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GYT: Get Yourself Tested Campaign Awareness: Associations With Sexually Transmitted Disease/HIV Testing and Communication Behaviors Among Youth

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Abstract

Background: The GYT: Get Yourself Tested campaign promotes sexually transmitted disease (STD) and HIV testing and communication with partners and providers among youth. We evaluated these behaviors in relation to campaign awareness among youth through a national survey.

Methods: We collected data from 4017 respondents aged 15 to 25 years through an online panel survey designed to be representative of the US population. The GYT campaign targeted 4 key behaviors: STD testing, HIV testing, talking to partners about testing, and talking to providers about testing.

Results: Respondents who were aware of the GYT campaign (24.4%) were more likely to report engaging in each of the 4 target behaviors. Associations remained significant when stratified by race and sex and when taking into account sexuality, sexual activity, age, insurance status, and use of campaign partner-provided services.

Conclusions: Awareness of the GYT campaign is related to the 4 target behaviors promoted by the campaign, suggesting that health promotions campaigns oriented toward youth can be successful in increasing STD-related, health-seeking behavior, including among populations disproportionately affected by STD.

Of the estimated 20 million cases of sexually transmitted diseases (STD) occurring in the United States each year, half are among adolescents and young adults aged 15 to 24 years.¹ Despite bearing a disproportionate burden of the STDs in the country, many youth do not seek or receive educational or health services that may help to control infection and prevent further disease transmission.² This article describes the degree to which awareness of a youth-oriented STD testing campaign promoting open communication and linkage to

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services is associated with increases in STD and HIV testing and communication behaviors among youth.

The GYT Campaign

The *GYT: Get Yourself Tested* campaign (GYT) was first launched in 2009 to increase testing for STDs (including HIV), as recommended, for sexually active people 25 years and younger. Formative research conducted to inform campaign content pointed to a lack of awareness of the following: the prevalence and asymptomatic nature of certain STDs; recommendations for routine screening; the availability of STD testing that is confidential, free or low-cost, youth-friendly, and noninvasive; and individual risk for STD.^{3,4} It further emerged that STDs remain highly stigmatized, such that many avoid discussing STDs and testing with sex partners, health care providers, and other trusted adults.⁵ As a result, GYT messages were designed to address these barriers, promoting STD awareness, perceived risk, reduction of stigma, importance and ease of testing, and open communication about STDs with health care providers and sex partners.

The details of the campaign and results of the preliminary evaluations of its impact are discussed in depth elsewhere.⁶ Briefly, the campaign comprises online (e.g., Web site and social media pages), on-air (MTV Networks), and on-the-ground components (e.g., community and college outreach) and links youth to testing services through a clinic locator, testing events, and clinic promotions. The campaign runs year-round, with its major promotion period during National STD Awareness Month (April) and other key periods of the year.

This article focuses on a national evaluation of the GYT campaign, assessing the relationship between youth awareness of the GYT campaign and 4 key target behaviors: (1) testing for STDs, (2) testing for HIV, (3) talking about STD/HIV testing with a health provider, and (4) talking about STD/HIV testing with sex partners. We hypothesize that awareness of GYT would be related to a greater likelihood of engaging in these 4 target behaviors.

METHODS

We surveyed US youth through a national online panel designed to represent the US population.⁷ The GfK Knowledge Panel consists of more than 50,000 preconsented participants who are accrued through address-based sampling and random-digit dialing methods. If Internet access is unavailable to a given panelist's household, such access is provided by GfK. The panel participants are routinely selected for participation in online marketing, or behavioral or consumer surveys and typically complete one 10- to 15-minute survey per week; longer surveys are incentivized with the equivalent of cash. The Centers for Disease Control and Prevention purchased survey services from GfK, and the specific questions in this survey were reviewed by Centers for Disease Control and Prevention's institutional review board. Further details are available elsewhere.⁷

Procedures

The online survey was pilot tested for usability and acceptability. Data were collected online via a survey comprising up to 65 questions (depending on skip patterns; the median survey duration was 27 minutes), during August and September 2013. In accordance with GfK's protocol, the respondents were offered a cash-equivalent \$5 incentive, which was increased to \$10 during the final week of recruitment to maximize participation. Because of the sensitivity of some survey questions and the age of the participants, the survey included a question regarding the presence of an adult in the room.

Of the 5510 young adult panelists (aged 18–25 years) invited to participate in this survey, 2820 (51.2%) accepted and completed the survey. A further sample of 3639 youth aged 15–17 years were invited to participate through their empanelled parent; of those parents 1962 (53.9%) completed the screener for their child, with 1330 screening “in”; 1197 (90.0%) of the screened-in children completed the survey.

Measures

Awareness.—Two questions assessed participant awareness of GYT. The first question presented a list of several health campaigns (one of which was fake and included as a measure of the degree of error in self-reported awareness) and asked whether the participant had “heard of these campaigns”. The second question asked whether respondents had “ever seen this campaign image” and provided a logo of the GYT campaign. Because MTV and Planned Parenthood (PPFA) clinics were important sources of exposure to GYT materials (both were campaign partners), measures of MTV exposure and PPFA clinic attendance were also included.

Target Behaviors.—The target behavior “talking about STDs” was assessed from a checklist of options. Respondents were asked whether they had (ever) talked with a health care provider or “someone you were romantically involved with”. From this question, one variable was created to indicate whether the participant had talked with a romantic partner, and another indicated talking with a health care provider. The target behaviors “STD testing” and “HIV testing” could each be categorized as follows: occurred in the past 12 months, occurred more than 12 months ago, occurred at an unknown time, did not occur, and uncertain. The categories were collapsed into binary categories (“ever/never”) for purposes of analyses in this study.

Demographics and Behaviors.—The survey also assessed a variety of sex- and sexual health-related behaviors, knowledge, attitudes, and perceptions. Questions about sexuality and sexual behavior were included to help determine whether the campaign reached populations at risk for STD. Questions about health insurance, past use of health services, and barriers to STD testing were included because of their likely relationship to target behaviors; for these items, a “don't know” response was recoded as “no”.

Analyses

We calculated basic descriptive statistics for all variables and then estimated bivariate associations between (a) awareness and the 4 target behaviors and then (b) other

demographic and behavioral variables and awareness/target behaviors. Effect sizes are shown via percentages, correlation coefficients (or their nonparametric equivalents), or unadjusted odds ratios. Finally, we computed 4 logistic models of the target behaviors against GYT awareness and other bivariate correlates: this yielded estimates of the associations between awareness and behavior adjusted for potential confounders. We ran all analyses in SPSS v20 (Chicago, IL).

RESULTS

Respondent Demographics and Behaviors

Table 1 presents the key characteristics of the survey sample (36% male). Mean (SD) age was 20.47(3.50) years, and 37.7% of the sample was nonwhite, reflective of population statistics reported by the 2010 US Census. The sample was mostly (89.2%) “heterosexual or straight,” and 60.5% were sexually active, as defined by having engaged in oral, vaginal, or anal sex (56.7% reported vaginal or anal sex). Although 39.5% reported engaging in none of these sexual behaviors, 21.7% reported engaging in all of them. A quarter of the sample either had no health insurance or did not know their health insurance status; these categories were collapsed into “no insurance” for purposes of analysis. Approximately a quarter of the respondents were regular MTV viewers (1 times per week), which would facilitate their access to the network’s on-air campaign messages. Approximately 20% reported ever having been to a PPFA health center, where GYT was promoted from 2009 to present. Although 23.2% of respondents reported that an adult was in the room for part or all of the survey time, the presence of an adult was not correlated with GYT awareness or any of the target behaviors and is not further addressed in these analyses.

GYT Awareness and Target Behaviors

As shown in Table 1, 20.7% of respondents indicated that they had heard of GYT by selecting it from a list of campaigns and 16.7% recognized the campaign logo. Recognizing the logo and choosing the campaign from a list were closely related ($r = 0.54$, $P < 0.0001$): of the 805 people who could pick GYT out of a list, 508 (63.1%) indicated that they had seen the GYT logo. Conversely, of the 664 respondents who indicated having seen the GYT logo, 521 (78.5%) also picked GYT from a list of campaigns. Overall awareness (logo recognition *or* choosing GYT from a list) was indicated by 948 (24.4%) of 3884 respondents who answered the questions (Table 2). Potential false recall (measured through recognition of a nonexistent campaign from the list) was relatively low at 6.9% of the sample.

More than half of the respondents (52.3%) who were aware of GYT reported seeing the campaign on MTV, whereas 28.3% reported seeing it on other television channels. Nearly a third (30.1%) saw the campaign in a school setting (high school or college); 39.6% saw it on the Internet. More than a quarter of respondents (27.7%) reported seeing the campaign in a doctor’s office, and 7.1% reported seeing it at a special event such as a concert or community event. Half of respondents (51.2%) reported seeing the campaign via 2 or more channels or settings.

As shown in Table 1, more respondents had actually received an STD (30.7%) or an HIV test (29.1%) than had actually discussed testing with a health care provider (22.9%) or romantic partner (18.1%). The 4 outcome variables were all strongly correlated with each other; the testing outcomes were correlated most strongly ($r = 0.71$, $P < 0.001$), followed by the correlation between STD testing and talking to a provider about STD testing ($r = 0.57$, $P < 0.001$).

GYT campaign awareness was positively associated with each of the 4 behavioral outcomes of focus in the campaign (Table 2), with those who were aware of the campaign being more likely to report testing for STDs and HIV and talking to a provider and a romantic partner about STD testing ($P < 0.0001$ for all comparisons). The rate ratios (% aware divided by % unaware) for each behavior were substantively similar across the 4 measurements of GYT awareness in Table 2. They ranged from 1.84 to 1.87 (STD testing), 1.85 to 1.89 (HIV testing), 1.94 to 2.12 (talking to a provider), and 1.95 to 2.23 (talking to a romantic partner). Given the level of consistency, we used only overall awareness as an outcome in subsequent analyses.

Overall, just less than half of respondents aware of GYT reported ever being tested for STDs or HIV versus approximately one quarter of those not aware of the campaign (Table 2). Campaign awareness was also related to talking to a provider about STD testing (36.9% vs. 19.0%) and to talking to a romantic partner about STD testing (29.4% vs. 15.0%), although the rates for these behaviors were lower than for testing.

Correlates of Awareness and Target Behaviors

Of particular interest are our planned comparisons of awareness and target behaviors by source of exposure. Both MTV viewership and PPFA attendance were associated with GYT awareness (Table 3). For example, daily MTV viewers were more likely to report campaign awareness than nonviewers (56.1% vs. 14.0%, $P < 0.0001$), and clients of PPFA (in the past year) were more likely to report campaign awareness than those who had never attended (41.9% vs. 20.7%, $P < 0.0001$). Planned Parenthood attendance was also associated with the target behaviors, consistent with their purpose. The same was true for MTV viewers, but the effect sizes were considerably attenuated and, in some cases, nonlinear. For example, with HIV testing and talking with providers about testing, those who never watched MTV were as likely to report the behavior as those who watched MTV daily. Sexually active respondents were also more likely to be aware of GYT and to engage in each of the 4 target behaviors, compared with those who were not sexually active (Table 3).

Other variables were also correlated with campaign awareness and target behaviors (Table 3). GYT awareness was greater among female, nonwhite respondents; state-insured respondents; and the older age groups compared with younger (all comparisons, $P < 0.0001$). Females also reported engaging in each of the 4 target behaviors more often than did males (see Table 3; all $P < 0.0001$). We found significant racial or ethnic variation in engaging in the target behaviors: the most consistent pattern was that non-Hispanic black respondents were more likely than others to have engaged in each of the 4 target behaviors. As expected, a greater proportion of participants in the older-age groups reported each behavior than did younger youth (all $P < 0.0001$).

Multivariable Analyses

All variables that were significantly associated with the behavioral outcomes in the bivariate analyses were entered into logistic regression models (Table 4). Predictors were entered in 4 blocks: demographics (sex, race/ethnicity, age, and insurance status), sexuality and sexual behaviors; use of campaign partner-provided services (MTV, PPFA), and GYT awareness. With all predictors in the model, GYT awareness remained significantly related to each of the outcome behaviors. These relationships remained significant when we stratified analyses by race and sex (data not shown).

Many of the covariates in the multivariable models remained statistically significant, if sometimes attenuated (Table 4). The only sexual activity that was not consistently associated with the outcome behaviors was “giving oral sex;” this only predicted talking to a partner. In addition, participating in anal sex was unrelated to talking to providers or partners in the multivariate models (adjusted odds ratio, 1.16; 95% confidence interval, 1.0–1.4). MTV viewership was only weakly related to the outcome behaviors, but was retained in the model because MTV was the primary on-air channel for the campaign. Use of PPFA-affiliated health centers was a strong predictor of each target behavior.

DISCUSSION

These data demonstrate that GYT reaches youth and that awareness of the GYT campaign is related to each of the 4 behaviors targeted by campaign messages: testing for STDs, for HIV, talking with a partner about STD testing, and talking with a provider about STD testing. These findings were consistent across 2 independent measures of GYT awareness and 2 methods of concatenating them. Although these findings do not prove that campaign awareness directly caused the target behaviors to occur, they represent the best evidence to date that the national GYT campaign is associated with increased STD/HIV testing and communication behaviors. Furthermore, the results indicate that the GYT campaign had even greater reach among populations who are disproportionately impacted by STDs, such as members of some racial minority groups.⁸ Reported behaviors were unlikely to be affected by other national campaigns because no other national-level campaigns directed at youth for STD/HIV testing or communication were running during the time of the GYT campaign (2009–present), although it is possible that some youth were exposed to state or local level campaign efforts.

Given current recommendations for sexual health assessments for adolescents,^{9,10} we found relatively low numbers of respondents who reported talking to a provider about STD testing (23% overall, 37% among those who were aware of GYT). Except for the youngest respondents, these proportions were actually lower than those reported for ever receiving an STD test (31% overall, 48% among those aware of GYT) or HIV test (29% overall, 45% among those aware of GYT). National and statewide data estimates vary on how well doctors adhere to taking a sexual history; estimates vary from 20% to 70%,^{11,12} and nearly half of youth report that they did not receive guidance from their doctors on sexual health, STD testing or contraception.¹³ Indeed, primary care physicians report insufficient time as a central barrier to not providing sexually transmitted infection education and counseling.¹⁴ Such findings are worth further exploration.

Talking with a romantic partner about STD testing was reported even less than talking to a provider. Across age categories, more youth reported STD testing than reported talking with a sex partner about testing. In fact, talking about STD testing with a partner was the behavioral outcome least likely to be reported by study participants, especially among males, suggesting that it remains a stigmatized and uncomfortable topic of discussion among youth.⁵ Other research lends context to these findings. For example, in one study with a relatively high-prevalence urban sample (19% had been ever diagnosed as having an STD), more than four-fifths of participants between 18 and 25 years reported getting tested, suggesting that testing is common, whereas discussing testing may not be.¹⁵ Testing often occurred around the point when a relationship got “serious.” Further understanding how and when these conversations take place with romantic or casual partners and potentially building upon effective strategies available for promoting communication are avenues worth future study.

Also worth mentioning is that GYT awareness was higher among youth who reported having Medicaid/State insurance or no insurance (vs. private insurance). These groups were also more likely to report STD/HIV testing than those with private insurance. It is possible that these groups indicate lower socioeconomic status and higher community STD prevalence, and that providers serving these populations are more attuned to recommending testing. However, to the extent that confidentiality (e.g., explanation of benefits) and free or low-cost testing (free vs. co-pay) matter to youth, these findings suggest that private insurance may act as a barrier to testing among those privately insured. Overcoming policy-related confidentiality barriers around the billing of youth sexual health visits and educating youth on confidentiality rights could improve testing uptake among younger adolescents including those privately insured and increase the impact of interventions such as GYT.

Limitations

This survey was cross sectional and therefore cannot provide direct evidence of a cause-and-effect relationship. For participants who attended a clinic where GYT was promoted, cause and effect could even be reversed (this would, however, require a more complicated explanation of the data). Alternatively, an unmeasured factor may account for both attention to sexual health campaigns and health care-seeking behavior. The survey assessed reported behaviors in the past year and in the respondents’ lifetimes, which do not correspond directly to the active period of the GYT campaign. The age range of the sample, however, suggests that even “lifetime” behaviors likely occurred relatively recently and during the campaign timeframe (2008–present). Finally, the population from which the survey sample was selected is a panel of more than 50,000 people who had previously agreed to participate in surveys and who may have been especially interested in health campaigns or sexual health in general. Only just more than half of those solicited agreed to take the survey, although almost all who started the survey finished it.

CONCLUSIONS

Despite these limitations, the results show that GYT has been successful in reaching youth populations and may prompt increased STD/HIV testing and dialogue with their providers and partners. Overall effect sizes were moderate and could translate into meaningful

population impact with sufficient coverage in appropriately targeted populations.^{16,17} Future research may address a more in-depth look at the possible mechanisms responsible for GYT's associations with STD testing and communication behaviors. Understanding more about the individual, interpersonal, environmental, and structural conditions through which the campaign works can enable others to replicate those factors in the future.¹⁸ Such data could also enable the campaign to better reach young men and racial/ethnic minorities.

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TABLE 1.

Sample Characteristics From the GYT: Get Yourself Tested Evaluation Survey 2013

Variable	n (%)
GYT awareness	
Identified campaign from list (n = 3884) *	805 (20.7)
Recognized GYT logo (n = 3968)	664 (16.7)
Identified campaign <i>and</i> recognized logo (n = 3878)	508 (13.1)
Identified campaign <i>or</i> recognized logo (n = 3878)	948 (24.4)
GYT campaign target behaviors	
Have had an STD test (n = 3953)	1213 (30.7)
Have had an HIV test (n = 3952)	1152 (29.1)
Have talked to a health care provider about STD testing	918 (22.9)
Have talked to a romantic partner about STD testing	729 (18.1)
Age (mean [SD], 20.47 [3.50] y)	
15–17 y	1197 (29.8)
18–21 y	905 (22.5)
22–25 y	1915 (48.0)
Race/Ethnicity	
Black (non-Hispanic)	405 (10.1)
Hispanic	741 (18.4)
White (non-Hispanic)	2503 (62.3)
Multiracial (2, non-Hispanic)	209 (5.2)
Other (non-Hispanic)	159 (4.0)
Sex	
Female	2572 (64.0)
Male	1445 (36.0)
Sexuality	
Straight or heterosexual	3582 (89.2)
Gay or lesbian	75 (1.9)
Bisexual	189 (4.7)
Other or refused	171 (4.2)
Sexual behaviors	
Ever gave oral sex	2067 (51.5)
Ever received oral sex	2159 (53.7)
Ever had vaginal sex	2243 (55.8)
Ever had anal sex	932 (23.2)
Ever engaged in any of above sexual behaviors	2432 (60.5)
Insurance status (n = 3952)	
Private insurance	2281 (57.7)
Medicaid/state insurance	686 (17.4)
No insurance	595 (15.1)
Don't know	390 (9.9)

Variable	n (%)
MTV viewership (n = 3940)	
Never	1831 (46.5)
Once a month or less	1104 (28.0)
Once or twice a week	832 (21.1)
Daily	173 (4.4)
PPFA attendance (n = 3947)	
Never	3070 (77.8)
Don't recall when	117 (3.0)
>12 mo ago	267 (6.8)
Within past 12 mo	413 (10.5)
Don't know	80 (2.0)
Adult in the room (n = 3950) [†]	
Yes	916 (23.2)

n = 4017 unless otherwise specified.

* Not all respondents answered all questions. Sample sizes given in parentheses are denominators for their respective questions. Missing values constitute less than 4% of responses in all instances.

[†] The presence of an adult in the room had no effect of reporting of sexual behaviors, sexuality or GYT awareness.

TABLE 2.
GYT Awareness and Target Behaviors From the GYT: Get Yourself Tested Evaluation Survey 2013

Target Behaviors									
GYT Awareness		Ever Tested for STD		Ever Tested for HIV		Talked to a Health Care Provider		Talked to a Romantic Partner	
	%	P	%	P	%	P	%	P	
Identified campaign from list									
Yes	48.4	<0.0001	46.2	<0.0001	39.1	<0.0001	30.3	<0.0001	
No	26.1		24.8		19.3		15.5		
Recognized GYT logo									
Yes	49.5	<0.0001	47.3	<0.0001	38.7	<0.0001	32.8	<0.0001	
No	26.9		25.5		19.9		15.4		
Identified campaign <i>and</i> recognized logo									
Yes	51.5	<0.0001	48.7	<0.0001	43.3	<0.0001	35.6	<0.0001	
No	27.7		26.3		20.4		16.0		
Identified campaign <i>or</i> recognized logo									
Yes	47.5	<0.0001	45.4	<0.0001	36.9	<0.0001	29.4	<0.0001	
No	25.4		24.0		19.0		15.0		

TABLE 3.

Associations Between Demographic and Behavioral Variables and GYT Awareness and Target Behaviors From the GYT: Get Yourself Tested Evaluation Survey 2013

Variable	GYT Awareness			Target Behaviors						Talked to a Partner		
	%	P	%	Ever Tested for STD	P	%	Ever Tested for HIV	P	%	Talked to a Health Care Provider	P	%
Age												
15–17 y	17.0		6.0			5.9	9.1		3.6			
18–21 y	26.8	<0.0001	24.8	<0.0001		24.2	19.7	<0.0001	14.9	<0.0001		<0.0001
22–25 y	28.0		49.0			46.1	33.0		28.8			
Race/Ethnicity												
Black (non-Hispanic)	47.0		47.1			52.1	37.9		26.2			
Hispanic	31.5		32.6			34.9	20.8		17.3			
White (non-Hispanic)	18.6	<0.0001	27.5	<0.0001		23.9	20.5	<0.0001	17.2	<0.0001		
Multiracial (2, non-Hispanic)	26.3		39.2			35.2	33.7		21.2			
Other (non-Hispanic)	24.7		21.2			24.5	18.3		13.1			
Sex												
Female	27.4	<0.0001	40.5	<0.0001		36.5	29.3	<0.0001	22.6	<0.0001		
Male	19.2		12.9			16.0	11.4		10.2			
Sexuality												
Straight or heterosexual	24.1		29.0			27.6	22.1		17.1			
Gay or lesbian	26.0	NS	41.1	<0.0001		46.6	26.7	<0.0001	30.7	<0.0001		
Bisexual	31.7		61.7			57.1	42.3		35.4			
Other or refused	23.7											
Sexual behaviors *												
Ever gave oral sex	30.1	<0.0001	50.4			46.3	36.0		31.8			
Ever received oral sex	29.7	<0.0001	49.4			45.9	35.7		30.9			
Ever had vaginal sex	29.3	<0.0001	49.6	<0.0001		45.7	35.4	<0.0001	29.9	<0.0001		
Ever had anal sex	33.1	<0.0001	56.7			55.0	40.1		35.8			
Ever engaged in any of above sexual behaviors	29.2	<0.0001	47.3			43.9	33.9		28.6			
Insurance status (n = 3952)												

Variable	Target Behaviors									
	GYT Awareness		Ever Tested for STD		Ever Tested for HIV		Talked to a Health Care Provider		Talked to a Partner	
	%	P	%	P	%	P	%	P	%	P
Private insurance	22.8		29.2		25.1		23.5		19.2	
Medicaid/state insurance	30.9	<0.0001	43.5		44.2		28.7		20.8	
No insurance	26.6		33.3	<0.0001	36.3	<0.0001	24.7	<0.0001	20.7	<0.0001
Don't know	18.4		12.4		14.4		11.7		5.4	
MTV viewership (n = 3940)										
Never	14.0		25.5		38.3		38.1		15.6	
Once a month or less	26.6	<0.0001	32.4	<0.0001	29.4	<0.0001	29.9	<0.0001	20.5	<0.0001
Once or twice a week	38.1		38.1		37.3		29.0		21.3	
Daily	56.1		39.9		39.0		30.6		21.4	
PPFA attendance (n = 3947)										
Never	20.7		21.1		19.6		16.9		13.0	
Don't recall when	38.3		56.9		64.3		46.2		33.3	
> 12 mo ago	38.4	<0.0001	71.4	<0.0001	66.1	<0.0001	50.1	<0.0001	43.1	<0.0001
Within past 12 mo	41.9		69.3		63.9		47.2		40.1	
Don't know	22.1		21.8		35.1		12.5		6.3	

* Each sexual behavior was dummy coded; *P* values for awareness represent the comparisons between yes and no for each category of sexual behavior. NS indicates not significant.

TABLE 4.

Associations Between Target Behaviors, GYT Awareness, and Covariates: Regression Model Output From the GYT: Get Yourself tested Evaluation Survey 2013

Variable	Target Behaviors, AOR (95% CI)		
	Ever Tested for STD	Ever Tested for HIV	Talked to a Partner
GYT awareness			
None	Reference	Reference	Reference
Overall awareness	1.69 (1.4–2.1)	1.57 (1.3–1.9)	1.65 (1.4–2.0)
Age			
15–17 y	Reference	Reference	Reference
18–21 y	1.92 (1.4–2.7)	2.22 (1.6–3.1)	1.07 (0.8–1.4)
22–25 y	4.20 (3.1–5.7)	4.57 (3.4–6.2)	1.50 (1.1–2.0)
Race			
White, non-Hispanic	Reference	Reference	Reference
Other	1.50 (1.2–1.8)	2.16 (1.8–2.6)	1.29 (1.1–1.5)
Sex			
Male	Reference	Reference	Reference
Female	3.13 (2.5–3.9)	1.79 (1.5–2.2)	2.05 (1.7–2.5)
Sexuality			
Nonheterosexual	Reference	Reference	Reference
Heterosexual	0.48 (0.4–0.6)	0.50 (0.4–0.7)	0.67 (0.5–0.9)
Sexual behaviors [*]			
Ever gave oral sex	1.19 (0.8–1.7)	0.94 (0.7–1.3)	0.98 (0.7–1.4)
Ever received oral sex	1.72 (1.2–2.5)	1.76 (1.2–2.6)	2.07 (1.4–3.0)
Ever had vaginal sex	4.50 (3.2–6.3)	3.31 (2.4–4.6)	2.39 (1.7–3.2)
Ever had anal sex	1.35 (1.1–1.7)	1.62 (1.3–2.0)	1.16 (1.0–1.4)
Insurance status			
None or don't know	Reference	Reference	Reference
Has insurance	1.83 (1.5–2.3)	1.31 (1.1–1.6)	1.53 (1.2–1.9)
MTV viewership			
Never	Reference	Reference	Reference

Variable	Target Behaviors, AOR (95% CI)			
	Ever Tested for STD	Ever Tested for HIV	Talked to a Health Care Provider	Talked to a Partner
Once a month or less	1.18 (1.0–1.5)	1.06 (0.9–1.3)	1.20 (1.0–1.5)	1.18 (0.7–1.7)
Once or twice a week	1.58 (1.2–2.0)	1.59 (1.3–2.0)	1.39 (1.1–1.7)	1.20 (0.9–1.5)
Daily	1.57 (1.0–2.5)	1.51 (1.0–2.3)	1.38 (0.9–1.5)	1.07 (0.9–1.5)
PPFA attendance				
Never	Reference	Reference	Reference	Reference
Ever	3.16 (2.6–3.9)	3.04 (2.5–4.6)	2.15 (1.8–2.6)	1.97 (1.6–2.4)

AOR (95% CI) indicates adjusted odds ratio and 95% confidence interval, both derived from logistic regression equations with each target behavior as the outcome variable and all covariates entered in 4 blocks as follows: (1) demographics (sex, race/ethnicity, age, and insurance status), (2) sexuality and sexual behaviors, (3) use of campaign partner-provided services (MTV, PPFA), and (4) GYT awareness. Confidence intervals not including 1.0 indicate differences that are statistically significant at $P < 0.05$.

* Each sexual behavior was dummy coded and entered into the regression with no as the reference category.