



# CENTERING THE STUDENT VOICE

COMMUNITY COLLEGES  
AND SEXUAL AND  
REPRODUCTIVE HEALTH  
ACCESS IN TEXAS  
AND MISSISSIPPI

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**INSTITUTE  
FOR WOMEN'S  
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A JUST FUTURE BEGINS WITH BOLD IDEAS.

# COMMUNITY COLLEGES AND SEXUAL AND REPRODUCTIVE HEALTH ACCESS IN TEXAS AND MISSISSIPPI: CENTERING THE STUDENT VOICE

Anna Bernstein, MPH  
and Lindsey Reichlin Cruse, MA

## ABOUT THIS REPORT

Access to sexual and reproductive health care and information can affect college students' ability to succeed in higher education. Yet community colleges often do not consider students' reproductive health access when considering how to promote their academic success. This report summarizes findings from original research conducted by the Institute for Women's Policy Research (IWPR) on community college students' experiences accessing sexual and reproductive health services and information in two states—Texas and Mississippi. Through an online survey and in-depth interviews, IWPR researchers gained insight from students into the obstacles they face in addressing their health needs and how their institutions could better support their access to care. The report seeks to amplify the voices of students to ensure that their perspectives are centered in the movement to expand sexual and reproductive health access for community college students.

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## ACKNOWLEDGEMENTS

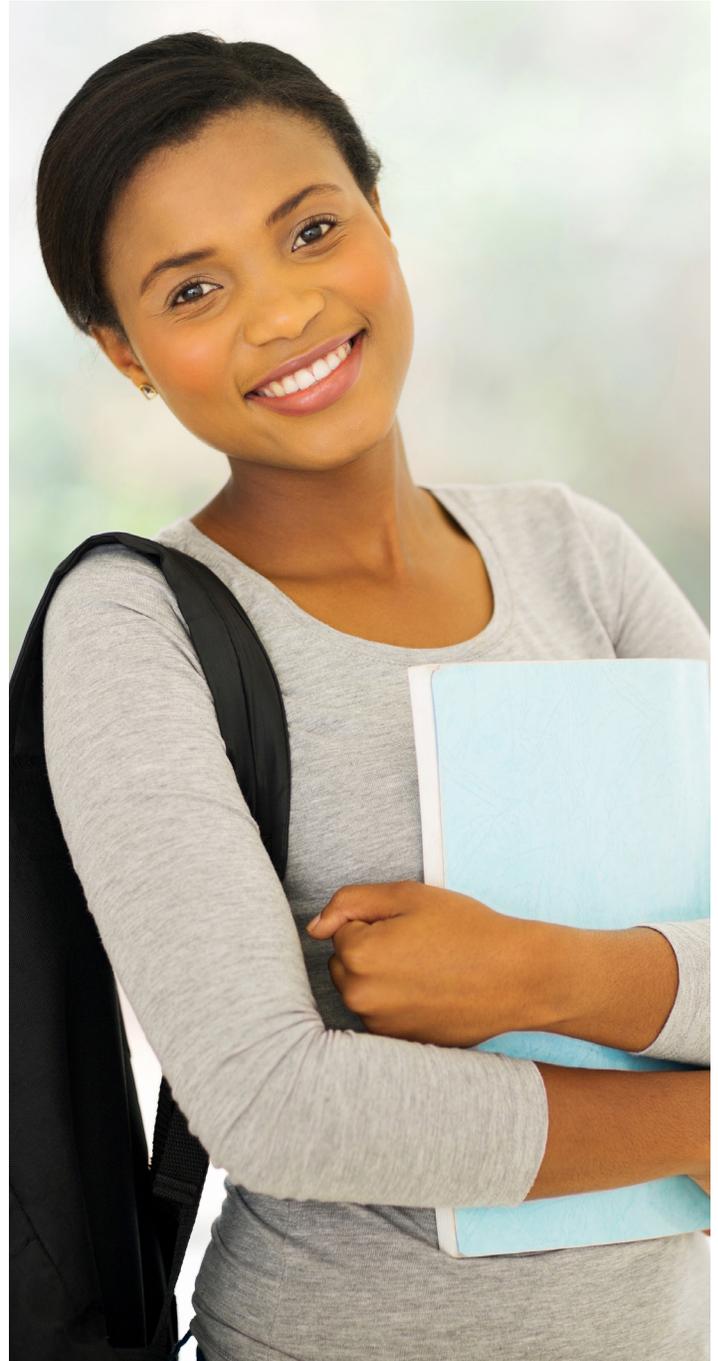
First and foremost, the authors wish to thank the many community college students who contributed their time and shared their experiences with IWPR researchers. It is because of their willingness to share their stories, perspectives, and ideas that this research was made possible.

The authors also wish to thank the community college staff with which IWPR collaborated to recruit students for survey participation. Their willingness and enthusiasm for moving this work forward has allowed IWPR to amplify the voices of the students in its research.

The authors also appreciate the insight of Andrea Kane, Vice President for Policy and Strategic Partnerships at Power to Decide, and Ginger Mullaney, BAE-B-SAFE Program Director at Healthy Futures of Texas, for contributing their valuable expertise to this research and report.

The authors are grateful to the William and Flora Hewlett Foundation for its continued support of IWPR's research and its dedication to improving reproductive health access for community college students.

Final thanks go to the IWPR staff who contributed to the preparation and dissemination of this report, including Halie Mariano, Mariam K. Chamberlain Fellow, Andrea Flynn, Director, Research and Action Hub, Keri Potts, Vice President of External Affairs, and Lea Woods, Development Associate.



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## INTRODUCTION

Community college students' lives outside of the classroom—including their sexual and reproductive health—can directly impact their ability to succeed in school, yet most community colleges do not provide sexual and reproductive health services (Bernstein and Reichlin Cruse 2020). Growing efforts to implement holistic approaches to student success also often ignore the role that sexual and reproductive health outcomes can play students' academic careers. Understanding students' experiences accessing care and information related to their sexual and reproductive health is important for making the case that community colleges should pay greater attention to students' health needs. It is also essential to informing how colleges can more effectively promote their students' health as well as their academic success.

Building on the Institute for Women's Policy Research's (IWPR) research on the link between sexual and reproductive health care access and student success, and its report describing promising practices to support students' sexual and reproductive health needs, this report adds a key element to this body of work: the student perspective (Reichlin Cruse and Bernstein 2020; Bernstein and Reichlin Cruse 2020). This report describes original research undertaken to better understand community college students' experiences accessing sexual and reproductive health services. It shares an overview of findings from a survey of over 500 community college students in Texas and Mississippi and a series of in-depth student interviews, highlighting noteworthy themes around access to care and students' thoughts on what they want from their community colleges with regard to their sexual and reproductive health needs. It concludes with recommendations for strengthening community colleges' ability to help students address these needs and promote their overall health and success.

### Methodology

To better understand the experiences and perspectives of students in accessing sexual and reproductive health care, IWPR conducted an online survey of and in-depth phone interviews with community college students. The survey, which was administered through Qualtrics and distributed by IWPR's contacts at community colleges in Texas and Mississippi, explored students' experiences accessing sexual and reproductive healthcare, obstacles to receiving care, desired characteristics of care, feedback on how community colleges could better meet students' sexual and reproductive health needs, and other related topics.<sup>1</sup>

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<sup>1</sup> This study focuses on Texas and Mississippi to inform and align with work that IWPR is developing in those states, building on its nationally-focused research around expanding sexual and reproductive health access for community college students. Texas and Mississippi were chosen for both the need identified in those states, existing programming available on college campuses, and engagement and interest from local stakeholders.

The online survey was open to individuals ages 18 and over who currently attend or have attended a community college, for either a degree program or a nondegree training or certificate program offered within a community college setting. Although survey eligibility was not limited by geography, almost all respondents were located in Texas and Mississippi because distribution was focused on colleges in those states. Analyses presented in this report are therefore limited to Texas and Mississippi students. The smaller sample size of Mississippi students means that most analyses did not find statistically significant differences between states, so results are presented in the aggregate. Although limitations in sampling prohibit these findings from being representative at the national or state level, the results shed light on student perspectives that are often missed and can inform how community colleges and community stakeholders approach the reproductive health needs of local students.

From the pool of survey respondents, a subset of 12 eligible students was randomly selected for qualitative interviews to explore these themes in greater detail. Respondents were eligible for the follow-up interview if they reported seeking sexual and reproductive health services while in school or facing barriers to accessing care. In-depth phone interviews conducted by IWPR researchers explored selected topics related to students' experiences accessing care, including barriers to access and what they would want from sexual and reproductive health care in an ideal world.



### **Sample Characteristics**

The final survey sample for these analyses included 541 respondents, with 81 percent identifying as female and 18 percent identifying as male. The majority (75 percent, n=405) were located in Texas, with the remaining quarter (n=136) residing in Mississippi. As a result of convenience sampling, Texas respondents are largely from one community college district.

Sixty-four percent of the respondents were ages 18-24 and 14 percent were ages 25-29, with the remainder ages 30 and over (22 percent). Breaking these data down by state, a greater proportion of students from Mississippi were ages 18-19 than respondents from those from Texas (44 percent compared with 28 percent). Approximately a third of respondents who responded to a question on their parent status reported having one or more children (representing a quarter of total survey respondents), which is in alignment with national rates of parenthood among community college students (Institute for Women's Policy Research 2020).

Qualitative data presented here come from 12 in-depth phone interviews with community college students. All respondents identified as female; seven respondents identified as Latina, three as white, and three as Black (including one participant who self-identified as both white and Latina). Eight participants resided in Texas and four in Mississippi. The median age of interviewees was 22 years old, with three participants over age 40 and the remainder between ages 19 and 28.

## COMMUNITY COLLEGE STUDENTS' EXPERIENCES SEEKING CARE

Survey findings confirmed trends that emerged in IWPR's previous research and existing literature to understand community college students' experiences with sexual and reproductive health (Prentice, Storin, and Robinson 2012). Common reasons for needing sexual and reproductive health care related to testing and treatment for sexually transmitted infections (STIs), securing a preferred form of birth control, well women's exams, and maternal and prenatal health care. When seeking information or care for these reasons, however, community college students report often lacking access on their campus and, in some cases, off campus as well.

**Nearly half of survey respondents (49 percent) are not sure whether their college offers any sexual and reproductive health resources on campus; just one-third reported being aware of a health center on campus.**

### Availability of On-Campus Services

Unlike most universities and four-year colleges, the majority of community colleges do not have on-campus health services. This disparity is reflected in a 2016 assessment conducted by the American College Health Association (the national membership network of college health professionals): of the 137 colleges surveyed, only 11 were community colleges and 10 of those were from a single state (American College Health Association 2016).

Survey findings reflect this lack of on-campus resources at community colleges, and also point to a lack of awareness of whether there are services available on campus. Nearly half of survey respondents (49 percent) are not sure whether their college offers any sexual and reproductive health resources on campus; just one-third reported being aware of a health center on campus. Even among students reporting that their campus has a health center, the majority (73 percent) have not accessed sexual and reproductive health services or information there. In addition, just

14 percent of survey respondents say that they see their campus as a resource for sexual and reproductive health information or services. When prompted, students were most likely to note the availability of condoms as the main sexual and reproductive health service provided by their school. The prevalent distribution of condoms may explain why male respondents were more likely than female respondents (27 percent compared with 11 percent, respectively) to report viewing their campus as a resource for sexual and reproductive health services.

### Satisfaction with Campus-Based Care

Although many students are unaware if health services are available on their campus, students that did access care on campus were overwhelmingly satisfied with the services they received. The vast majority of students who sought sexual and reproductive health care on campus (88 percent) reported being "totally satisfied" with the care they received, citing, in particular, the convenience, perceived confidentiality, and affordability of the care:

*"Welcoming and friendly staff. The experience was comfortable and seamless."*

*"I liked the fact that everything was confidential, whatever we needed or wanted to talk about, and they were very supportive."*

*"As many screenings around the city can be costly, my campus provides a quick and easy screening which helps many of us on campus."*

These findings indicate that many students appreciate having sexual and reproductive health services on campus. They also highlight an opportunity for campuses to improve outreach and education about available services, and to expand services where they are not currently available.

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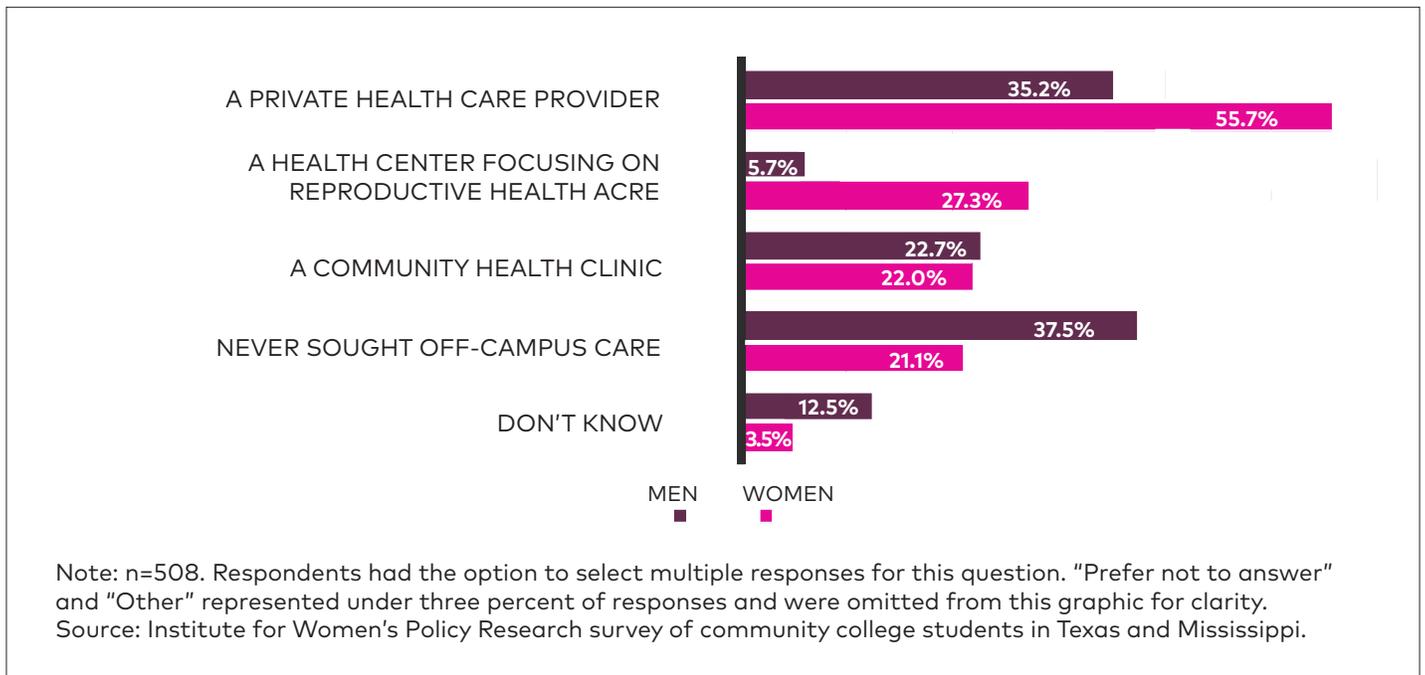
## Availability of Off-Campus Care

Given the lack of health resources on many community college campuses, it is unsurprising that many students report seeking sexual and reproductive health care off campus. Men were almost twice as likely as women to report never accessing care anywhere off campus (38 percent compared with 21 percent, respectively; Figure 1). About half of students surveyed said they went to a private doctor's office to access sexual and reproductive healthcare. Accessing a private doctor off campus was much more common among women than men (56 percent compared with 35 percent; Figure 1). It was also significantly more common among older participants (three quarters or more of respondents ages 30 and older) than younger respondents (about one third of respondents ages 18-19 and half of those ages 20-24).

One quarter of student survey respondents have visited a health center focused on reproductive health, such as a Planned Parenthood clinic; again, this was more common among women than men (27 percent compared with 6 percent). A similar share (22 percent) report having sought sexual and reproductive health care at a community health clinic, though men and women were nearly equally as likely to report accessing this type of care (Figure 1).



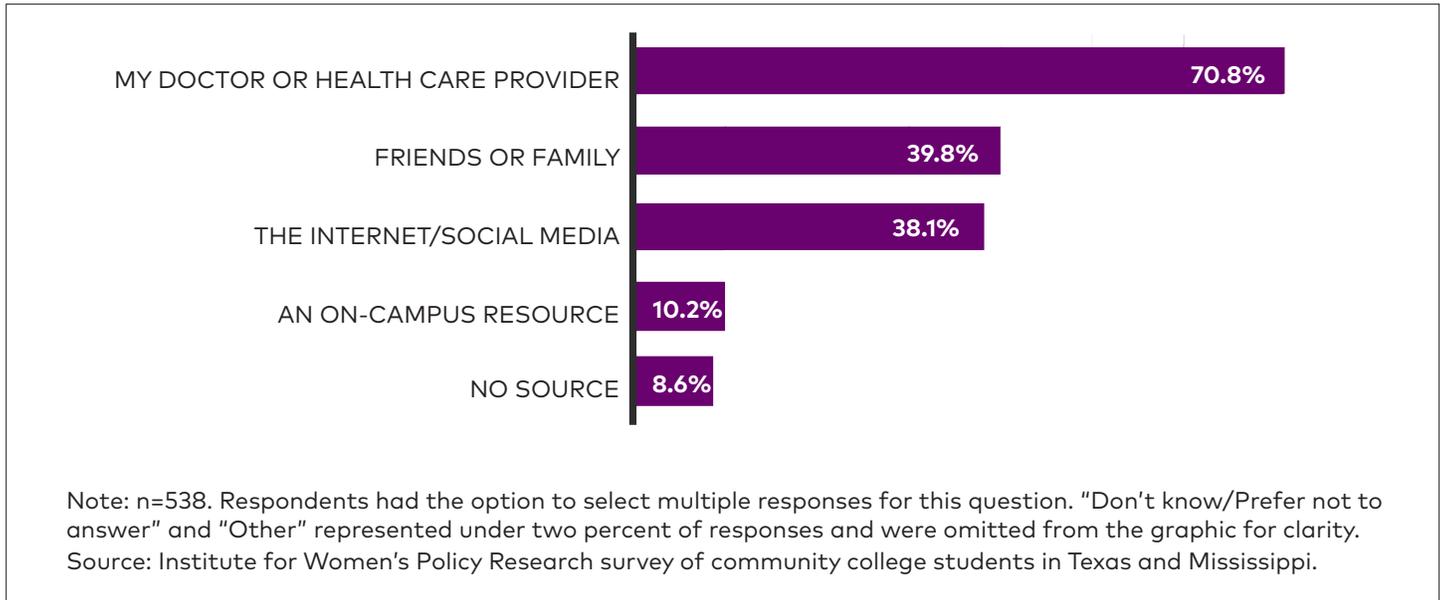
**Figure 1. Type of Off-Campus Health Care Provider Accessed by Community College Students for Sexual and Reproductive Health Care**



## Sources of Information about Sexual and Reproductive Health

Just as students are unlikely to seek care on campus, they are also unlikely to seek information about their sexual and reproductive health from campus sources. The majority of respondents (71 percent) report visiting their off-campus doctor or health care provider for sexual and reproductive health information, with only 10 percent seeking this type of information on their college campus (Figure 2).

**Figure 2. Community College Students' Sources for Information around Sexual and Reproductive Health**



Friends and family were also common sources of information—particularly for younger respondents; over 40 percent of those ages 18-29 reporting turning to family members or friends for sexual health information, such as information on where to access care. Several interview respondents noted that they chose their off-campus health care providers based on recommendations from parents. Although not all students mentioned being comfortable discussing potentially sensitive topics with friends and family, one respondent appreciated talking about shared experiences:

*"Sometimes it helps because a few of my friends and family have experienced the same issues."*

Many respondents also reported seeking information from the internet and social media, which they acknowledged might offer incomplete or incorrect information. Several survey respondents expressed concern about this possibility:

*"There can be false information online."*

*"Because I do not have insurance, I go to the internet for my questions. However, I feel like it would be better to go to a professional for my answers."*

Importantly, many study participants indicated that they did not receive comprehensive sexual health education in their high schools, leaving a gap in their knowledge when entering college. One interview respondent brought up a lack of knowledge around the transmission of STIs:

*"...whether you're supposed to learn that in high school or community college...I didn't - I still don't really remember at this moment - I'd have to look it up."*

A survey respondent from Mississippi also noted how a conservative approach to sexual health education in high school impacts college students' knowledge of safer sex practices:

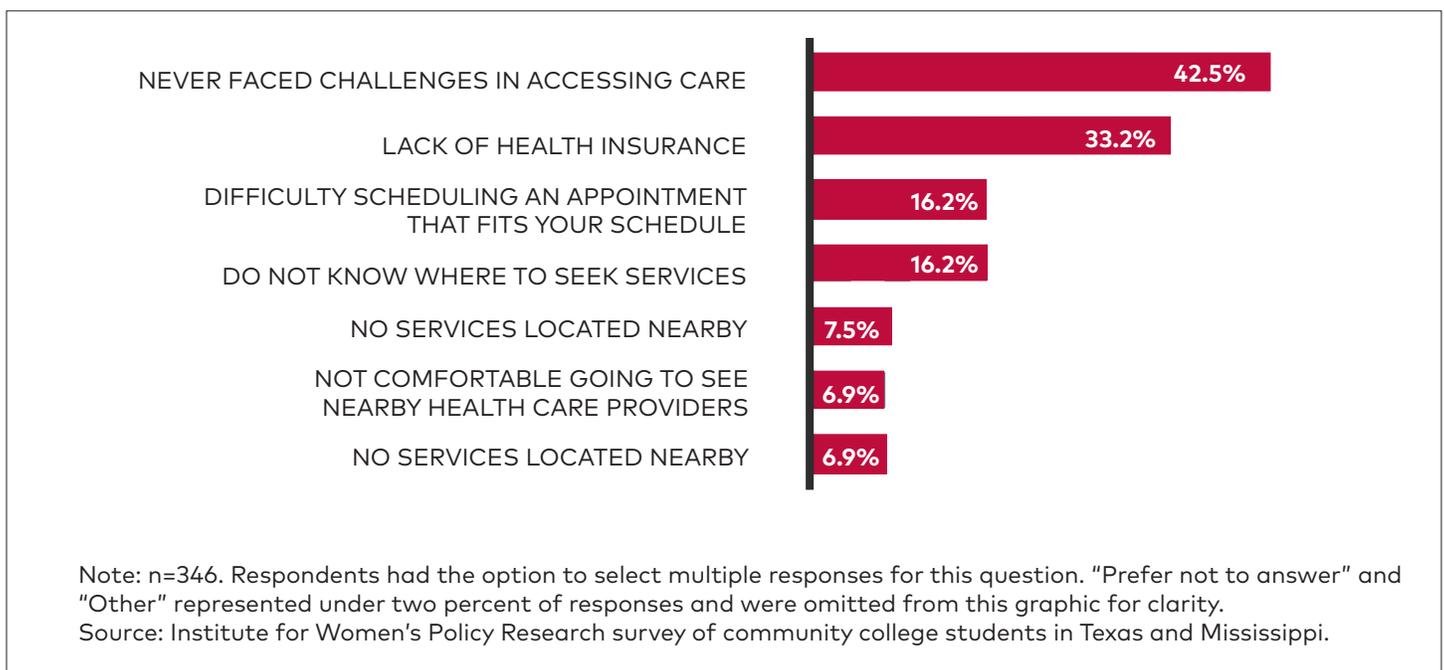
*"Our area tends to be more conservative when discussing sexual health in high schools [and] because of this I believe some [students] come into college uninformed on the consequences of practicing unsafe sex."*

## BARRIERS TO CARE AND OPPORTUNITIES TO IMPROVE ACCESS

Pervasive throughout students' experiences were feelings of stigma, shame, and embarrassment around discussing a need for and seeking sexual and reproductive care or information.

IWPR's interviews and online survey revealed a number of barriers commonly faced by community college students in accessing sexual and reproductive health care, along with solutions for how community colleges might address these issues to better serve their students. While 43 percent of respondents report never facing challenges to accessing care, common obstacles among those who did include insurance and payment issues, knowing where to access care, and trouble scheduling appointments around busy school and work schedules (Figure 3).<sup>2</sup> Pervasive throughout students' experiences were feelings of stigma, shame, and embarrassment around discussing a need for and seeking sexual and reproductive care or information.

**Figure 3. Barriers to Accessing Sexual and Reproductive Health Care for Community College Students**



<sup>2</sup> Access to affordable contraceptive care in general is also a major challenge for students in Texas and Mississippi. For more information on state contexts, see fact sheets from Power to Decide on [Texas](#) and [Mississippi](#).

## Concerns Related to Health Insurance and Care Affordability

In addition to a lack of health services available on community college campuses, most campuses also do not offer health insurance, which can leave students without the resources to access basic health care, including sexual and reproductive care. IWPR's survey found that:

- When asked what services or resources students needed or had access to, 35 percent of respondents stated that they did not have and were in need of affordable health insurance.
- One-third cited not having insurance as a barrier to receiving sexual and reproductive health care.
- Sixty-eight percent said that free or low-cost services would make it easier to access sexual and reproductive health services.

Several participants mentioned that they had considered long-acting methods of contraception—such as intrauterine devices (IUDs)—but because of cost and insurance barriers, did not follow through.

Interviews provided a more nuanced perspective on how economic concerns can affect students' experiences accessing—or not accessing—sexual and reproductive health care. One interview participant described her experience living with an STI while being uninsured:

*"... it is tough thinking when I do need medicine or you know [when I need] to do my annual checkup, like, it's weird because I've never been uninsured. So, it's definitely something that's a little scary...and a little difficult not having insurance."*

Even insured interview participants faced financial barriers, with out-of-pocket costs often prohibitive for students:

*"So even though I have private insurance, there's a deductible. So, it's a deductible, you know, you got to pay it before you can see the doctor. And then sometimes the doctor doesn't take the insurance that you have so there is that."*

Notably, access to insurance and concern about out-of-pocket costs affected interviewees' decisions around contraception. Several participants mentioned that they had considered long-acting methods of contraception—such as intrauterine devices (IUDs)—but because of cost and insurance barriers, did not follow through:

*"I have thought about [using other forms of birth control] for future purposes. But...I've also assumed that [accessing those methods] would require having insurance. Or maybe it would be more expensive."*

*"I was thinking about getting an IUD. But I've looked into women's Medicaid [and] I don't believe I qualify because I don't have any dependents. If I read correctly on the Texas website, it's either you must be pregnant or have dependents if your income is a certain amount. So, I did not look into it again..."*



## Comparing Community Colleges and Four-Year Universities

A number of interview respondents had attended both community colleges and four-year institutions in the past. The differences in their experiences accessing sexual and reproductive health care at each institution type highlight common barriers for community college students—as well as opportunities for community colleges to better meet the needs of their students.

One student mentioned difficulty in accessing contraception because she did not qualify for Medicaid. She compared the experience of trying to access contraception to an earlier experience at a four-year university:

*"... it has been difficult to look and see where I can go to find a contraceptive because I believe that when I went to school back in 2010, we could actually go and get checkups and everything [on my university campus]. But at the community college I'm at right now, I don't believe that's the case."*

Similarly, another interviewee appreciated the services and resources at a four-year college that she had attended, in contrast to her current community college:

*"At the community colleges they don't really - I mean, they tell you [that] you have health services and they're like 'if have a question just go to the health clinic.' ... But when I was at [a four-year state university], it was phenomenal. They always [provided] STD testing or HIV testing. ...we'd always get free condoms. And they made [us] more aware, whereas at [my community college], it's never been...as prominent as it was at the university level."*

Students at campuses that did not have health centers, but that provided supplemental sexual health services and information, expressed appreciation for these resources.

*"We have [a group that provides sexual and reproductive health education and connection to health services] on our campus. And it is...an organization to promote healthy sexual relationships. And one of the things they do [is] pass out condoms, [and] talk about how to avoid pregnancies - [such as by using] condoms or abstinence. They also talk about relationships - date rape and stuff like that."*



One participant noted that these resources exceeded what she received while a student at a religiously-affiliated four-year institution:

*"This is one of the few campuses that I've been on that has something like that. For one of my bachelor's, I went to a private Catholic school, and there wasn't anything like that in that university. There wasn't anything - well, they would talk about relationships through student life, but there wasn't something that would support somebody who wanted to be sexually active or support somebody who wanted to be abstinent."*

## The Role of Stigma Surrounding Sexual and Reproductive Health

Because of the stigmatized nature of sexual and reproductive health, young people often express embarrassment and shame when discussing or seeking information around sexual and reproductive health. In both interviews and survey findings, participants described feeling uncomfortable or embarrassed about their sexual and reproductive health needs. While some study participants indicated that family and friends served as a source of information around their sexual and reproductive health, many others noted that they were not comfortable talking to

parents and family members about these issues. The stigma surrounding sexual and reproductive health played a significant role in many students' decisions around whether and where to seek care.

One interviewee described her desire for less stigma around reproductive health:

*"I wish, in a perfect world, that sexual reproduction wouldn't be so taboo. It seems like it is a taboo. It's a subject that I wouldn't bring up with my friends or a subject that I wouldn't bring up with my colleagues, you know, because it's really personal. And it's something that we kind of, like, grow up with I guess you could say and we're kind of, like, trained to think that reproductive health is a very personal choice or very personal concept. In a perfect world, I wish it was more open..."*

Another interview participant, in thinking about the ideal setting for accessing sexual and reproductive health care, brought up the additional layer of stigma that faces students in socially and politically conservative environments:

*"In a perfect world? I think that it's kind of difficult because Texas is such a red state. You have to find a way to make it seem like we're not just saying have sex. It's, you know, 'protect yourself!'"*

These concerns can even impact students' decision to seek information or care related to their reproductive health. In the words of one survey participant:

*"It's kind of embarrassing to go and talk to someone I don't know about these kinds of things. I worry about what they may be thinking of me, so I choose to research my problems and see a health care provider as a last resort."*

Some participants brought up cultural norms in discussing issues related to sexual health, particularly as it relates to talking to family members:

*"We're a very Hispanic culture, at least in [Texas city]. So...a lot of young adults come into college and then, you know, they want to experiment and want to do their thing, but they don't go home and talk about it because, you know, it's unholy, against the Bible...You don't want to talk to your parents [because] that's weird."*

One participant mentioned feeling uncomfortable when topics around sex and pregnancy were discussed in class, and noted being unaccustomed to hearing that information from adults, while another expressed that she would never reach out to a professor for fear of judgment:

*"I felt kind of weird about it because I had never experienced anything like that ever in my life. So, it was kind of weird, but I guess you could say it's better for a teacher than a parent to tell you about it, if you think about it."*

*"You don't want to tell your professor, 'oh, I couldn't complete this assignment because I was having horrible cramps'... They wouldn't understand."*

## **What Students Want from Care**

Given the prevalence of discomfort and shame surrounding sexual and reproductive health services, students shared a desire for youth-friendly care that is confidential, supportive, accessible, and tailored to their unique needs. Survey and interview respondents often brought up their need for privacy and confidentiality around sexual and reproductive health care, and how both health care providers and college campuses might mitigate the effects of the stigma surrounding this care.

Given the prevalence of discomfort and shame surrounding sexual and reproductive health services, students shared a desire for youth-friendly care that is confidential, supportive, accessible, and tailored to their unique needs.

One participant mentioned how having sexual and reproductive health services on campus would help students avoid the awkwardness young people might feel broaching topics of sexual health with their general practitioners:

*"I used to get [my annual well-woman's exam] done every year. And I didn't get it done this year. So I think every woman should be able to access that on campus, especially you know a lot of them are kind of scared to go to their primary physician and say like 'hey, this is going on,' especially if they've been with them for a long time. But if it's just a doctor at your school, it's kind of like well I'm just going for these services. It's not really like you know all my history, or I have to see [you] when I have a cold."*

Because students feel there is stigma around even accessing information related to sexual health on campus, they want resources to be available in confidential settings—such as online or in one-on-one sessions—and to be reassured that their accessing services will not be documented or communicated to their parents. This participant discussed specifically only seeking sexual and reproductive health care and information off-campus, out of a desire for confidentiality:

*"Of course, being on campus, you know... our campus is really good about telling us about preventative care, like giving you information. But...I was too embarrassed to go get any information. You know, people watching you grab a pamphlet or watching you talk to someone. You know, I was always thinking I was scared. Like, what happens if [my accessing sexual and reproductive health information on campus] goes on my school record? So, really, it was just me being too scared to reach out. But there was always, you know, access. So, I went off campus to get help just because I was scared to reach out on campus."*

This same participant was concerned about confidentiality off-campus, as well—and brought up an important issue for students who are counted as dependents on parents' health insurance. No-cost services, in addition to clarity around confidentiality and communication of efforts to protect privacy, may encourage students to seek care:

*"I've never had a doubt of the confidentiality. And they were very, very informative...you know, the [off-campus] clinic I went to was completely free. They did not charge me anything. I did not want my mother's insurance to know. They were actually the clinic that gave me [birth control] pills."*

These factors make the cost of care—the financial cost of the services, as well as the "cost" in terms of students' time and effort needed to access that care—particularly salient to their ability and willingness to seek it out.

### Convenience and Logistical Barriers to Accessing Care

Many students also did not find their sources of care convenient, posing difficulties for scheduling appointments around class and work schedules, as well as for the affordability of accessing it. Community college students often juggle school and work, commuting to both from homes that may not be in direct proximity to either. They are also disproportionately living with low incomes compared to four-year college students (nearly 60 percent of community college students live with incomes below 200 percent of the federal poverty line, compared with 46 percent of students at public four-year institutions; Institute for Women's Policy Research 2020). These factors make the cost of care—the financial cost of the services, as well as the "cost" in terms of students' time and effort needed to access that care—particularly salient to their ability and willingness to seek it out.

One participant's description of her busy schedule highlights the potential barriers to scheduling appointments around work and school:

*"I work at a hospital as well. I work 12-hour shifts, so half the time if I want to go to the clinic, no one's open at 8:00 p.m. So right now, I'm not in school because the semester's off [and I work a] fourth shift at the hospital and that leaves me one day [off], and my one day, all I want to do is sleep."*



In some cases, issues with scheduling appointments and physically accessing services made it more difficult to complete academic responsibilities. One student discussed being forced to decide between attending class and visiting a health care provider:

*"I had to skip class because the only appointment they had was either on that specific day or it was a month and a half out."*

One interview participant noted that the physical distance of health services from campus, combined with the difficulty she faced in covering the cost of traveling to get to her clinic, had been an obstacle to accessing care:

*"You know, my gas - I only have gas for the end of the week and I have to drive to school and back... I have to drive....the location is not the best."*

Challenges in physically accessing health care providers was one reason why participants noted that they would appreciate having services available on campus:

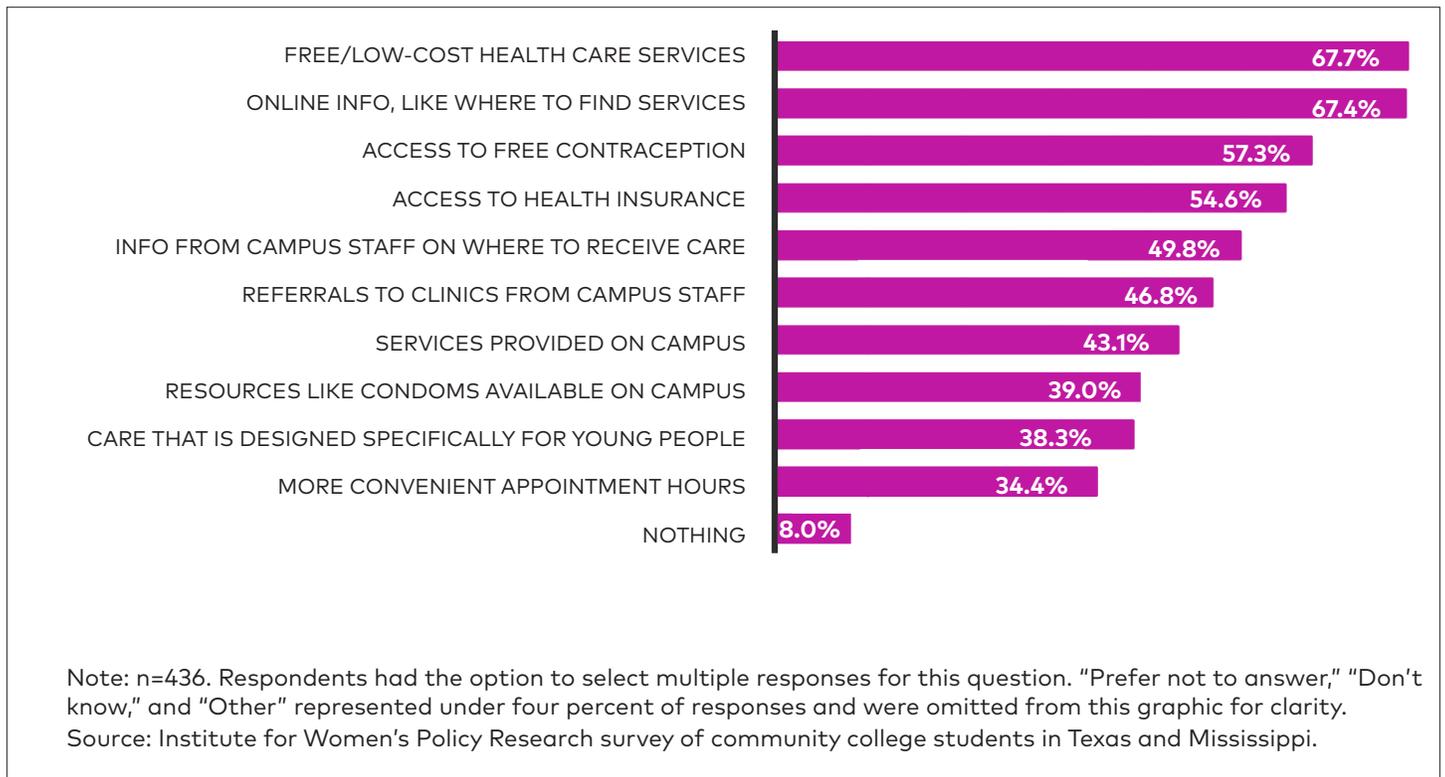
*"I would like to access services on my campus...because I feel like I won't have to go across the town to get to this women's clinic. I can just go while I'm at school already."*

#### **How Students Feel that Community Colleges Could Do Better**

Survey and interview participants shared a number of ways in which community colleges could better meet their sexual and reproductive health needs.



**Figure 4. Factors Students Say Would Make It Easier to Access Sexual and Reproductive Health Care**



Students were most likely to respond that free or low-cost health care services (68 percent)—and specifically free contraception (57 percent)—would make it easier for them to access care (Figure 4). Many students noted that access to affordable health insurance would be helpful (55 percent), further emphasizing the importance of affordability. Students also want online information, including about where to access services (67 percent), and 50 percent would appreciate information on where to access care from college staff. Having resources like condoms available on campus (39 percent), referrals from college staff (47 percent), and having access to youth-friendly care (38 percent) were also common responses (Figure 4).

When prompted separately about what their schools could do better, affordability of care was a common theme—which aligns with concerns raised in interviews and other survey responses. Students cited a number of ways schools could reduce financial obstacles to care:

- "How to apply for health insurance"*
- "Health insurance if needed"*
- "Free contraceptives"*
- "Making services known and at a low cost"*
- "Need access to free or affordable and private care"*



Many survey participants brought up a need for education and referrals from campus staff, often with an emphasis on those resources being offered in a way that is free of judgment:

*"As long as the campus has a way to help or educate young people about their options, I think it's helpful."*

*"Campuses should provide a completely confidential and safe place to ask questions and get reproductive health advice."*

*"All campus staff should be able to comfortably answer their students' questions when it comes to sexual and reproductive health information and services—we are all adults. They could provide STI testing more often instead of only certain days/times. Health educators should refer students to clinics to where we can be treated at little or no cost."*

Survey and interview participants expressed interest in receiving information from their campus about health insurance options, where to access affordable sexual and reproductive health care, and education on STIs and pregnancy prevention, among other topics.

*"Being able to listen to the student thoroughly and giving the student the best advice and information needed and referring them to the best clinic and doctor there is."*

*"More lectures on how to practice safe sex and access to contraceptives."*

One interviewee suggested online distribution of materials on sexual and reproductive health access, given the decentralized nature of their college campus:

*"...they can send it through the email if they want to be like a mass where everybody sees it or put up posters or something. Or ... when you apply for college you get like a brochure. And you can be like OK well here's where you can seek help, something, because I don't know where to go on campus."*

Several students also expressed a desire to have actual services located on campus—even if just occasionally:

*"I think it would be really great if they did have maybe someone who's there once a week that the students could go see like you know a doctor for you know the annual exam or if they need birth control."*

*"It would be great if they offered [sexual and reproductive health care] on campus because you know [in a] perfect world, pre-pandemic, you know you go to class. You can go a little bit early, stop by the doctor and then head to*

*class. It's... it's extremely convenient to be on campus. And I live pretty close to campus. So that's a plus... you know, just OK I just have to leave a little bit earlier to go to my appointment and then head to class."*



## LEARNING FROM STUDENTS' LIVED EXPERIENCES

The experiences and perspectives shared by community college students who participated in this study offer important lessons for how community colleges could improve services that better meet their students' needs and improve their chances of success. IWPR's survey and interview research provides insight into a range of approaches community colleges could take to increase sexual and reproductive health access for their students—even with limited resources.

### **Provide Sexual and Reproductive Health Information on Campus**

Although not all community colleges will be able to provide actual services on campus, they can share valuable information with students, which requires less funding and staff time. Survey and interview participants expressed interest in receiving information from their campus about health insurance options, where to access affordable sexual and reproductive health care, and education on STIs and pregnancy prevention, among other topics.

Education on these topics could be provided in classes or orientation for new students, for instance. One student suggested that schools establish optional workshops outside of class for students to discuss topics such as health insurance and sexual and reproductive health. She noted that having a safe venue for discussion (in a structure similar to workshops held for standardized test preparation) would be particularly beneficial for students who might not be comfortable talking about these topics in larger group settings.

Campuses are also well situated to share information with students about programs and services for which they may be eligible but may not know it, such as free or low-cost family planning services, public insurance options, or coverage without a copayment under private insurance. Helping students determine their eligibility and complete applications to such programs could increase their access to and the affordability of sexual and reproductive health care.



### **Improve Outreach to Increase Students' Awareness of Available Services and Resources**

The findings described in this report illustrate the fact that many students are unaware of whether their campuses offer health care services, referrals, education, or other resources. Enhanced outreach and advertising for services available on and off campus would be beneficial for increasing utilization of available resources. This outreach could include physical advertising, tabling on campuses and at events, information shared at orientations and in classes, and engaging campus staff and faculty so that they are able to point students toward services and resources they may need. Collaborating with community partners, such as clinics, health departments, or nonprofits focused on access to health care, to spread word about existing services would also help expose students to the range of resources that are available to them.

**Although stigma cannot be entirely alleviated by colleges alone, creating a safe, judgment-free environment can help empower students to seek out resources and care.**

### **Create a Safe Environment for Students to Seek Care and Information**

Students frequently shared feelings of shame and embarrassment around sexual and reproductive health issues. Although this stigma cannot be entirely alleviated by colleges alone, creating a safe, judgment-free environment can help empower students to seek out resources and care. Colleges should work on building a campus that provides safe, trusted spaces for sharing and asking questions about sexual and reproductive health care. This environment should include clear confidentiality policies that assure students that their visit and the information they share will remain totally private and that adults who interact with students are trained in sexual and reproductive health topics and youth-friendly service delivery.

Training college staff and faculty in how to build trust and engage with students on topics related to health may encourage students to seek resources on campus. This training should be part of a broader shift to encourage all faculty and staff—not just those working in student services—to be seen as potential resources for students.

## **CONCLUSION**

Sexual and reproductive health is crucial to an individual's well-being, yet often ignored in conversations about improving student success. Community college students in particular often lack the health resources afforded to students at four-year colleges and universities. Despite this documented gap in resources, there has been little research exploring the experiences of community college students in seeking sexual and reproductive health care and education. This report summarizes quantitative and qualitative research that can inform efforts to fill this gap.

IWPR's research illustrates that concerns around health insurance and affordability of care have a significant impact on students' decisions around seeking sexual and reproductive health care. Compounded by the stigmatized nature of sexual and reproductive health—particularly in the contexts of Texas and Mississippi—students are often left without the resources to access the services and information they need. Community college campuses can help by connecting students to resources both on- and off-campus, and training staff to be better equipped to address students' holistic needs—including those related to sexual and reproductive health. Future interventions should take into account the perspectives of students, and their preferences for accessing sexual and reproductive health care.



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