyles (especially regarding substance abuse and misuse), and sexual health and sexuality. The latter area of health education is run by a team designated "E.R.O.S," Educational Resources on Sexuality. EROS educates students and faculty through small and large-scale presentations, pre-pap/pelvic exam consultations, pre-STI screening consultations, on-campus sexual health awareness events and on-file resources compiled by the team members.

This project is designed to update and refine EROS educators' knowledge of sexual health and to gain insight on Cal Poly students' general knowledge of sexual health. Educators are given extensive training during the entire quarter before they begin their positions, but information is constantly changing. This project intends to initiate up to date informational tools that can be revised as new psychological or medical discoveries are made in the realm of sexuality and sexual health.

The first component to this project is a series of questions and their answers that are commonly asked by clients, but not specifically incorporated into the EROS consultation outline. The questions cover what is discussed during consultations, but are much more in-depth. These questions mainly focus on HPV infection,

treatment and testing; mechanisms of birth control and concerns surrounding it; and emergency contraception misconceptions and concerns.

The second part of the project is a sexual health survey to be given to clients after consultations or to students who visit the Peer Health Education center. Before administration, the survey and an appropriate informed consent form will be approved by the Cal Poly Human Subjects Committee (Steve Davis, Kinesiology, Chair). The survey is optional, and will be anonymous. To ensure the student's identity is not compromised, there will be a drop-box for completed surveys, which EROS educators will empty at the end of each month to make recordings. This will be explained to clients before they are given the survey to take in privacy. EROS and the health center will use this as an indicator of general sexual health practice among the Cal Poly community.

Lastly, a presentation previously given by EROS, titled "Running with Scissors: Your Presentation to Safer Sex" has been extensively modified with updated formatting, topics, and statistics. The presentation will continue to be given to Cal Poly classrooms, Greek life, and sports teams per request. The presentation spans a 2-hour block, and covers each of EROS's most discussed topics. The presentation also employs student participation activities, contemporary video clips, and testing slides used as teaching aids.

Part 1. Consultation Questions and Answers

EROS's central task is to carry out consultations. Consultations are formal appointments with particular points that must be covered. Educators are given a

general outline that is used for each consultation. The majority of clients are females coming in for their pre-pap/pre-pelvic exam consultation, required of them before making an appointment for a pelvic exam in the health center. The consultation outline is generally geared toward females coming in for this reason and/or seeking hormonal birth control. Other clients, male or female, may come in for questions about STIs, a pre-STI screening appointment, or a comprehensive consultation of a variety of sexual health topics. The general outline covers these types of consultations as well, but not always in detail. Specifically, the outline covers the pelvic exam procedure, methods of hormonal birth control, barrier methods (condoms, cervical caps, diaphragms, latex squares) and STIs; and includes a self-breast exam demonstration and a condom-use demonstration. Often, clients have questions about specifics within these topics. Though the educator has noteworthy training in each of these fields, some questions are difficult to answer without a form of reference, and even some forms of reference do not answer particular questions clients may ask.

As a peer educator, I took note of questions most often asked of me during consultations that had not been directly covered in the consultation outline. Some questions were also those we, as peer educators, had not covered during training and did not have references for in the office. Those questions and their answers make up the reference packet I have compiled for EROS educators. Specifically, I have researched and simplified responses to the following questions:

- What is HPV and how does it affect someone infected with it?

- How do I get rid of HPV?
- Can males be tested for HPV?
- What if I may have already passed HPV on to my partner and have since been cleared of infection?
- Can males get the HPV prevention/Gardasil shot?
- How does birth control work?
- What are possible side effects of birth control? Will it make me gain weight?
- How does Plan B work? How is it different from simply taking multiple doses of birth control?
- Will birth control or Plan B cause me to become infertile after I use it?
- What do I do if I forgot to take my pill/left my ring out for too long/ my patch fell off?

The packet also includes a list of STIs and their symptoms. This information is intended for each EROS educator to review and remember for future consultations. They will each receive their own copy and will have a reference copy at the front desk, in their office, and saved onto the EROS computer's hard-drive and the EROS-specific flash-drive. EROS educators will be expected to continually review this packet to prepare themselves for these questions, and to only use it as a reference sparingly. Copies may be made for clients and inquiring students with the understanding information may become outdated.

EROS consultations will be more professional if educators have prepared themselves for questions and know the answers to those questions without digging

through files or reading information straight from a pamphlet. The educators will be responsible to master these answers and explanations for their clients. The availability of this packet on file in the EROS computer and on the EROS flash-drive will allow more questions and answers to be added and modifications to be made to existing answers as more is discovered in the sexual health field.

Part 2. Sexual Health Survey

The Cal Poly Health Center is able to document of the number of students infected with STIs on campus based on the students who come into the Health Center to get tested. They make known to the campus that 25% of Cal Poly students tested in the Health Center for STIs are in fact tested positive, but there is no form of documentation of Cal Poly students' sexual health awareness or sexual activity. The 25% statistic does not quite tell us about students' sexual activity or awareness because this percentage is taken from the number of students tested for an STI. It may be assumed that many students being tested for an STI are doing so because they perceive a risk of testing positive; thus the 25% may not be completely representative of the entire campus population.

The survey I have designed does not assume to represent the entire Cal Poly campus, but may be more generalized than the previous statistic. The survey is available to Health Center patients/PULSE clients, and any individual on campus. It will represent students who are sexually active and those who are not. Many of our clients, even those seeking birth control, state they are not and have not been sexually active. This survey will allow PULSE, and specifically EROS, to have an idea

of the general sexual knowledge and experience of Cal Poly students. This is more comprehensive than knowing how many students have tested positive for an STI in relation to the number being checked for one.

Surveys will be available after a consultation, at the front desk of PULSE, at PULSE events on campus, and after presentations given to classrooms, sports teams, and greek life. Confidentiality will be ensured through the use of a portable drop-box. The convenience of the survey may allow for EROS to obtain results from a variety of students on campus.

In order to record these results, a data sheet has been provided and will be available as handouts, on the EROS computer's hard-drive, and on EROS's flash-drive. As new results are obtained each month, they will be added to the previous results on a master data sheet for Cal Poly sexual health statistics. These health statistics may be used for awareness on campus, in classroom presentations, and individual consultations. The results may also give EROS a better idea of what topics they need to focus on and where education should be emphasized.

Part 3. Modified "Running with Scissors" Presentation

EROS typically gives upwards of 10 presentations each quarter to sports teams, dorms, greek life and Cal Poly classrooms. Over half of these presentation requests are for a general overview of the risks of sex, birth control hormonal and barrier methods, getting tested, and STIs. The presentation "Running with Scissors," is our only presentation covering all these topics in one, however it has become out-dated, and needs improvement. Each year, EROS goes through the entirety of their

presentations and makes sure statistics and facts are current, but "Running with Scissors" needs more than just fact updates. As our most popular presentation, "Running with Scissors" should be contemporary and entertaining to keep the viewers engaged. As a nearly 4-year-old presentation, many of the graphics, activities, wording, and video clips are not as innovative or interesting as they may have been a few years ago. Changes made to the presentation are as follows:

- Reformat of the presentation to the most recent version of PowerPoint with new graphics and background.
- Information presented on slides cut to be more concise, in order for presenters to share information beyond what is written on the slides.
- Recompilation of statistics and addition of new research.
- Addition of interactive TurningPoint slides with questions for students.

The presentation is given with a handout as a guide for presenters. The slides are meant as prompts, not to be the entire dialogue for the presenter. Therefore, the handouts include additional information the audience cannot see that needs to be addressed for each slide. Handouts also include indicators for activities to begin and video clips to be shown between slides. These aid in the interaction and interest of the audience in the presentation.

"Running with Scissors" is very a comprehensive model of EROS topics. Specifically, the presentation discusses: different classifications of sex; why sex can be so risky; general differences among STIs; specific causes, symptoms, and

treatment of HPV, Chlamydia, Herpes, and HIV/AIDS (the 4 most common/dangerous STIs); getting tested; and hormonal and barrier birth control methods and their effectiveness. Included in the presentation are two activities, three video clips, and 4 Turning Point slides testing students' knowledge of topics presented.

Activities in "Running with Scissors" did not change from the previous presentation. In the first activity, students are given large cards with different sexual acts stated on their fronts. They are given these cards before the presentation and asked to all come to the front of the room when the activity begins. The students are asked to line themselves up in order of least risky to most risky with the help of other students in front and their peers in the audience. Presenters then state the correct order, and discuss the reasons why certain sexual acts may be more risky than others. The second activity is a story read about various risks and STI transmission spread through a chain of partners, using popular celebrity names. Students are handed out cards with these names on them, and are asked to come to the front of the room when their name is called. This exemplifies how many people may be affected by risky sexual behavior at any point in a series of relationships.

Video clips were added and edited to the new presentation through the help of three EROS educators. Clips were taken from Sex and the City, Rent, and Knocked up; three popular movies/television shows. The clip from "Sex and the City" follows one promiscuous character through her visit to her doctor to be tested for STIs. It is a funny but realistic example of the importance of getting tested no matter how

scary getting there may be. In Knocked Up, the two main characters are shown leading up to sex, and how a miscommunication about condom use leads to the two strangers finding out they are now having a baby. This clip is used while explaining the sometimes forgotten risks of unprotected sex. In the clip from Rent, portrayed is a character whom has just found out he may be infected with HIV. The clip is intended to show the dramatic changes to a life that may be made through risky sexual behavior.

Turning Point slides are intended to act as learning checkpoints. Students are given "clickers" at the beginning of class, which will be used to answer multiple-choice questions shown at the front of the classroom. When students respond to these questions, their answers are portrayed, as a whole, on the slide. This gives the students and the presenters an idea of the students' new knowledge of information just presented. Questions include: "What percentage of Cal Poly students tested in the health center have an STI?" "Which of these is true about the Gardasil shot?" "What is the effectiveness of hormonal birth control if used correctly?" and "What is the only way to stay completely protected against STIs and pregnancy?"

"Running with Scissors" is a thorough tool for presenters to use to educate their peers while keeping them engaged. It covers EROS's most sought-after topics, and attempts to do so through a presentation that is not too uncomfortable to view or graphic. It has been effective in teaching students in the past and hopes to be even more popular among classrooms, dorms, sports teams, and fraternities/ sororities now that it has been revamped and brought up-to-date.

My hope for this project is to expand EROS and PULSE's popularity among the Cal Poly community, leading to widespread sexual health awareness on campus. As sex is becoming less taboo among many college students, I hope my project can educate students to make safe decisions and be open with one another about the importance of sexual safety. Each of these tools is intended to aid EROS in knowing what is missing from students' knowledge of sexual health, and filling those gaps.

References

American Social Health Association. (2010). Learn about hpv. Retrieved May 18, 2010 from http://www.ashastd.org/hpv/hpv_learn_fastfacts.cfm

Black, R. (2009, October 20). Gardasil approved for use in boys to prevent genital warts; cervical cancer vaccine has another use. New York Daily News, 10(20), Retrieved on May 18, 2010 from http://www.nydailynews.com/lifestyle/health/2009/10/20/2009-10-20_gardasil_approved_for_use_in_boys_to_prevent_genital_warts_cervical_cancer_vacci.html

Brzyski, R. G. (2007). Female reproductive endocrinology. The Merck manuals online medical library. Retrieved on June 4, 2010 from http://www.merck.com/mmpe/sec18/ch243/ch243a.html?qt=female endocrinology&alt=sh#

Emergency contraception: after missing daily birth control pills. (2010). Office of Population Research, Princeton University, Princeton, NJ, U.S.. Retrieved on June 24, 2010 from http://ec.princeton.edu/questions/missedocs.html

Harris, L. (2010, March 4). Emergency contraception. Retrieved on June 24, 2010 from http://www.birth-control-comparison.info/ecinfo.htm

Information on std's sti's and viruses. (2009). Retrieved on May 18, 2010 from http://yourstdhelp.com/

Jelovcek, F.R. (2009). Weight gain, fluid retention and the pill. Retrieved on May 18, 2010 from http://wdxcyber.com/ncontr11.htm

Menton, David. (2007, January 01). Plan b: over the counter abortion?. Answers, 2(1), Retrieved on May 29, 2010 from http://www.answersingenesis.org/articles/am/v2/n1/plan-b

Nihira, M.A. (2010, February 24). Birth control pills. Retrieved on June 10, 2010 from http://www.webmd.com/sex/birth-control/birth-control-pills

Planned Parenthood Federation of America Inc. (2010). Emergency contraception (morning after pill). Retrieved on May 18, 2010 from http://www.plannedparenthood.org/health-topics/emergency-contraception-morning-after-pill-4363.htm

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2010). Genital HPV infection-CDC fact sheet. Atlanta, GA: Centers for Disease Control. Retrieved on June 4, 2010 from http://www.cdc.gov/std/hpv/stdfact-hpv.htm

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2009). Unintended pregnancy prevention: contraception. Atlanta, GA: Centers for Disease Control. Retrieved on May 18, 2010 from http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception

U.S. Department of Health and Human Services, Food and Drug Administration. (2010). Birth control guide Silver Springs, MD: Food and Drug Administration. Retrieved on June 4, 2010 from http://www.fda.gov/ForConsumers/ByAudience/ForWomen/ucm118465.htm

U.S. Department of Health and Human Services, The National Women's Health Information Center. (2009). Birth control methods: frequently asked questions: everyone I know is on the pill, is it safe? Office on Women's Health. Retrieved on June 4, 2010 from http://www.womenshealth.gov/faq/birth-control-methods.cfm#h.

APPENDIX 1: FACT SHEET

What is HPV and how does it affect someone infected with it?

There are over 120 different types of HPV and about 30-40 of them are sexually transmitted; types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, and 59 are termed "high risk." High-risk strains may lead to cervical intraepithelial neoplasia (cervical cancer), vulvar intraepithelial neoplasia, and/or anal intraepithelial neoplasia. It is not certain, but the strain could also affect males by leading to penile intraepithelial neoplasia (penile cancer), but more research is needed. Gardasil protects against strains 16 and 18, which are the cause of about 80% of the cervical cancer cases that arise from HPV. The others are considered "low risk" strains because they do not lead to cancers but they can lead to warts (common or genital) or infections of the mouth. Low risk strains that lead to genital warts are strains are strains 6, 11, 42, and 44 and Gardasil protects against strains 6 and 11.

The American Social Health Association estimates that nearly 75-80% of sexually active Americans will be infected with HPV at some point in their lifetime. They also estimate that by the age of 50, over 80% of American women will have contracted a strain of genital HPV. This estimate shows the prevalence of HPV (the most common STI) and also its high recovery rate, since these percentages are not the same for the prevalence of anogenital/reproductive cancers or genital warts. The majority of infections do not last beyond 1 year, and nearly 90% are gone within 2 years. Those that persist are most often those that develop into cancers.

It is difficult to pinpoint who the virus was contracted from if one has multiple partners because it can sometimes take years to be found. Condoms also do not completely protect against HPV because they do not completely cover the genitals.

How do I get rid of HPV?

There is no treatment for HPV itself, only treatments against the diseases it causes. The body's immune system (if healthy) typically fights off the virus and remembers specific strains so most individuals infected will rid themselves of the virus naturally. If the infected cells are detected, they are sometimes removed. The best way to naturally get rid of HPV is to take care of your body. Taking a daily vitamin (specifically Vitamin D is very good for the immune system), eating healthily, and avoiding tobacco, alcohol, and other intoxicants are important in maintaining general health.

Can males be tested for HPV?

Males can only be "tested" by a visual inspection for warts or lesions evolving from "low risk" strains because no effective way of collecting male genital cells has been discovered.

What if I may have already passed HPV on to my partner and have since been cleared of my infection?

Caution is always advised, because there is no guarantee one may not become infected by another HPV type, but partners most often will not spread the virus back and forth between one another if they are monogamous. Once the immune system has suppressed HPV in one partner, they develop a memory for that particular HPV type and will be prevented from being infected with that type again. Couples may choose to abstain or use barrier methods during intercourse.

Can males get the HPV prevention/Gardasil shot?

Males can get the shot to prevent them from contracting strains 6 and 11 (low risk strains) that cause genital warts. This would only be done for males if they have not already contracted the virus, because it is not effective at ridding them of the strains. Recent studies have shown that the shot may also have some protection against strain 16 and possibly 18 (high risk strains) that cause cervical cancer in women. The FDA has not officially approved that the shot will prevent the high-risk strains, but has approved its prevention of low-risk strains 6 and 11.

How does birth control work?

Oral contraceptives (pills) may be either combination pills (estrogen and progestin) or progestin only.

Combination pills inhibit LH (Leuteinizing hormone) and FSH (Follicle Stimulating Hormone) from being released by the pituitary…therefore the lining of the uterus prevents implantation, egg development is more difficult, the egg is more difficult to penetrate, and sometimes ovulation is completely prevented so there is no egg present to fertilize. Combination pills can either release the same amount of estrogen and progestin a day (monophasic), or differing ratios throughout the cycle (biphasic and triphasic). Biphasic pills release the same amount of estrogen for the first 21 days of the cycle, but have less progestin in the first half of the cycle to allow the endometrium to thicken as it normally would. As progestin amounts increase in the second half of the cycle, the shedding of the uterine lining (menstruation) occurs. Triphasic pills work similarly but instead work in increasing amounts of progestin in trimesters. Neither of the 3 is proven to work "better" at preventing pregnancy, but they each may have different side effects, which may be specified by a physician.

What are possible side effects of birth control? Will it make me gain weight?

Birth control does not directly cause weight gain, unless one is using the birth control shot, DepoProvera, which occasionally may cause up to 5 lbs of weight

gain. This is due to hormones being injected into the body all at once, versus taking this same amount over the course of a few months. Estrogen and progesterone will, however, have possible effects of increased breast tissue and change in area of fat deposition, particularly in the hips and lower abdominal area. Estrogen and progesterone are "feminine hormones" and prepare the body to bear children, explaining the possibility of a woman's body to slightly change shape to a more feminine figure. Weight gain associated with birth control may be due to an increase in appetite in response to these increases in hormones, or fluid retention. Birth control hormones may cause an increase in the body's insulin production, thus making it more difficult to lose weight. Also, estrogen in high doses may lead to fluid retention causing the body to seem heavier. Pills with lower doses of estrogen will usually result in less fluid retention. Although some women may gain weight while on birth control, weight gain is not *directly* associated with birth control methods outside of the shot.

Possible common side effects of birth control are usually not serious and may include: nausea, fluid retention, sore or swollen breasts, spotting between periods, lighter periods, and mood changes. These side effects are normal because the body is simply reacting to an increase in feminine hormones. Not so normal side effects can be remembered by the acronym "ACHES," standing for: abdominal pain, chest pain, headaches, eye (vision) problems, and swelling and aching of the legs and thighs. These side effects are more serious and should be reported to a physician if they appear.

How does Plan B work? How is it different from simply taking multiple doses of BC?

Plan B produces heightened amounts of estrogen and progestin (specifically levenogestrel) to keep the ovary from releasing an egg (if taken before ovulation) and to change the endometrial lining to prevent the implantation of the egg. It also has a secondary effect to interfere with the movement of the egg through the oviduct (fallopian tube) to prevent the egg from getting to the uterus to implant itself. The pill disrupts the cycle, but will not harm an already fertilized egg, unlike an abortion pill may.

The pill is actually not much different from taking multiple birth control pills, but not all birth control pills contain the same hormones as Plan B. But, once taken, a new pack of birth control pills will likely have to be taken because taking many days worth of pills will offset the scheduled days to take particular pills. Taking birth control pills as a substitute may also cause nausea and vomiting because they are not meant to take in multiples. It is important to take pills of the same color if *absolutely* needing to substitute emergency contraception with birth control pills. Also, to reach the level of hormones in Plan B pills, 4-10 days worth of pills may need to be taken, depending on the brand.

Will Plan B or birth control cause me to become infertile after I use it?

No, neither Plan B or birth control will cause infertility after their use is ceased. Birth control is simply an increase in hormones and is highly reversible, meaning that soon after use is stopped, the body goes back to its normal fertility state. Plan B is simply the use of birth control hormones in high doses, and although it should not be used often because of its high doses, has not been proven to lead to infertility.

What do I do if I forgot to take my pill/left my ring out for too long/my patch fell off?

If taking a pill, take the missed pill immediately after remembering and continue to take the rest of the pills at their normal time. If the ring was left out for too long reinsert it immediately after remembering and take it out as originally directed. The same protocol goes for the patch; put the patch back on and take it off as originally intended. There are no certain "too longs" to miss a pill, leave a ring out, or leave a patch off. Generally, though, if this occurs over more than three or four days, there may be much more of a risk because the body returns to its normal cycle very quickly. This doesn't mean it goes completely back to normal after three days, it simply means that the risk is increased because it is not working to prevent pregnancy as effectively. This also depends upon the point in one's cycle because a

woman typically ovulates (releases an egg) around the 11th to 14th day of her cycle and therefore more likely to become pregnant during that time.

To respond to such risk, it would be a good idea to refrain from intercourse, and to possibly take a pregnancy test if there was a perceived risk. A safe break from intercourse would be about 7 days, to allow the body to return to hormone levels under the pill. There is also the option of emergency contraception ("day-after-pill," "morning-after-pill," "Plan B," etc), which, if used, should be taken immediately but may still be effective up to 5 days after intercourse. Plan B will not be effective if the egg has already been fertilized and implanted in the endometrium.

STI's

HPV: symptoms usually occur (if at all) about 3 months after contact with infected person. If genital warts, small spots may occur on the genitals and anus (pink raised bumps, sometimes looking like warts or cauliflower-shaped). If the strain is high-risk and not genital warts, it may only be detected through a pap smear which should be done annually (at least).

Chlamydia: male symptoms-painful urination, discharge, testicular pain; female symptoms-urinary burn/frequency, discharge/spotting, abdominal discomfort, painful intercourse

Syphilis: early stage symptoms- soreness around infected area, small red bumps; second stage symptoms- small bumps heal, rash on hands, feet and sometimes other

areas of the body, fever, swollen lymph glands, hair loss, weight loss, fatigue; third stage (extreme) symptoms- damage to brain, eyes, nerves, liver, paralysis, dementia.

Gonorrhea: Male symptoms- burning during urination, yellowish discharge, swollen or painful testicles, sore throat (if from oral contact). Female symptoms- burning during urination, yellowish discharge, vaginal bleeding, painful bowel movements.

Herpes: 1(oral) symptoms- blister cluster (like cold sores but a different variation), sore throat; **2**(genital) symptoms- small bumps grow into full blisters and burst releasing pus, fever, swollen glands.

Hepatitis: A symptoms- fatigue, fever, abdominal pain, nausea, diarrhea, depression, appetite loss, weight loss, jaundice, sharp abdominal pains; **B** (more severe stage) symptoms-ill health, loss of appetite, nausea, vomiting, general pains, mild fever, dark urine, jaundice; **C** (most severe stage)- liver inflammation/cirrhosis, decreased appetite, fatigue, abdominal pain, itchiness, fever, dark urine, jaundice.

HIV: symptoms include night sweats, chronic diarrhea, high fever/continued illness, chronic fatigue, skin discoloration, weight loss, dizziness; **AIDS** symptoms: white coating of tongue/mouth, recurring yeast infections (females), rapid weight loss, diarrhea, bruising, purplish growths on skin/mouth.

Pubic Lice/Crabs: symptoms appear as irritation and itching of genital area from pubic lice, hard to see but look either like tiny eggs or tiny crabs in the pubic area.

APPENDIX 2:

Cal Poly Peer Health Education Sexual Health Survey 2010

Personal Information:

1. **Your gender:**
   a. **Male**
   b. **Female**
   c. **Transgender**

1b. Your sexual orientation:
   a. heterosexual
   b. homosexual
   c. bisexual
   d. N/A

2. **How would you describe your general health?**
   a. **Very healthy**
   b. **Healthy**
   c. **Somewhat healthy**
   d. **Unhealthy**

3. **Have you received information on the following topics from your college or university? Pregnancy prevention**
   YES NO

4. **Have you received information on the following topics from your college or university? Relationship difficulties**
   YES NO

5. **Have you received information on the following topics from your college or university? Sexual assault/Relationship violence prevention**
   YES NO

6. **Have you received information on the following topics from your college or university? Sexually transmitted disease/ Infection (STD/I) prevention**
   YES NO

7. **Are you interested in receiving information on the following topics from your college or university? Pregnancy prevention**
   YES NO

8. **Are you interested in receiving information on the following topics from your college or university? Sexual assault/Relationship violence prevention**
   YES NO

9. **Are you interested in receiving information on the following topics from your college or university? Sexually transmitted disease/Infection (STD/I) prevention.**
   YES NO

Experience

1. **Have you participated in any sexual act with a partner (genital contact: oral, digital, anal, vaginal) [Continue if "yes"]**
   YES NO

2. **Have you participated in vaginal intercourse?**
   YES NO

3. **Within the last 12 months, with how many partners have you had oral sex, vaginal intercourse or anal intercourse?**
   a. **Only 1**
   b. **More than 1, less than 5**
   c. **5 or more, less than 10**
   d. **10 or more**
   e.
4. **Within the last 12 months, have you had unprotected sex?**
   YES NO

5. **Within the last 12 months, did you have sexual partner(s) who were: Female?**
   YES NO

6. **Within the last 12 months, did you have sexual partner(s) who were: Male?**
   YES NO

7. **Within the last 12 months, did you have sexual partner(s) who were: Transgender?**
   YES NO

8. **Within the last 30 days, did you have: oral sex?**
   YES NO

9. **Within the last 30 days, did you have: vaginal intercourse?**
   YES NO

10. **Within the last 30 days, did you have: anal intercourse?**
    YES NO

11. Within the last 30 days, how often did your partner(s) use a condom or other protective barrier (male condom, female condom, latex square, glove) during: oral sex?

YES NO

12. Within the last 30 days, how often did your partner(s) use a condom or other protective barrier (male condom, female condom, latex square, glove) during: vaginal intercourse?

YES NO

13. Within the last 30 days, how often did your partner(s) use a condom or other protective barrier (male condom, female condom, latex square, glove) during: anal intercourse?

YES NO

14. Did you or your partner(s) use a method to prevent pregnancy the last time you had vaginal intercourse?

YES NO

15. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Birth control pills (monthly or extended cycle)?

YES NO

16. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Birth control shots?

YES NO

17. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Birth control implants?

YES NO

18. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Birth control patch?

YES NO

19. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Cervical ring?

YES NO

20. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Intrauterine device (IUD)?

YES NO

21. Within the last 12 months, have you or your partner used emergency contraception?

YES NO

22. Within the last 12 months, have you or your partner become pregnant?

YES NO

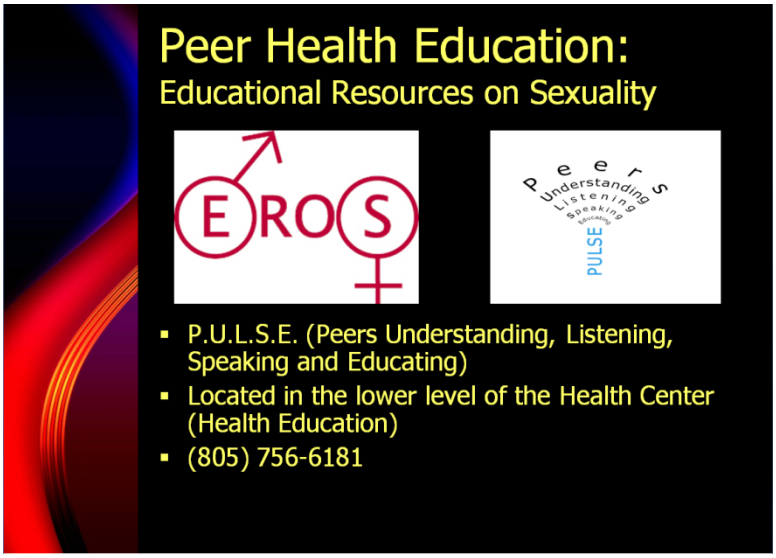
APPENDIX 3: SURVEY RESPONSE SHEET

	M:heterosex	M: homosex	M: bisex	M:N/A
Personal 2.				
Personal 3.				
Personal 4.				
Personal 5.				
Personal 6.				
Personal 7.				
Personal 8.				
Personal 9.				
Experience 1.				
Experience 2.				
Experience 3.				
Experience 4.				
Experience 5.				
Experience 6.				
Experience 7.				
Experience 8.				
Experience 9.				
Experience 10.				
Experience 11.				
Experience 12.				
Experience 13.				
Experience 14.				
Experience 15.				
Experience 16.				
Experience 17.				
Experience 18.				
Experience 19.				
Experience 20.				
Experience 21.				
Experience 22.				
	F:heterosex	F: homosex	F: bisex	F: N/A
Personal 2.				
Personal 3.				
Personal 4.				
Personal 5.				
Personal 6.				
Personal 7.				
Personal 8.				
Personal 9.				
Experience 1.				

Experience 2.				
Experience 3.				
Experience 4.				
Experience 5.				
Experience 6.				
Experience 7.				
Experience 8.				
Experience 9.				
Experience 10.				
Experience 11.				
Experience 12.				
Experience 13.				
Experience 14.				
Experience 15.				
Experience 16.				
Experience 17.				
Experience 18.				
Experience 19.				
Experience 20.				
Experience 21.				
Experience 22.				
	T:heterosex	T:homosex	T:bisex	T: N/A
Personal 2.				
Personal 3.				
Personal 4.				
Personal 5.				
Personal 6.				
Personal 7.				
Personal 8.				
Personal 9.				
Experience 1.				
Experience 2.				
Experience 3.				
Experience 4.				
Experience 5.				
Experience 6.				
Experience 7.				
Experience 8.				
Experience 9.				
Experience 10.				
Experience 11.				
Experience 12.				
Experience 13.				
Experience 14.				
Experience 15.				

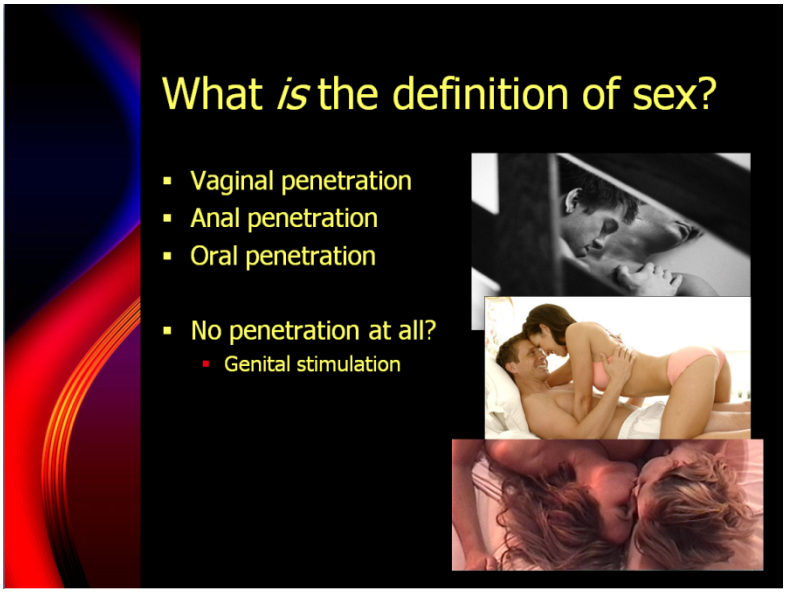
Experience 16.				
Experience 17.				
Experience 18.				
Experience 19.				
Experience 20.				
Experience 21.				
Experience 22.				

APPENDIX 4: RUNNING WITH SCISSORS PRESENTATION

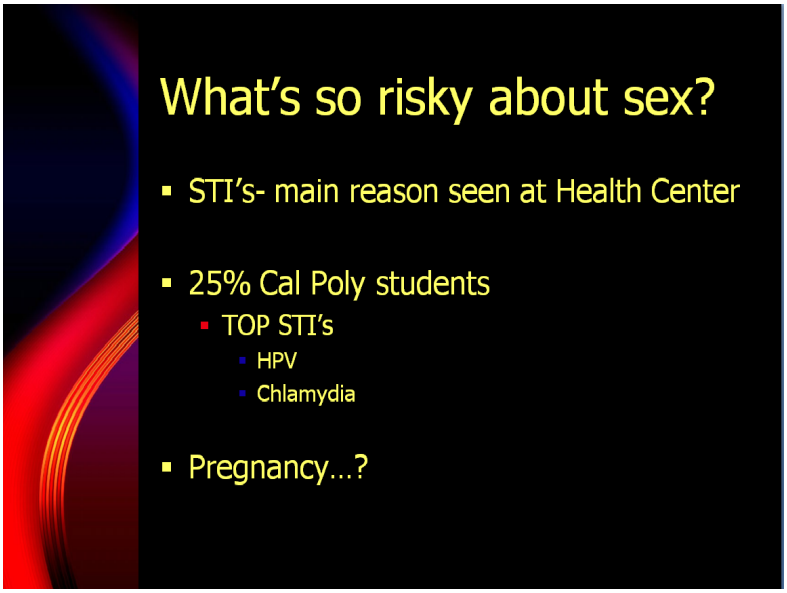


Slide 1.

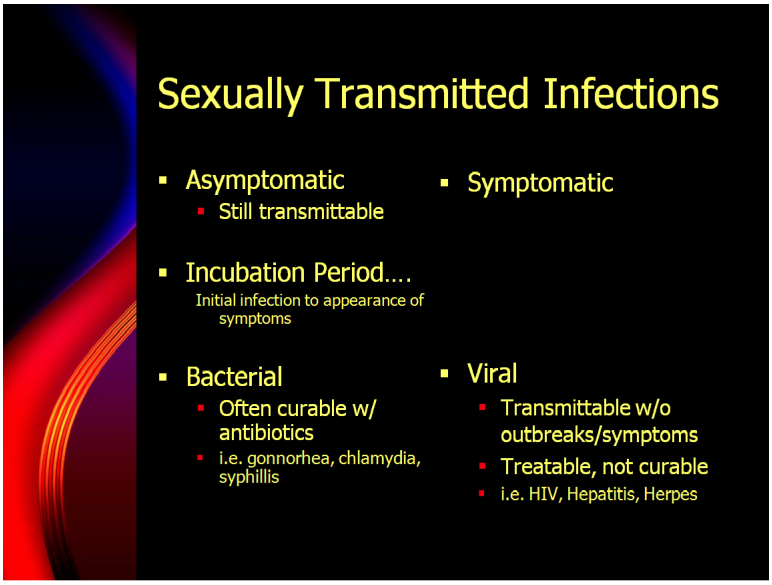
Slide 2.



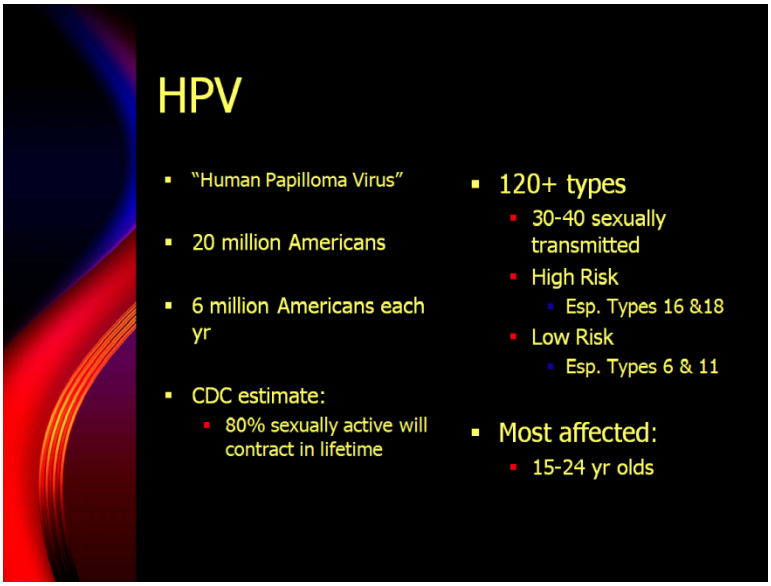
Slide 3.



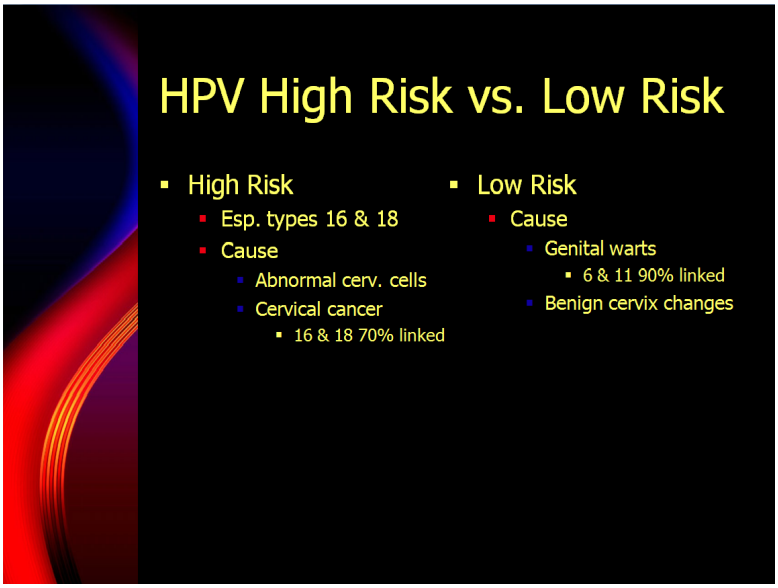
Slide 4.



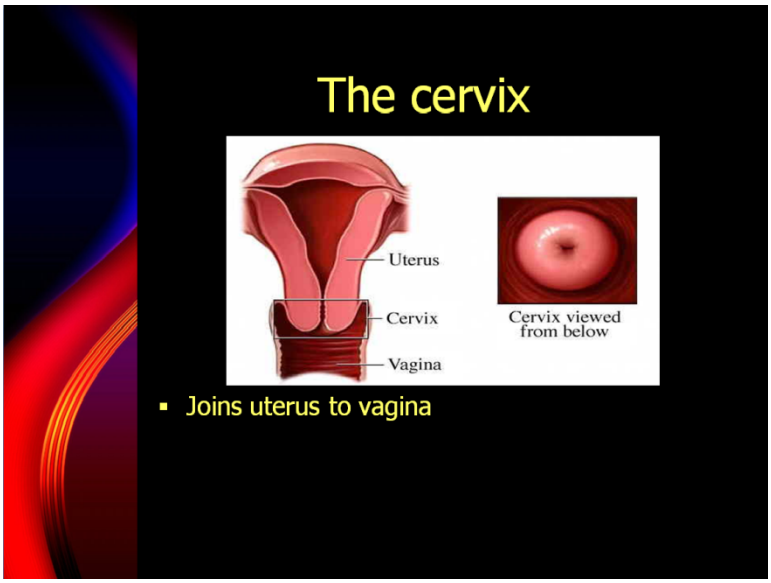
Slide 5.



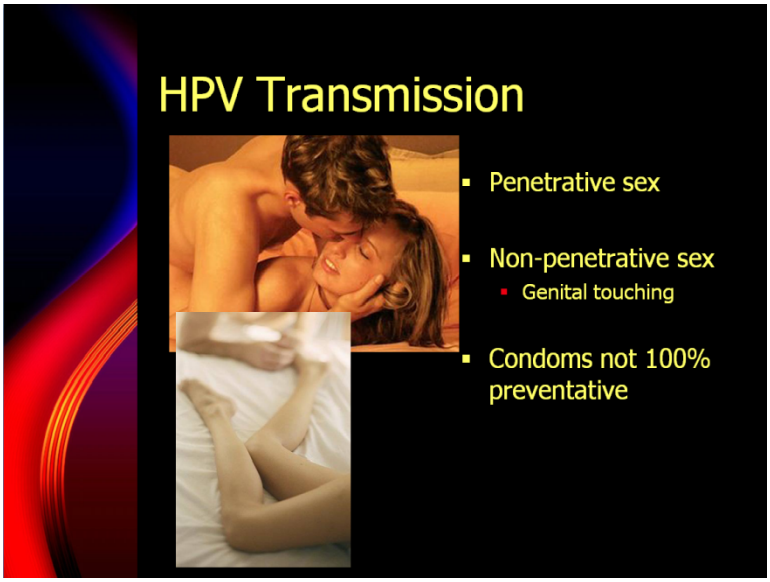
Slide 6.



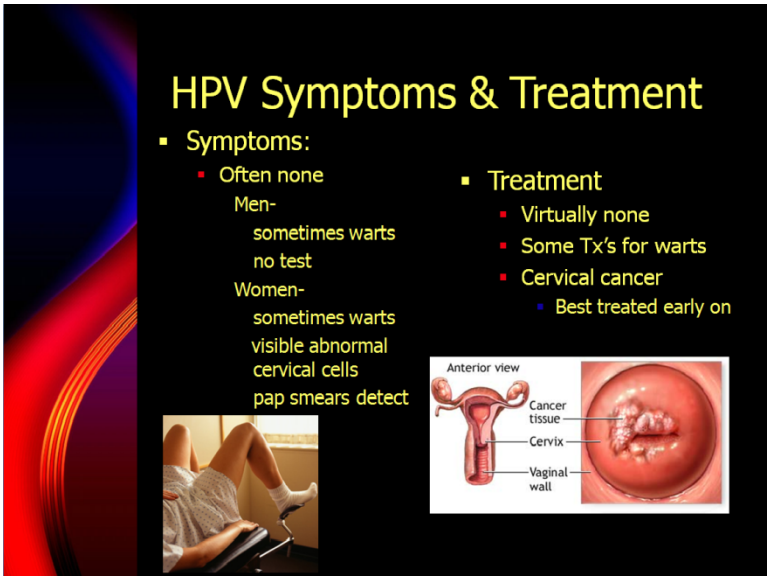
Slide 7.



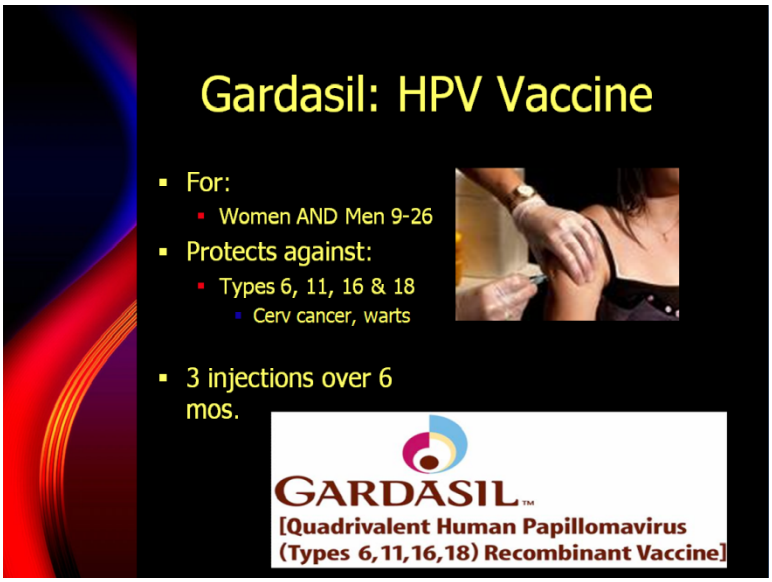
Slide 8.



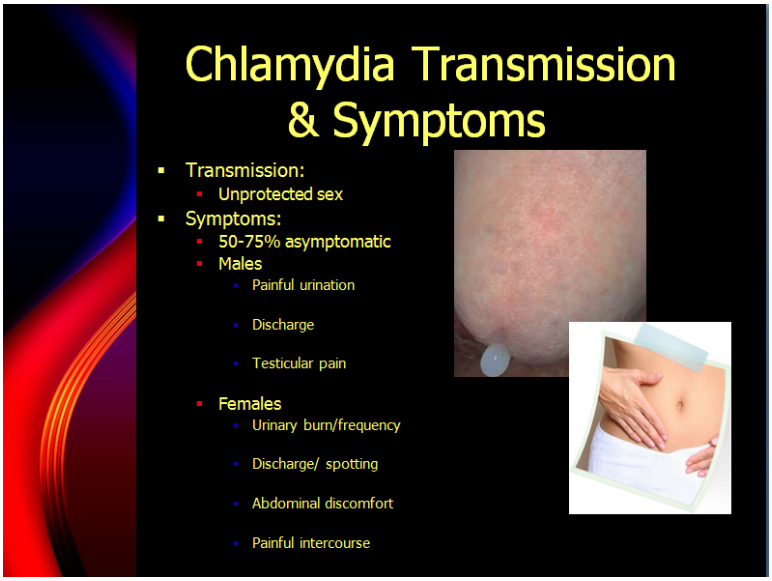
Slide 9.



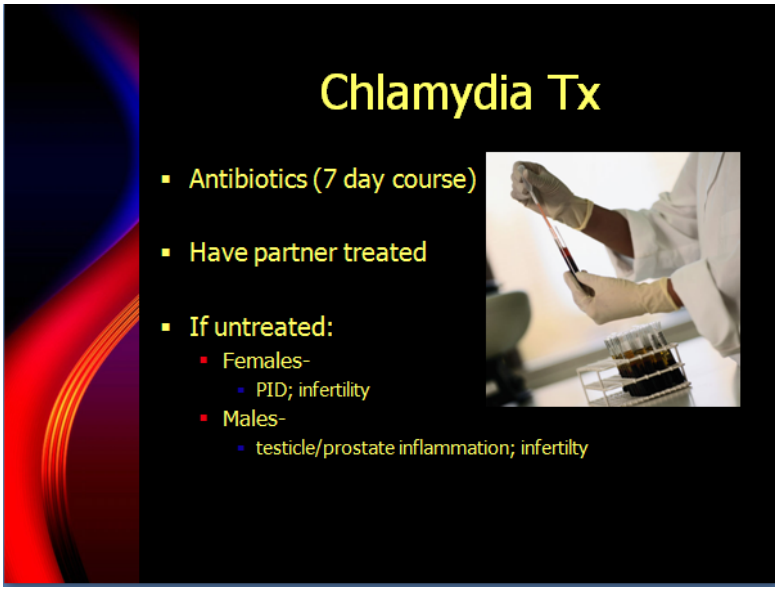
Slide 10.



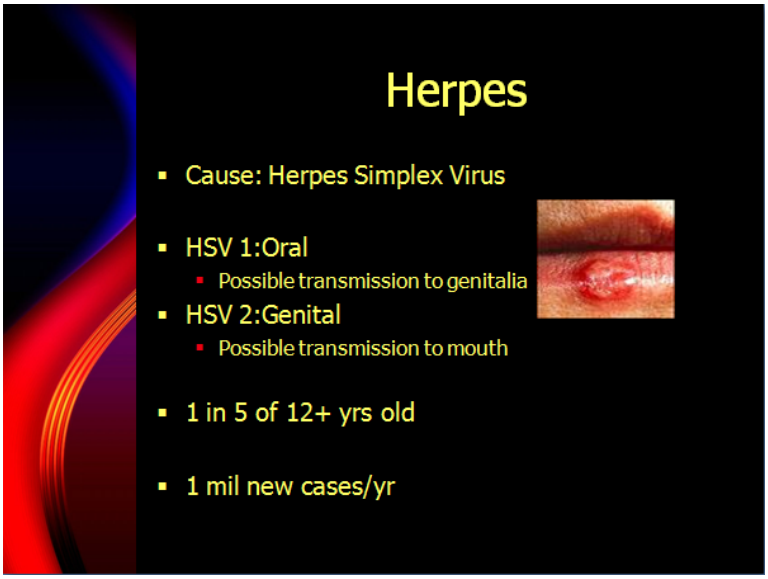
Slide 11.



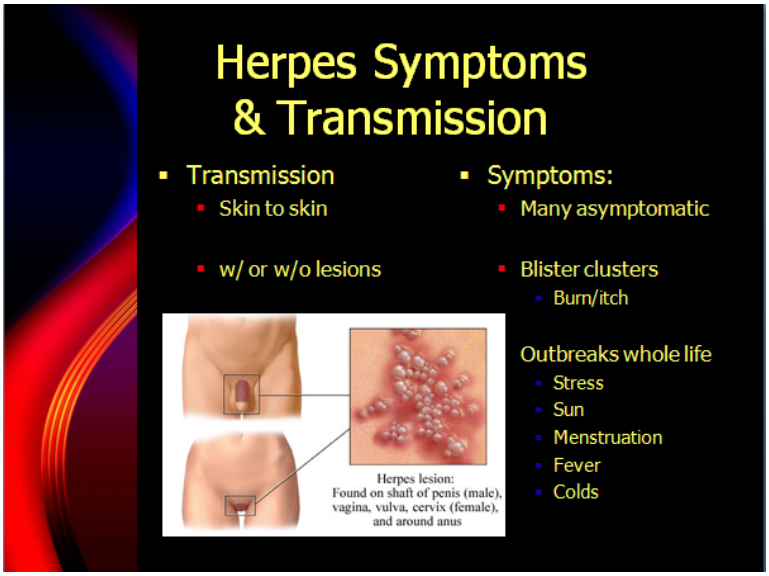
Slide 12.



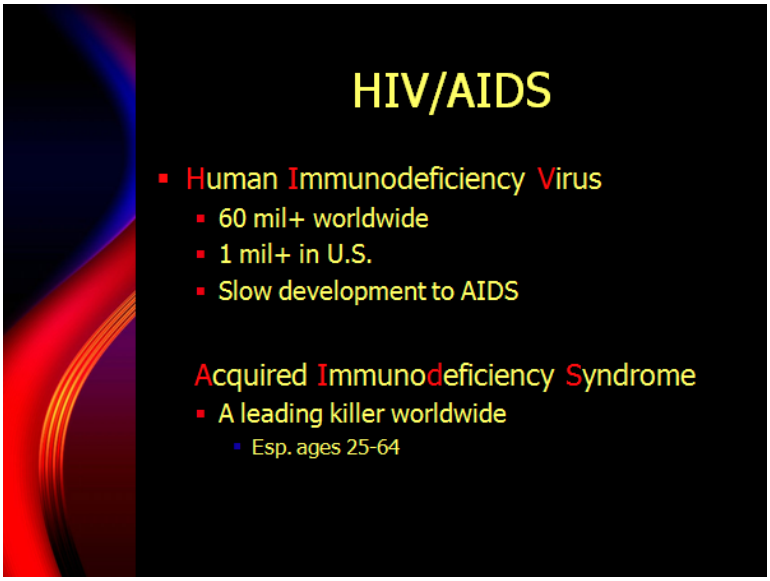
Slide 13.



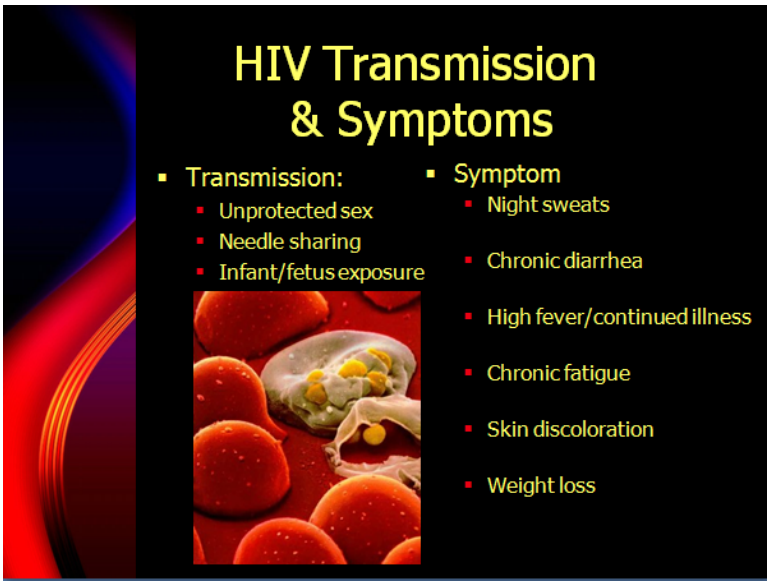
Slide 14.



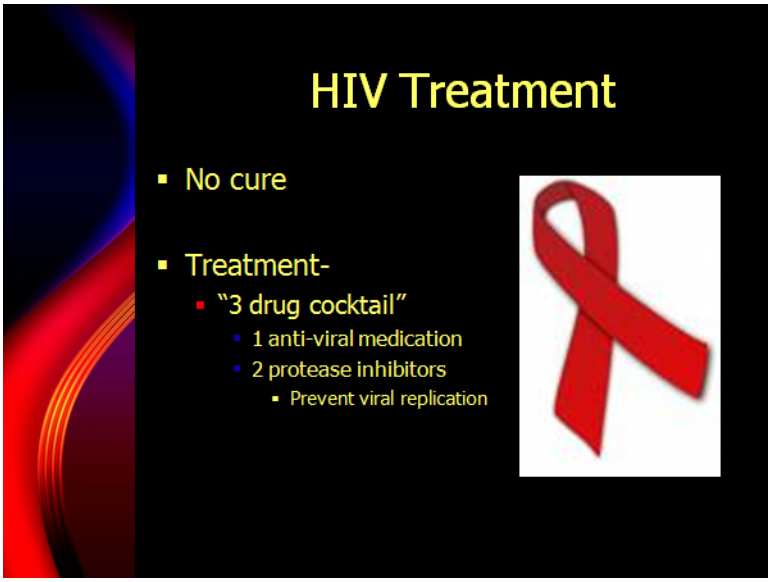
Slide 15.



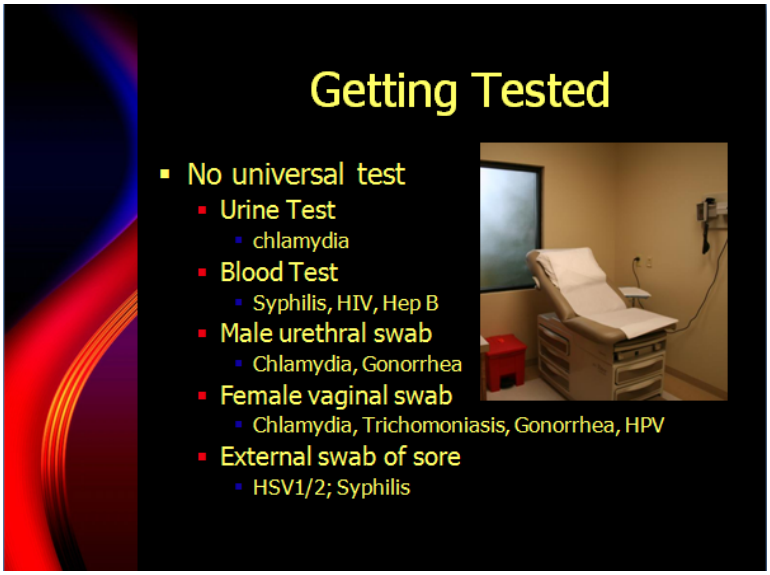
Slide 16.



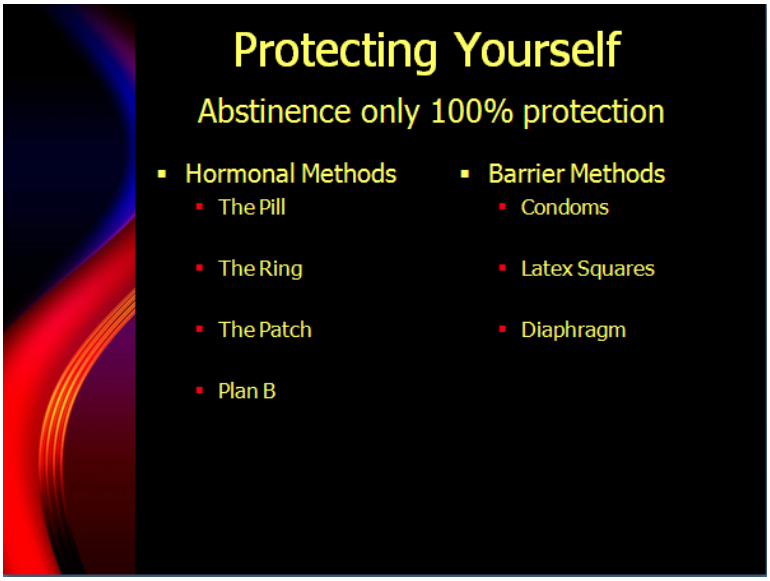
Slide 17.



Slide 18.

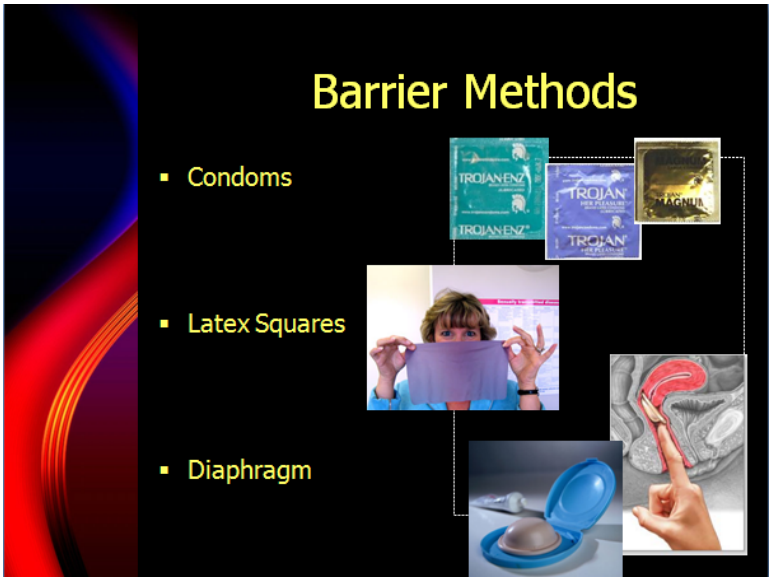


Slide 19.

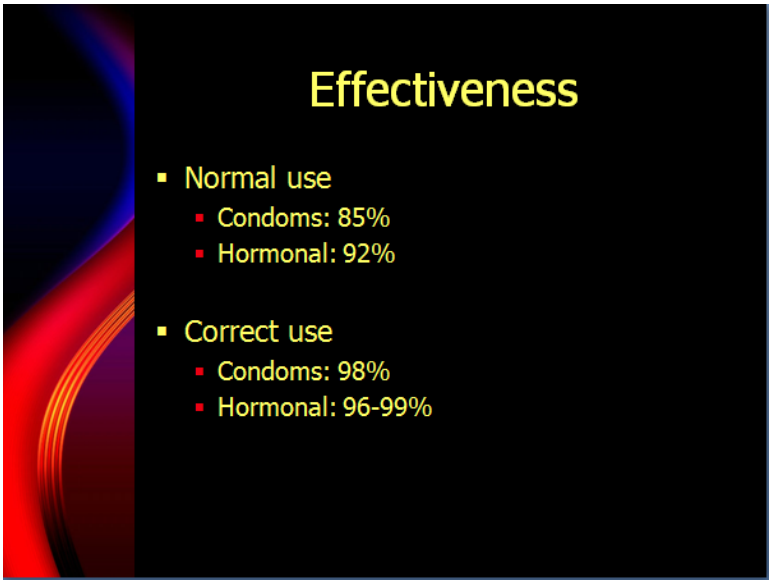


Slide 20.

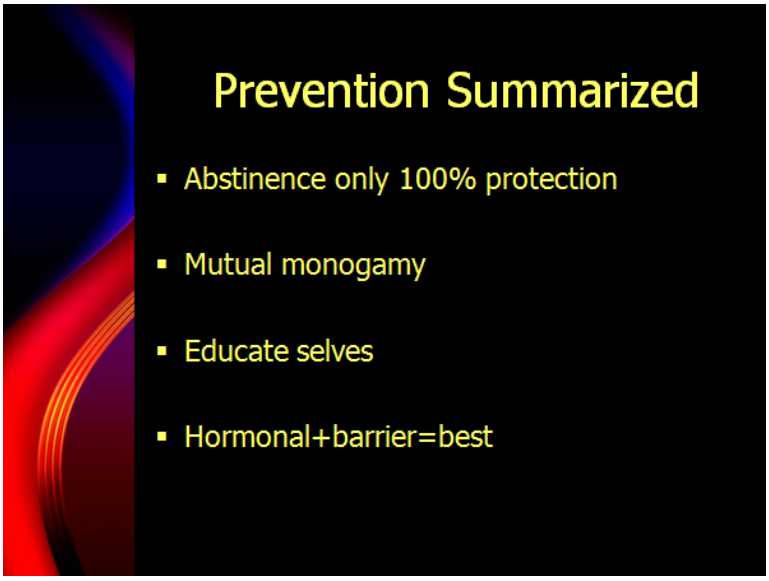
Slide 21.



Slide 22.



Slide 23.



Slide 24.