In the United States, young adults and adolescents aged 15 to 24 have the highest incidence of sexually transmitted infections (STIs). In 2008, 50% of all new infections occurred in this age group (Satterwhite et al., 2013). This highlights the need to understand the sexual risk behaviors of this age group to produce effective STI interventions. Studies have found that 50-75% of college students report having had casual sex in the past year (Owen et al., 2010; Paul et al., 2000). In addition to engaging in higher risk sexual behavior, young adults and adolescents also delay seeking healthcare services when they believe they have an STI (Malek et al., 2013). Social marketing and health communication theory posits that understanding the target population’s current behaviors and beliefs regarding the behavior helps create more successful campaigns. Population specific information on previous STI and HIV testing rates will help create relevant interventions by identifying target sub-populations.

METHODS

To identify specific, identifiable groups to target for STI/HIV testing interventions, we analyzed demographic and behavioral characteristics from survey data collected by the Sexual Health Student Survey of 2009.

DESCRIPTION OF SURVEY AND STUDY AREA

The University of Florida is located in Gainesville, Florida, and in Fall 2008, was home to 52,112 students. GatorWell Health Promotion Services, the on-campus health education department, designed The Sexual Health Student Survey to better understand these students’ sexual health behaviors, knowledge, and STI/HIV testing rates. Researchers with GatorWell designed the survey in Fall 2008, prior to administering a pilot test that same semester. In Spring 2009, the survey was sent to a random sample of 3,000 undergraduate and graduate students at the University, aged 18 to 24. Descriptive data from the survey were reported by GatorWell Health Promotion Services, and to-date no other statistical analyses have been conducted.

DATA ACQUISITION

Data were approved for secondary analysis by GatorWell Health Promotion Services in June 2015. Subsequently, the University of Florida’s IRB #02 classified the analysis as an exempt study of an existing data set (IRB #2015-5-U-0788). Data included sexual behavior history, condom use and confidence, contraception and STI knowledge, and demographics.

DATA ANALYSIS PLAN

Testing history: Dichotomous variables were created to combine small sub-samples in race and sexual orientation. We tested demographic and behavioral subgroups with ever having an HIV test or getting any STI test (including Chlamydia and Gonorrhea) in the past year. Chi-Square Tests of Statistical Independence were used to determine if the subgroups were associated with getting tested. To account for multiple comparisons, we used a Bonferroni correction to adjust our p value of significance from 0.05 to 0.007. Significant findings are further described with odds ratios.

HRSB and knowledge: We created a dummy variable for higher risk sexual behavior (HRSB) defined as: (1) having MSM intercourse in the past year; or (2) having 3+ anal or vaginal intercourse partners in the past year AND not “always” using a condom in the past 30 days. We compared total knowledge scores (scaled to 100) for the HRSB and not-HRSB groups using Mann-Whitney U statistics.

A total sample n = 991 is reported. Data were analyzed in version 3.2.1.