



University of Utah

UNDERGRADUATE RESEARCH JOURNAL

**EVALUATING, IMPLEMENTING, AND SUPPORTING ADOLESCENT SEXUAL
HEALTH PROGRAMMING AT THE UNIVERSITY OF UTAH**

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Sex, sexuality, and reproduction are intimately tied to what it means to be human. The study of sexual and reproductive health explores how intimacy, pregnancy, and birth is intertwined with economic, social, and political power. Even though the field has made remarkable strides, stigma and shame still surround these most intimate of experiences. In a time where education about sexual wellness varies greatly based on zip code (Kantor and Lindberg 2019), research finds regional disparities surrounding access to holistic care for preventative treatment, contraception, fertility, and pregnancy. Most vulnerable are young adults who have the highest risk of unintended pregnancy and increasing rates of sexually transmitted infections (STIs) across reproductive age groups (Kost 2017) (Institute 2019). Considering the disparities in how young people access age-appropriate, medically-accurate, comprehensive sex education, colleges may serve as an essential point of education to ensure appropriate knowledge and nurture sexual wellness behaviors that continue throughout the lifetime.

My research seeks to answer key questions about adolescent sexual health that are currently underdeveloped in literature to understand what programs are currently available to support adolescents in college during their transition to early adulthood? Similarly, what are the impacts of innovative programs like no-cost contraceptive clinics and free condom delivery services on the college experiences of adolescents?

In this paper, I describe issues surrounding access to sexuality education and its related lifelong sexual wellness implications. I assess trends in adolescent access to sexual and

reproductive health (SRH) across the nation and provide in-depth information on Utah specific barriers. Focusing on the University of Utah I analyze survey data to assess attitudes toward SRH, as well as gaps in knowledge and access. Using these findings I identify recommendations for innovative programs that improve access and knowledge. I discuss the process of implementing evidence-based sexual wellness programs and conclude by proposing future areas of development for University health educators and administrators, in Utah, and across the nation.

Evaluating, implementing, and supporting adolescent sexual health programming at the University of Utah

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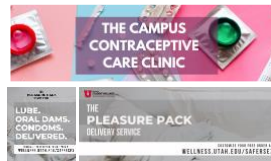
I. Introduction

When education about sexual wellness varies greatly based on zip code, research finds similar disparities surrounding access to holistic care for preventative treatment, contraception, fertility, and pregnancy.

Young adults (18-24) are the most vulnerable, with the highest risk of unintended pregnancy and increasing rates of sexually transmitted infections (STIs) across reproductive age groups.

- Utah is **1 of only 4 states** that require students to opt-in to receive critical sexual health education
- Utah teachers are **prohibited from responding to student questions** outside of the state curriculum that stresses abstinence until marriage
- **Utah adolescents are having sex** at similar rates to their peers nationally, ex. 65% of UofU students report sexual activity in the past 12 months.
- **Only 46% report using contraception** during sex that could result in pregnancy and **less than 2 in 5 report using barrier methods (condoms or oral dams)** to prevent STI transmission

Considering the disparities in adolescent sex education classes, how can colleges serve as a place to nurture positive sexual wellness behaviors that continue throughout the lifetime?



II. Methods

Data collection for this cross-sectional study comes from an anonymous needs assessment place distributed 08/18-05/19. Eligibility was based upon current enrollment status at the University of Utah, age >18 and <45, and English literacy to complete the survey.

Primary outcome: assess the overall experiences of participants accessing sexual and reproductive health (SRH) services at the University

Secondary outcomes: assess barriers to care, knowledge about SRH, pregnancy planning and goals, and interest in a no-cost SRH clinic at the University of Utah

III. Results

Demographics

The demographics of the study (N = 1930) resembled that of the University at large – the average participant was 21 years old (SD 3.7), 77% were in-state students, and 45 participants commute to school. The majority of participants were cisgender women (70%), Caucasian (73%), and capable of getting pregnant (73%) and report being sexually active (82%). Almost 1/3rd of participants identify outside of exclusive heterosexuality.

This work was supported by funding from the Undergraduate Research Opportunities Program at the University of Utah

IV. Conclusions

Adolescent health concerns need to be taken seriously. Young adults are facing a public health crisis where information about their sexual and reproductive bodies is restricted from them, impacting their lifelong health-seeking behaviors.

High school sexual education programs in Utah are severely lacking in content, maturity, and medically-accurate information according to the students who attended these programs. Many students reflected that the content they received was customarily abstinence-based, did not discuss pleasure, and imbued with religious connotations that excluded LGBT students and made many feel "awkward."

Barriers to SRH care as reported by students included cost, finding time, familial disapproval, lack of SRH knowledge, insurance problems and confidentiality, distance from care, stigma, and embarrassment. Confidentiality is extremely important for young adults accessing services.

We find that progress is not only possible to address adolescent SRH disparities, but actively desired by students at the University of Utah and at universities across the state.

V. Policy Implications

- Establish **patient privacy protections** for adolescents receiving SRH care under their parent's insurance
- Creating a task force to **lead a state-wide sexual health needs assessment** to investigate adolescent disparities
- Funding community education programs specific to 18-24 year olds

Key takeaways

70% of students want to know more about sexual and reproductive health.

64% wish they knew more about birth control specifically

Racial and gendered inequities are a barrier for students attempting to access care

30% of adolescents reported discomfort with the lack of privacy about SRH services while on their parents' insurance. Two-thirds of these students report difficulty accessing SRH services because of lack of privacy.

Awareness of Utah's pharmacy dispensing law (2018) is low but

1 in 5 plan on getting their birth control from a pharmacist in the next year.

68% say they plan on having kids in the future, but the majority would like to wait on average **7 years** before experiencing a pregnancy

An unexpected pregnancy would negatively impact the college enrollment plans of nearly **9 out of 10 students**

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