



**“Sexually Transmitted Infections: A New Approach to STIs at
Rutgers University”**

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The Undergraduate Research Writing Conference

• 2020 •

Rutgers, The State University of New Jersey



RUTGERS
THE STATE UNIVERSITY
OF NEW JERSEY

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December 11, 2019

Dr. Francis Collins, M.D., Ph.D.
Director, National Institutes of Health
Building 1, Room 118A
1 Center Drive
Bethesda, MD 20892

Dear Dr. Collins,

I want to thank you for attending my oral presentation on December 3rd. I encourage you to read my research proposal which is an extension of my oral presentation. Together, we can create a robust solution that effectively addresses the substantial presence of sexually transmitted infections (STIs) on campus. Right now, universities are in need of new solutions to address campus sexual health concerns—far too many students are being kept in the dark about STIs and the resources available to them at the university level. A personally conducted survey recently administered to Rutgers University–New Brunswick undergraduate students ages 18-24 discovered that only 43.9% of students felt aware of different types of STDs and STIs. A lack of knowledge was also found when asked if students were aware of Rutgers services providing confidential STI and rapid result HIV testing with only 55% reporting they felt aware (Juntilla). These statistics, while startling, provide insight into a problem that brings into question the responsibility of a college in educating and equipping their undergraduate population with the appropriate resources and support.

I am fully confident that by applying the National Institutes of Health’s mission to “turn discovery into health,” Rutgers University, The State University of New Jersey, can come up with a program for positive testing students that can serve as a model for comprehensive, quality sexual healthcare on college campuses. With educational research as one of your top priorities, it is clear that you understand the importance of supporting innovative strategies that advance health and medical knowledge for all people. This program would be the first of its kind, drawing on previously successful models of video and virtual education, online and offline support and resources, and a mentorship/peer support initiative. Although the program will primarily be focused on mentoring, another component of virtual education/online resources will be incorporated through a support section included on Rutgers Student Health’s website to provide additional means of strength, support, and inspiration for students navigating their positive diagnosis.

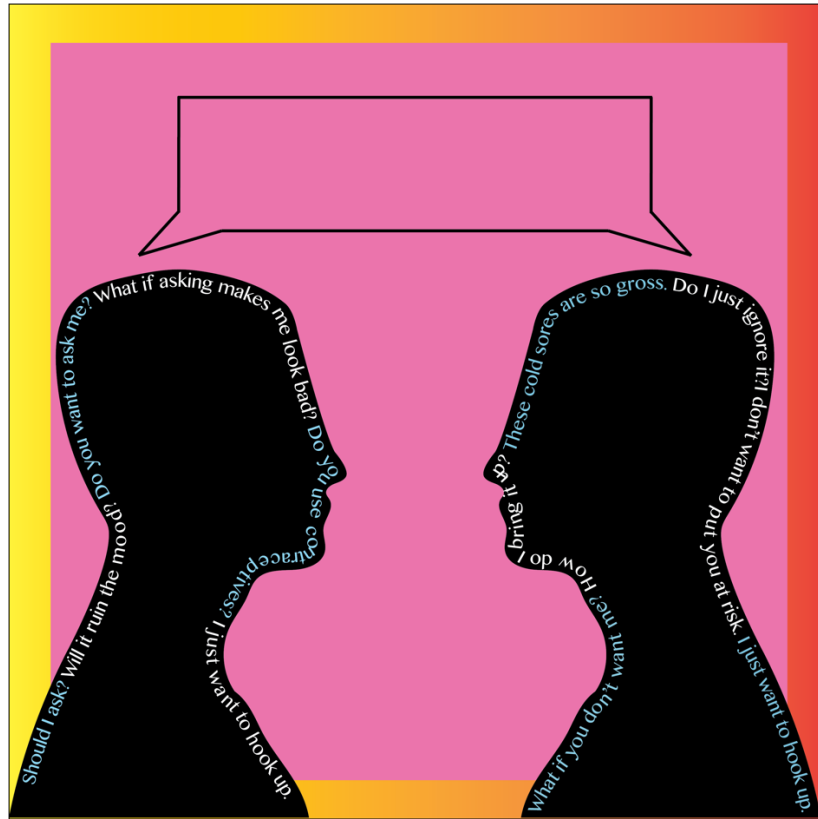
I deeply appreciate your time and consideration of my proposal and efforts toward addressing the problem of STIs at Rutgers University. If any questions should arise, please do not hesitate to contact me directly at (952) 649-2789 or alyssajuntilla@gmail.com.

Sincerely,

Alyssa Juntilla
Alyssa Juntilla

Sexually Transmitted Infections

A New Approach to STIs at Rutgers University



(source: badgerherald.com)

Submitted by:

Alyssa Juntilla

Submitted to:

Dr. Francis Collins, M.D., Ph.D.
Director, National Institutes of Health
Building 1, Room 118A
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Bethesda, MD 20892

December 11, 2019

Prepared for:

Writing for Business and the Professions
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Abstract

This research proposal looks beyond the clinical scope of STIs in college aged populations (15-24) and seeks to address the problem more holistically and at depth at Rutgers University–New Brunswick. The Fall 2010 National College Health Assessment found that “65.8% of college students report having one or more sexual partners within the last 12 months” (ACHA 10). Extrapolating the same national statistic to the undergraduate population of 36,039 at Rutgers University, about 23,714 college students would report having one or more sexual partners (“How Does Rutgers University--New Brunswick Rank”). With more than half of students having multiple sexual partners, this research urges Rutgers to deliver comprehensive, affirming, and quality care to students seeking resources following a positive STI diagnosis. A survey distributed to Rutgers undergraduate students found that less than half of students felt aware of different STDs/STIs (Juntilla). The lack of knowledge around STIs is a contributing factor to the problem. Without adequate awareness and understanding, students remain in the dark from potential resources and support.

Moving away from the clinical needs of STI positive students, this research explores the wider implications of STIs including but not limited to societal stigma, structural violence, and psychological adjustment. To combat the problem, we will delve into deeper theories of explanation and look to successful interventions for rationale. The proposed intervention at Rutgers can be justified on the basis of models of disclosure, sponsorship, and peer support. Aspects from each model will be combined into a two-step comprehensive plan mainly focused on mentorship but will contain additional online resources for support and safety. Rutgers, a leading national research university, must rise to the occasion of supporting innovative strategies that advance campus sexual healthcare and knowledge.

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Executive Summary

Of the new 20 million sexually transmitted diseases (STDs) or infections (STIs) diagnosed yearly, nearly half can be attributed to people aged 15-24 years (“College Health and Safety - Family Health - CDC”). This statistic can be partially explained by the fact that young adults have multiple sex partners and often engage in high-risk sexual behaviors. The Fall 2010 National College Health Assessment found that 65.8% of college students report having one or more sexual partners within the last 12 months. This report also found that of sexually active students, only 6.2% reported using a condom or protective barrier during oral sex, 54.1% during vaginal intercourse, and 29.4% during anal intercourse (ACHA 10). These statistics further suggest that college students are having sex with multiple partners, but not nearly enough are implementing protective barrier methods.

Before a plan of action can be discussed, university responsibility in educating students and the barriers in doing so must be highlighted and closely examined. Research of STD services at American colleges concluded “education and prevention efforts before students enter college are highly variable” (Koumans et al. 217). Additionally, this research also found that “less than one third of schools provided information regarding STDs at school orientation” (Koumans et al. 213-214). Both statistics implicitly emphasize the importance of education and informational sessions in combatting STIs. The importance of education and increasing student awareness of STIs is echoed through the research that concluded, “most people in the United States remain unaware of the risks and consequences of all but the most prominent sexually transmitted infections, HIV/AIDS” (ctd. in Haggerty et al. 14). Given the varying nature of sexual health education, universities are given a unique opportunity to tackle and fill the lacking or otherwise absent education students receive prior to entering college.

There is a clear shortcoming occurring between student sexual health and university responsibility in providing adequate knowledge, resources, and support for STI positive undergraduate students. Students are being kept in the dark with fieldwork concluding that only 43.2% of Rutgers undergraduate students feel aware of different STDs and STIs (Juntilla). The lack of STI knowledge and awareness is contributing to adverse health outcomes and rising rates. With sexual health remaining a largely personal, private, and taboo matter, it is imperative that universities recognize and confront the problem of STIs in their undergraduate population with regard to the plethora of implications accompanying positive diagnoses. To be more specific, campus healthcare has unfortunately fallen short in its mission to deliver comprehensive quality care due to many students being afraid to seek services due to stigma. Researchers on stigma as it relates to care and support have said, “The stigma, shame and embarrassment associated with these infections can hinder individuals in seeking appropriate care, treatment and support” (qtd. in East et al. 2). Stigma, in the context of STIs, can be extremely debilitating as it perpetuates social stigma and structural violence against those who test positive. If Rutgers successfully equips and educates their undergraduate population through comprehensive and condition specific resources, they become part of the solution that brings STIs into normalizing, non-stigmatized light.

To build onto the conversation of STIs and the wider implications of not addressing them holistically are four models of success and two guiding theories. The first model is a video intervention that took place at the University of Georgia. The model utilized video sessions that

conveyed STI information and demonstrations of condom application. The program was successful, as seen by an increase in post survey responses (Allen et al. 66-67). The overall effectiveness, however, was less promising as the research was primarily concerned with decreasing clinical statistics and less so with holistic student needs such as personalized resources and support. The second model looks at experiences and sources of support of women with STIs. More specifically, scholars in the study analyzed the sources of support the women drew upon to cope with their infections/diseases. The research concluded that reaching out to trusted confidants and disclosing one's diagnosis was the start of internal healing and self-affirmation. The third model examined is the recovery model of Alcoholics Anonymous (AA). The model aims to create an enriching and growth stimulating environment through community building that ultimately leads individuals into sobriety and more peaceful lives. The intervention is useful in that it acknowledges sponsorship as a powerful tactic in helping individuals realize their potential and effectively deal with identity change. The final model is closely tied to the previous model's idea of sponsorship and examines "perceived impact and experience" of peer support initiatives for individuals with chronic conditions. The research identified major themes among groups (mentor mentee, or both) and categorized them into a Venn diagram. The positive lived experiences of both the mentor and mentee establish ground for a similar program to be implemented at Rutgers University. As for the two supporting theories, social stigma (disapproving characteristics that distinguish an individual from society) and structural violence (existing violence within social structures that damage certain groups), both engage in a discussion of oppression that demonstrates infliction of marginalization against positive testing individuals, thus providing justification for a plan that addresses these injustices.

For my plan, I am really focusing on mentoring as a tool to combat STIs holistically and at large. The previously mentioned ideas of mentorship/sponsorship have proved significant and successful in various contexts and will be mirrored similarly for a program at Rutgers. Through a comprehensive two-step plan, students will first be connected to safety and immediate resources, and then introduced to a mentorship program that will help them navigate the hardships of their diagnosis. The first part of the program will give students the chance to become experts on their diagnoses through credible, inclusive, and condition specific information provided by Rutgers University's Student Health website. The webpage will also include real student narratives and frequently asked questions (FAQs) pertaining to each STI. The second part of the plan will be the heart of the program where students come to heal and regain a sense of self through one-on-one weekly sessions on an anonymous online platform or an in-person meeting.

The budget for the proposal will be split into one-time costs and recurring costs. The starting costs will be comprised of applications, curricula, and outreach materials. The online establishment of a positive STI resource section on the Rutgers Student Health website and an online platform for mentoring will also be added into the first-time costs. The annual recurring costs will be made up of maintenance of the online platform software in addition to the staffing of two social workers and two health educators. The total estimated costs come out to \$192,750.

The time is now to act. Students can no longer afford to put their sexual health on the line and wait for universities to seize responsibility in educating and equipping them with the necessary resources to thrive and lead meaningful lives as positive testing students. All students deserve the chance to feel confident and affirmed in who they are.

Introduction

As students enter into college, many embark on a journey of self-discovery that may involve intimacy. College is a time that many students become exposed to co-ed environments, minimal parental supervision, and the freedom to express and explore their sexuality. Expressing yourself and having the means to do so is a good thing, but that's not to say it is without implications.

University Shortcomings

College students are greatly impacted by STDs by virtue of their age and by high participation in sexual activities. Despite consistently large numbers of people being diagnosed with STDs, few seem to be aware and/or understand the magnitude of their sexual behaviors. An examination of STD services at US colleges found that “education and prevention efforts before students enter college are highly variable” (Koumans et al. 217). This can be further reinforced by the same source that said, “less than one third of schools provided information regarding STDs at school orientation” (Koumans et al. 213-214). Colleges are placed in a unique position to address and adequately inform their student population of the risks and implications of high-risk sexual behavior. Building on university responsibility, a consumer report found that “about 10 percent of students get their health insurance through their school” (Braverman). At Rutgers, that would be about 3,604 students relying on their institution to not only educate them, but also keep them in good health. Students enrolled in university health plans creates an obligation for schools to oversee student health and intervene when adverse health outcomes present.

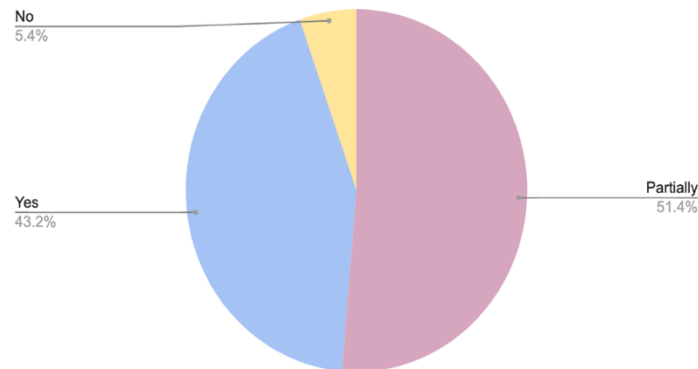


Figure 1: Awareness of Different Types of STIs/STDs (Self-Conducted Fieldwork)

Fieldwork conducted in October of 2019 asked 41 current Rutgers undergraduate students aged 18-24 about their knowledge and awareness of sexually transmitted infections/diseases. One of the questions asked in the survey was, “How are STIs spread?” All of the respondents were able to identify unprotected penetrative sex as a portal of entry and most (87.8%) were able to identify sharing needles as another. More disturbing, however, was that less than two thirds (65.9%) were able to identify skin to skin contact as an entry point and a nearly a quarter (24.4%) indicated toilet seats as a valid answer to transmitting STIs. It should be noted that the most common STI nationally, Human Papilloma Virus (HPV), is spread through skin to skin contact. The results from the research were astounding and confirm the need for university accountability and responsibility

in educating students. Another question asked was, “What role do you think Rutgers plays in educating their student population on STIs and their risk?” The responses range, but collectively echoed a similar message: Rutgers University is not doing enough to educate students.

Lack of awareness and knowledge of STIs is an evident contributor to their growing prevalence and presence with “most people in the United States remain[ing] unaware of the risks and consequences of all but the most prominent sexually transmitted infections, HIV/AIDS” (qtd. in Haggerty et al. 14). That being said, colleges must seize responsibility in creating positive health outcomes for their students. The current Rutgers University student health web page dedicated to sexual health and resources for positive testing students is not adequate in its content or outreach. In the section titled “STI Testing & Treatment,” the importance of monitoring sexual health is emphasized in addition to routinely getting screened for STIs. The section also tells students what they can be tested for and provides additional information on specific STIs. The additional information provided includes a general explanation of the infection, symptoms, treatments, when to seek medical attention, and causes & prevention. Despite there being a substantial amount of information for students to access on the Rutgers sexual health web page section, it is not condition specific, does not provide real narratives or a platform for students to commiserate and navigate their diagnoses together, and has no immediate link to mental health counseling or hotlines. For a student who has been diagnosed with an incurable infection/disease, it is essential that safety and support resources be immediately available to them.

The Role of Stigma & Psychological Adjustment

If universities work to reverse the impacts of misinformation and or lack of information regarding sexual health, they will be positively contributing to the conversation of stigma. Researchers who analyzed positive testing individuals’ sources of support established “The stigma, shame and embarrassment associated with these infections can hinder individuals in seeking appropriate care, treatment and support” (qtd. in East et al. 2). The stigmatized, guilt evoking nature of STIs and seeking treatment for them point to a larger problem within campus culture that tells students sexually transmitted infections are more than just physical conditions; STIs represent a negative, shameful culture. In research that considered factors influencing students’ decisions to seek STI testing, it was found that individuals consider an interplay of factors including individual (perception of consequences, benefits, and severity), societal factors (norms, public knowledge, and opinion), and health system factors (provider and setting) (Barth et al. 156). A student’s decision to get tested is influenced by a variety of factors, both internally and externally. By equipping students with resources and normalizing STI culture, Rutgers will be taking massive strides in reducing the stigma of positive diagnoses on campus. In helping those suffering and oppressed by their diagnoses, Rutgers can lessen the burden of social stigma and structural violence inflicted upon positive testing students by actively challenging the damaging/stigmatized narrative associated with STIs. In deconstructing stigma and the violence it perpetuates, Rutgers can be a leader in creating innovative solutions that connect positive testing individuals and promote an inclusive campus culture that validates the experiences of STI positive students.

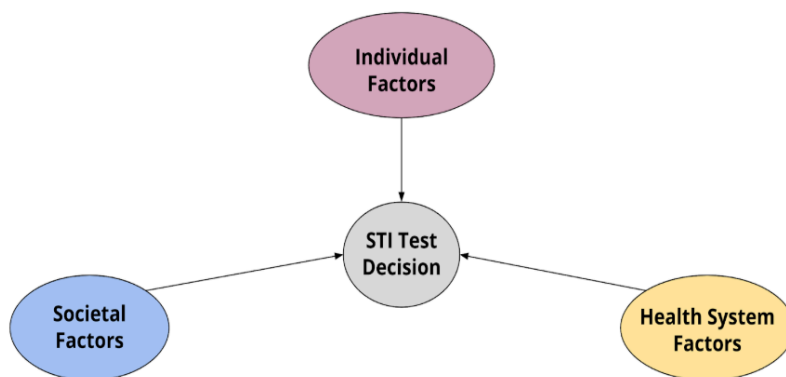


Figure 2: Factors That Influence Decisions to Seek STI Testing Among College Students (Barth et al. 156)

Given that “human papillomavirus (HPV) is the most common sexually transmitted infection in the United States,” it is critical to consider the chronic nature of viruses and their impact on an individual’s psyche (CDC - STD Diseases & Related Conditions). Looking at the ways in which individuals experienced “psychological adjustment to chronic disease,” it was found that chronic disease requires adjustment across multiple domains of life, is gradual and develops with time, and has diverse experience in terms of adjustment (Stanton et al. 565-567). Through the study it becomes evident that being diagnosed with a chronic infection or disease can be a life-altering experience requiring time and adjustment. This revisits the concept of STI testing and its interplay of factors in relation to a student’s decision making. Similarly, in the case of psychological adjustment, there is no homogeneous experience, but rather a complex interaction between an individual and their disease that ultimately shapes and informs their identity. If universities want to seek effective solutions for students, they must validate and honor the experiences of positive testing students by equipping them with adequate support and resources to self-manage.

Successful Interventions

There have been several attempts to confront the problem of STIs on college campuses. The following models provide framework and potential solutions to address the problem in addition to the many challenges in solving it. By evaluating the failures and successes of each intervention, the best plan of action can be determined to create a program at Rutgers University–New Brunswick.

Video Education

In their scholarly article, Allen et al. acknowledge the problem of increasing sexually transmitted infections (STIs) among college aged students. In an effort to curb growing prevalence of STIs, the scholars propose educational video sessions that utilize STI information and visual demonstrations of condom application. Intervention effectiveness was shown to be positive, shown by an improvement in pre and post survey responses (Allen et al. 66-67). This model is useful in

that it informs students of STIs and techniques of protection they may not have been previously aware of. The model also advances universities towards a clinical solution that seeks to address the high prevalence of STIs among students. However, it is a model of failure in that its research highlights the lack of a comprehensive plan that looks beyond clinical statistics and to the holistic needs of a newly diagnosed student. Universities need more than just video demonstrations to educate their students on STIs. Colleges need to provide information beyond the basic associated risks and preventive techniques to include resources and support for if and when you do get an STI.

Disclosure and Online Support

Through a scholarly investigation, East et al. explore the experiences of young women who acquired an STI at some point in their life. More specifically, they look at the sources of support the women utilized to overcome their diagnoses and internal anguish. Through a “feminist qualitative methodology,” the authors consider “social and gender constructs” commonly associated with women diagnosed with STIs, while also providing numerous personal narratives of women and their experiences (East et al. 2). Their research emphasizes the importance of support and disclosure in the healing process following a STI diagnosis. By disclosing to trusted confidants and or online support groups, women were able to forge connections through support, empathy, and personal experience which greatly reduced feelings of isolation and abnormality. This research is beneficial in its ability to acknowledge the stigma and associated stereotypes ascribed to positive testing women, and how this could potentially be a barrier when accessing care and treatment.

The program took to its own approach of interviewing and used open-ended and in-depth interviewing to gain insight into the lived experiences of respondents. That being said, success of the program was measured in terms of themes rather than numerical comparisons. The intervention was analyzed using “Anderson and Jack’s (1991) feminist techniques and analysis” which showed parallel themes of healing and dissipation of stigma/shame through disclosure that ultimately led to self-acceptance and restoration of personal identity. By disclosing and speaking into existence the realities of each woman’s condition and experience, they were able to overcome adversity associated with their sexually transmitted infection and embark on a journey towards emotional healing.

Recovery Model of Alcoholics Anonymous (AA)

In an analysis of Alcoholics Anonymous (AA) and its twelve-step model, professor of sociology Thomasina Borkman breaks down the role of a sponsor and the overall intent of the program in leading individuals to sobriety through community building. The purpose of AA is to create an environment that enriches an individual’s “recovery and growth” (Borkman 10). Recovery, as defined by AA, is “The self-help/mutual aid journey to heal the self, relations with others, one’s higher power, and the larger world” (Borkman 13). AA guides individuals through a twelve-step recovery process that helps them surrender self-will, cope with identity change, and maintain a sense of responsibility (Borkman 20-21). On the role of sponsorship, the program equips attendees with “methods of work, virtues, and experiential wisdom from role models—serenity, fortitude, or humility” (Borkman 20). As evident through this successful model, a key piece in an individual’s

recovery has to do with mutual help through community building and mentorship. In other words, sponsorship/mentorship serves as a source of strength and inspiration for those being sponsored and/or mentored.

Similar to the model above, the recovery model of AA also assumes an untraditional approach in measuring its program's success and effectiveness. Instead of just looking primarily at drinking outcomes and abstinence, the program takes into account the factors of recovery, service, and fellowship. Two Harvard Medical School doctors on AA's effectiveness for members said they "have learned to manage effectively and/or transform the psychological and behavioral vulnerabilities associated with alcoholism" (qtd. in Borkman 32). Having said that, we can see that success looks beyond just an individual's ability to stay sober and considers the wider implications of behavior and psyche of an alcoholic.

Perceived Impact and Experience of Mentorship

The final intervention reinforces the previous model's idea of sponsorship and its powerful role in leading individuals into a brighter place where they can be at peace with themselves and their conditions. A group of scholars synthesized findings on "perceived impact and experience" of peer support initiatives for individuals with chronic conditions and documented the experiences and impacts into major concepts. The concepts were then categorized into a Venn diagram of mentee-specific experiences, mentor-specific experiences, and mutual experiences between the two groups. This model is useful because it serves as a justification for mentoring as part of a plan to be created at Rutgers University.

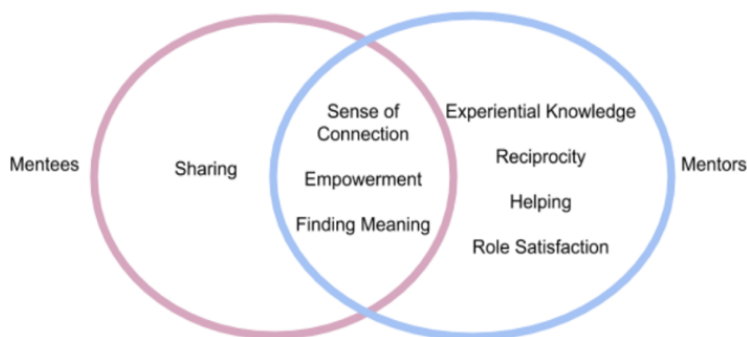


Figure 3: Perceived Impacts and Experiences of Peer Support (Embuldeniya et al. 8-10)

Like the two previously mentioned interventions, this model also focuses on success in terms of qualitative data. More specifically, the program closely aligns with the measuring tactics employed by the disclosure and online support paradigm that looked at themes of lived experiences. In this particular program, it was found that peer support and counseling for individuals with chronic disease fell into three major categories, fitting into a Venn diagram based on specific experiences. The drawbacks of the program mentioned in the article included isolation (a mentor's unfamiliarity with a mentee's condition or when they had dissimilar lifestyles and personalities), emotional entanglement (boundaries become blurred, a mentor revisits negative emotions, or promotion of an over dependence that threatens a mentors well-being), and power imbalance of potential

hierarchies (Embuldeniya et al. 8-10). This program encompassed many positives, but still had its drawbacks.

Literature Review

In understanding the models of success, it is essential to take into account the supporting theories and foundations of thought. The theories listed below give greater insight into the previously mentioned models in addition to the overall plan of action. Approaching the problem with considerations of social stigma and structural violence allow us to advance the framework of argument to include wider implications of STIs and explain how existing injustices stand as a barrier for positive testing students in having access to fulfilling, stigma-free lives that allow them to transcend the chains of their diagnosis.

Social Stigma

The concept of social stigma is, “someone’s unacceptable or undesirable characteristics that are deeply discrediting and that impact his/her place in society” (Slater et al. 24). In the context of STIs, social stigma works to characterize positive testing individuals as shameful, unacceptable, and otherwise different than their peers. By society reducing these individuals down to negative labels and stereotypes, they are perpetuating the stigma that surrounds STIs. This theory supports the paradigm of Alcoholics Anonymous (AA) through implementation of a sponsor as a protective factor against stigma. Sponsors operate as guides to help individuals deconstruct internalized social stigma and realize their potential. Another study that reinforces the importance of a mentor figure looked at shared diagnoses between HIV-positive individuals. The study discovered that relationships with other HIV-positive people “allowed them to share a unique connection because of HIV, commiserate about what is mutually understood, and fight for mutual survival” (Mosack, et al. 1499). The connection between a mentor and mentee allows for true understanding of social stigma and ultimately drives feelings of empathy, encouragement, and hope. Social stigma theory also supports the video education intervention and model of disclosure/online support by actively challenging stigmatized discourse around STIs to include open and safe spaces that honor the experiences of STI positive students.

Structural Violence

The idea of structural violence is rooted in the belief that violence exists within a variety of social structures that oppress and injure certain groups. This ‘social machinery of oppression’ is what damages individuals and condemns them to marginalization (Logie and Gibson 36). When the public accepts something to be true, particularly stigmatized matters, it can be especially detrimental and damaging to an individual trying to reclaim their identity and position within society. The violence existing within societal systems largely informs an individual’s thoughts about themselves and the world they live in. Without acceptance and validation from society, an individual is susceptible to marginalization and condemnation. The theory of structural violence justifies the basis for the models of success and the need to implement a plan that addresses existing injustices facing STI positive students. This theory, in its discussion of violence inflicted upon oppressed groups, gives grounds for solutions like those already mentioned including videos,

support networks, and mentorship initiatives that collectively sought to address the deeply rooted violence facing STI positive students.

Plan: Creating Positive Outcomes for Positive Students

In constructing a model to be implemented at Rutgers University–New Brunswick, I will be utilizing and drawing from multiple components of the previously mentioned models of success. My plan to address the lack of adequate sexual health knowledge, resources, and support for STI positive at the undergraduate level is to create a comprehensive two-step plan that combines virtual education through an online support section featured on Rutgers Student Health’s website (FAQs, credible resources, student narratives) with a mentorship/peer support initiative broken down into two-steps that collectively works to transform student stigma and holistically fill a positive testing student’s life with experiences of validation, reclamation, and support. The overarching goal of the program is to bring STI resources and support into the light, thus reducing student stigma and reluctance to seek testing and resources.

Step One: Ensure Immediate Safety and Connection to Resources

Overlooking the safety of students post diagnosis could be a fatal mistake. In a sample of more than 200 HIV-positive women, researchers concluded “78% reported suicidal thoughts since their HIV diagnosis and 26% of the women reported a suicide attempt since diagnosis” (Cooperman and Simoni 153). The psychological anguish that accompanies contracting an incurable virus like HIV creates serious implications for colleges as they attempt to tackle STIs. Considering that the most common STI is HPV, similar to HIV in its chronic and viral nature, it is imperative that universities take into account the serious issues of safety and potential danger for students post diagnosis.

A critical time in reaching students is in their earliest, most vulnerable moments following a positive STI diagnosis. Outreach for positive students should be met with urgency and immediacy upon diagnosis from a healthcare clinician. Rutgers Student Health will have a section on their website dedicated to students and specific STI conditions. All information should be timely, credible, and medically accurate. Sources should be scholarly and from reputable places such as the CDC, American College of Obstetricians and Gynecologists, and Planned Parenthood. Additionally, all information will be accessible and relevant to individuals across gender identity and sexual orientation. In addition to sources, condition specific FAQs will also be available with supplemental narratives from Rutgers students talking about their experiences and journeys into self-acceptance and empowerment. This step could take an individual anywhere from one week to a month in finding security/resources and establishing a safety plan for themselves.

Step Two: Mentorship & Peer Support

Once a positive testing student has been appointed to the Rutgers Student Health webpage for immediate resources regarding safety and concerns about their specific condition, they will then be informed of the campus wide program of mentorship and peer support. The program will be flexible giving students the option to meet in person at a reserved space in counseling centers or

through a confidential and anonymous online platform. Mentors will be comprised mainly of students but will be overseen and facilitated by two social workers and two health educators.

If the student expresses interest in the program, they will be directed to fill out an intake form comprised of questions about their challenges, perceived progress in acceptance and understanding their specific condition, and what they hope to get out of the program. Based on the student's answers, the student will be matched with a mentor based on condition and relative year of graduation. The mentor and mentee will work together to navigate the challenges of acceptance, identity reclamation, and maintenance of peace through an acclaimed mentorship program similar to AA. The mentor will ultimately serve as a guide and source of support for the mentee by equipping them with the appropriate resources to deconstruct social stigma, heal from structural violence, and regain a sense of self. The mentorship program will run once a week for six months. Following completion of the mentorship program, mentees will have the option to become a mentor themselves. This step of the program follows a six-month course.

Approximate Budget

- First-Time Costs
 - Mentee/mentor application, curriculum, and outreach materials – \$100 (\$1/each)
 - Positive STI resource section on RU Student Health website – \$50
 - Online platform for mentoring – \$1,000
- Recurring Costs
 - Maintenance of online mentorship platform – \$500
 - Staffing of two social workers – \$98,940 (\$49,470/each)
 - Staffing of two health educators – \$92,160 (\$46,080/each)

Total Estimated Costs: \$192,750

First-Time Costs

<i>Item</i>	<i>Cost Per Unit</i>	<i>Quantity</i>	<i>Total</i>
Applications, Curriculum and Outreach Materials	\$1	100	\$100
Positive STI Resource Section	\$50	1	\$50
Online Platform for Mentoring	\$1,000	1	\$500

The initial and first-time costs of the program will require basic curricula for both the mentee and mentor, basic materials for applications and outreach materials, and the creation of a resource section on the Rutgers University webpage. The anonymous online platform students will utilize to connect with their mentor will establish servers, connections, and databases. Baseline prices were generated from similar basic mentoring software.

Recurring Costs

<i>Item</i>	<i>Cost Per Unit</i>	<i>Quantity</i>	<i>Total</i>
Maintenance of Online Platform for Mentoring	\$500	1	\$500
Staffing Social Workers	\$49,470	2	\$98,940
Staffing Health Educators	\$46,080	2	\$92,160

The cost of maintaining a basic mentoring software (servers, connections, databases) will be included in annual costs, in addition to the salaries of two social workers and two health educators. Salaries are in accordance to the Bureau of Labor Statistics (U.S. Bureau of Labor Statistics).

Discussion: Moving Forward

Far too many students are living in the shadows with positive STI diagnoses; too many students have nowhere to turn, no one to tell, and no services to help them. With your help, however, I believe we can subvert the stigmatized campus culture of STIs into a normalized nuance of sexual health. I am certain in the ability of you and the National Institutes of Health to recognize this pilot research program for its inherent worth and value. An investment in this research is an investment in comprehensive care and support for all students at Rutgers University. To ensure optimal success and effectiveness, the program will be routinely evaluated following the completion of each course of mentoring. Evaluation will follow a similar process to what currently exists for students to rank their professors at the university level. The assessment will be distributed to mentees anonymously, asking for their feedback and perception of effectiveness. Results will be assessed by cross comparing a mentee’s initial intake form to their post evaluation to determine the program’s overall effectiveness and success in reaching its goal.

Students deserve access to comprehensive quality sexual healthcare that honors their conditions and treats them with dignity and respect. Despite there not being a lot of research for this specific type of program, this plan shows significant potential in helping positive testing students become acquainted with their infections in a way that is empowering and normalized. The earlier mentioned interventions have showed sponsorship and peer initiatives to be successful in their execution of aiding individuals into identity reclamation through support and mentorship. Medical knowledge is far too advanced to be leaving out the key population of college students in solving the STI crisis nationwide. Rutgers University represents the bridge into what could become a sustainable, robust solution in decreasing STI rates and addressing social stigma and structural violence against positive testing students. A partnership together would ensure all students feel supported and validated in who they are and in their diagnoses. I strongly urge you to join me in my mission to end STI stigma and silence among college students. With your help, I know a brighter future lies ahead for positive students.

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