


Continuing Web-Based Sex Ed Research

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What do they think? Students' reactions to viewing graphic images of sexually transmitted infections in sexuality education

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INTRODUCTION


- Youth ages 15-24 are disproportionately affected by sexually transmitted infections (STIs)¹ which can have severe health consequences.²
- Most youth receive school-based sexuality education³ and many postsecondary institutions provide STI education in academic and programmatic settings.^{4,5}
- According to national experts, showing graphic pictures of STIs is a common practice in sexuality education.
- Some sexuality educators consider graphic images an important educational tool; others consider graphic images fear appeals. However, students' reactions to viewing these images have never been empirically investigated.
- This study sought to fill this research and practice gap by examining students' reactions to viewing STI graphic images in sexuality education.


METHODOLOGY


- As part of a larger study, in spring 2016 undergraduate students enrolled in health-related courses at a large public Midwestern university watched an online STI education program that had graphic images of chlamydia, gonorrhea, herpes, HPV, and syphilis.
- At the completion of the program, students were asked "What went through your mind when you saw the STI pictures?"
- Conventional content analysis was performed for the N=167 responses to identify themes.
 - Coding was based on the participants' perspective.
 - Coding was not exclusive as many responses represented multiple themes.


RESULTS

Participant Demographics (N=167)



Gender


Year



Race/
Ethnicity


Health
Related
Major


Reactions to viewing STI Graphic Image




Example



88.6% Negative



3.0% Positive



8.4% Positive and Negative

Thematic responses to "What went through your mind when you saw the STI pictures?"

Response	%	Exemplars
Disgusting	64.7%	"That is disgusting" "That's so gross" "This is repulsive"
Don't want it	13.8%	"I really don't want to ever have that"
Painful	11.4%	"They looked painful" "It seems uncomfortable"
Helpful	11.4	"Oh that is how it will look like when I have one..." "That it looks painful and unhygienic and that I will complete measures to avoid this possibility." "Gross, but very informative"
Scary	8.4%	"They were very scary and made me feel weird" "It was frightening"
Disturbing	6.6%	"It was disturbing to look at"

IMPLICATIONS FOR RESEARCH & PRACTICE

- Students had primarily negative reactions to viewing STI graphic images.
- STI graphic images could be considered disgust appeals rather than fear appeals; disgust is an emerging research area that has been found to positively influence behavior change⁶ but may also be ethically problematic.⁷
- Sexuality educators should weigh their goals of using STI graphic images as an educational approach with students' perspectives.
- A needed area of research is how students' reactions to viewing graphic images impact their STI attitudes and behaviors.
- A limitation of the study was that it was done at one institution of higher education; it is possible results may not be generalizable to other populations.

REFERENCES, ACKNOWLEDGEMENTS, & CONTACT INFORMATION

References

1. Centers for Disease Control and Prevention. Sexually transmitted infections among young men and women: prevalence and incidence estimates. *MMWR*. 2006;55(10):195-209.

2. Centers for Disease Control and Prevention. (2012). *Healthy behaviors and risk of sexually transmitted infections in the United States*. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5912a1.htm>

3. National Commission on Sexual Health and Education. (2011). *Sexual health and education: A national blueprint*. Washington, DC: National Commission on Sexual Health and Education.

4. World Health Organization. (2010). *Global strategy on human resources for health: Workforce 2030*. Geneva: World Health Organization.

5. World Health Organization. (2012). *Global strategy on human resources for health: Workforce 2030*. Geneva: World Health Organization.

6. Higgins, C. L., & Friedman, R. S. (2005). Disgust and its role in promoting health and safety. *Psychological Science*, 16(1), 5-10.

7. Higgins, C. L., Friedman, R. S., & Harlow, R. E. (2001). The role of disgust in promoting health and safety. *Psychological Science*, 12(6), 451-456.

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During the past several weeks in my internship with Dr. Lederer I finished working on a second poster for her APHA conference presentation, pictured, and continued to work on my literature review.

I thought I was nearly done with my literature review several weeks ago because there did not appear to be that many relevant sources. However, through reading many of the articles, it seems like a broader variety of topics might be relevant to

understanding web-based sex education interventions. Several of the main points I have learned are that web-based interventions are designed for a variety of settings, including schools (which is most pertinent for Dr. Lederer's work), but also to be used in combination with community-based classes or clinic visits. Digital games are also a popular new type of sex education method, but researchers are unsure how effective they are, or what components of the video games makes them most effective. It also seems that many web-based interventions are successful at increasing health knowledge and safer sex attitudes in the short run, but it is unclear if one-time interventions are capable of producing long term attitude or behavior change. The overall message is that the efficacy of digital sex education interventions is dependent on a variety of factors and much more research needs to be done. This is good rationale for doing the study on Dr. Lederer's data that this literature builds up to. I am excited to start working on data analysis early next semester!