



The State of Sexual and Reproductive Health on Campus



Challenges and Opportunities to Support Student Well-being



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Introduction

The American College Health Foundation (ACHF), the philanthropic arm of the American College Health Association (ACHA), seeks to promote, improve, and advance the health, well-being, and overall success of college students. ACHF has compiled this report to illustrate how recent sexual and reproductive health care legislation has impacted the lives of students and campus professionals across the United States.

ACHF engaged the health communication and research agency CommunicateHealth (CH) to conduct qualitative research on the state of sexual and reproductive health (SRH) on campus. After conducting an environmental scan and focus groups, the following themes that characterize student and campus professional experiences with SRH emerged:

- The increased role of external stakeholders has decentered the relationship between students and campus health care providers – and displaced evidence-informed care as the standard for providing SRH care on campus.
- Trust between students, campus health care providers, and institutions of higher education has eroded.
- The rapid pace of change creates challenges for providers and institutions and requires an adaptive and flexible approach to the provision of health education and care.

This report explores these emerging themes, concluding with recommendations for areas of future inquiry to foster student well-being in today's complex SRH landscape.



Qualitative research approach

From fall 2023 to spring 2024, the CH team conducted a qualitative research project to explore how recent legislative and policy changes have impacted students' and campus professionals' perceptions, experiences, and decision-making related to SRH. The research process included an initial environmental scan, followed by focus groups with students and campus professionals. While focus groups are not a broadly representative research tool, this research approach provides a snapshot of this moment in SRH on campuses across the United States.

Through this qualitative research, the project team sought to gain insight into:

Students' and campus professionals' beliefs, attitudes, and perceptions about the state of SRH on campus

Factors that influence students' and campus professionals' decision-making processes related to SRH

Institutional responses to SRH legislation

Barriers that students may encounter in seeking SRH care

Barriers that may hinder campus professionals' ability to provide health care services or educate students about SRH

Students' and campus professionals' information needs and communication preferences related to SRH

As CH completed each research stage, ACHF's Advisory Group – a group of subject matter experts who work in a variety of student health-related roles – contextualized CH's findings and provided insights based on their professional experiences. The Advisory Group's analysis informed the development of this report and the identification of emerging themes that illustrate the state of SRH on campus. Further details on research methods can be found in Appendix A.

Methodological considerations and limitations

The CH team designed these focus groups to learn about the perceptions and experiences of students and campus professionals. It is important to recognize the following limitations inherent to this study design:

- As with all focus group-based qualitative approaches, study enrollment was limited in size – so findings from focus groups cannot be generalized to apply to all students and campus professionals.
- Although CH recruited participants to reflect the diversity of campus life in the United States, because the focus groups were limited in size, CH researchers could not talk to participants of every race and ethnicity, gender identity, sexual orientation, or professional role. Additionally, given the wide variety of institution types and state-level SRH legislation, it is not possible to capture every possible scenario or personal experience related to SRH on campus.
- Since CH recruited campus professionals through ACHA's networks, the participant pool was limited to professionals who have interacted with ACHA in some capacity. While ACHA members represent a wide range of higher education professionals, there may be gaps in the professional roles represented.
- Some campus professionals who participated in the focus groups had dual roles or overlapping responsibilities at their institutions. Therefore, CH could not neatly segment professional participants based on specific roles (e.g., providers who are also administrators or non-medical professionals who are also faculty).

- The administrative campus professionals who participated in this research were mostly in administrative or leadership roles within student health centers or clinics.
- It is possible that participants filtered their comments to avoid sharing views that did not align with their institution's stance on SRH topics.
 - Some campus professional participants expressed hesitation about sharing their perspective. Some of these participants noted that they did not want to be perceived as speaking for their institution. Others said they feared negative repercussions for themselves or the students they served.





Emerging themes

External stakeholders limit campus professionals' ability to provide health care and educate students about SRH

Focus group discussions revealed that lawmakers, parents, and political advocacy groups wield increasing influence over SRH services available on campus, as well as interactions between campus professionals and students. Campus professionals – including health care providers and professionals charged with educating students about SRH – must monitor and adjust their interactions with students to avoid legal, political, employment, and social consequences. Whether explicitly directed by campus policies, implicitly communicated through campus culture, or self-imposed by campus professionals, these restrictions prevent campus professionals from providing evidence-based clinical care and fact-based health education in line with established best practices.

Legislative changes impacting SRH services on campus

On June 24, 2022, the U.S. Supreme Court determined that the Constitution does not protect the right to abortion. In its landmark decision on *Dobbs v. Jackson Women's Health Organization*, the Court overturned the legal precedent established by *Roe v. Wade* (1973) and *Planned Parenthood v. Casey* (1992).¹ This ruling has resulted in a fragmented care landscape in which, as of this writing, 14 states

¹ [Dobbs v. Jackson Women's Health Organization \(accessed May 2024\)](#)

have enacted total abortion bans, an additional 16 states have restricted access to abortion, and other states have enacted policies protecting access to care.²

Professionals expressed concerns about how future legislative changes might impact demand and access to SRH services. One provider in a state with restrictive SRH policies expressed concerns about students' access to abortion, illustrating how clinicians' professional values may conflict with such policies:

“

For now, I can refer them to the clinics for termination, but ... I can't even fathom what it would be like if I couldn't offer them that. I don't know. I'd have a real **ethical dilemma**.”

— **Health care provider**

Public university, state with restrictive policies

Abortion is not the only service affected by legislative changes. Recent state legislation has restricted clinics' ability to provide a broad range of SRH services, including STI (sexually transmitted infection) testing and prevention as well as contraception. Across the United States, more than 19 million people live in “contraceptive deserts,” meaning their county of residence does not have a health center that offers the full range of contraceptive methods.³



As of April 2024, 22 states have passed laws banning or restricting access to gender-affirming health care for transgender youth. Several states have mandated that public funds cannot be used to provide gender-affirming care for people of any age, effectively preventing access to care for people who rely on programs such as Medicaid.⁴ Additionally, several states have expanded

² [Guttmacher Institute, Interactive Map: US Abortion Policies and Access After Roe \(accessed May 2024\)](#)

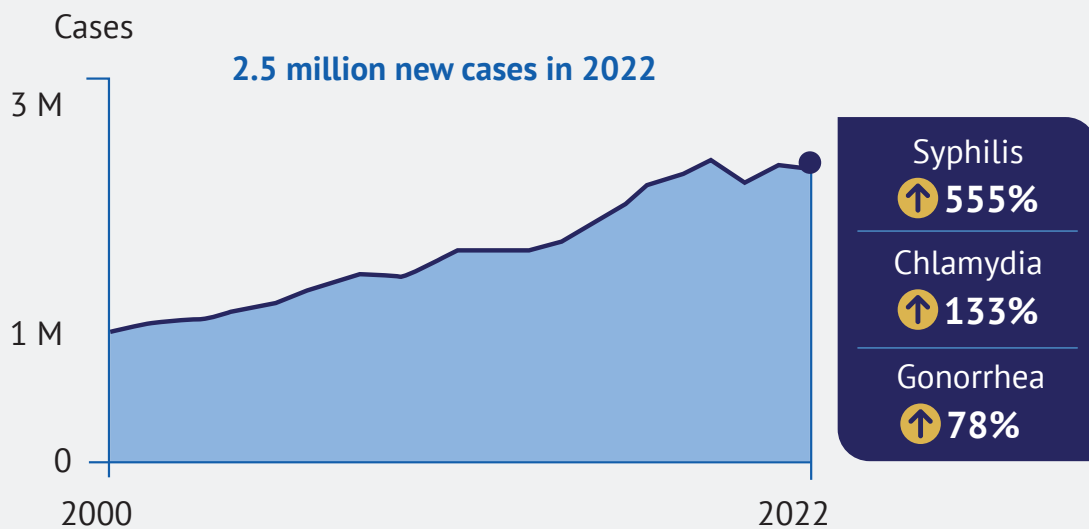
³ [Power to Decide, Contraceptive Deserts \(accessed May 2024\)](#)

⁴ [Human Rights Campaign, Map: Attacks on Gender Affirming Care by State \(accessed May 2024\)](#)

legislation requiring transgender people to use public restrooms that align with the sex indicated on their birth certificate.⁵ These laws negatively impact the well-being of transgender youth and adults, who already face systemic discrimination and barriers to health care.⁶ At the same time, data from the Centers for Disease Control and Prevention (CDC) indicates STI rates have been rising for years, particularly among people ages 15 to 24.⁷

STI Overview

Chlamydia, gonorrhea, and syphilis cases have been increasing for years.



People most affected by STIs include:

- Adolescents and people aged 15-24 years
- Gay, bisexual, and other men who have sex with men
- Pregnant people
- People from some racial and ethnic minority groups

CDC Sexually Transmitted Infections Surveillance, 2022

⁵ [Kaiser Health News, Bathroom Bills Are Back – Broader and Stricter – In Several States \(February 2024\)](#)

⁶ [Safer et al., Barriers to healthcare for transgender individuals. Curr Opin Endocrinol Diabetes Obes. 2016 Apr;23\(2\):168-71](#)

⁷ [CDC STI Fact Sheet: Reversing the Rise in STIs: Integrating Services to Address the Syndemic of STIs, HIV, Substance Use, and Viral Hepatitis \(accessed May 2024\)](#)

Student perceptions of SRH legislation

During focus group discussions, many students mentioned the Supreme Court decision overturning *Roe v. Wade*. However, students expressed confusion about how this ruling, and state legislation that followed, impacted abortion access at their institution or in their state. Notably, many students shared that they were unsure if abortion was legal in their state. Some LGBTQIA+ students also mentioned legislation related to transgender rights or gender-affirming care.

Students were aware of the *Dobbs* decision but unsure how it impacted their institution or if abortion was legal in their state.

Overall, campus professionals expressed more ongoing concern and uncertainty surrounding SRH than students, some of whom expressed that their day-to-day focus is on academics, campus life, and other personal needs and responsibilities.

When students did refer to federal and state legislation, they used the past tense, citing social tension surrounding abortion policies “a few years ago.” This framing suggests that, while initial news coverage on the topic may have caught students’ attention, many may not think about SRH in their day-to-day lives until they face a specific health concern or need. While this perspective is developmentally appropriate for young adults, it means that many students may not know how or where to seek help when they do need SRH care.

Some students shared that they didn’t think much about their SRH until they faced a specific health concern or need.



Unclear policies affecting clinicians' ability to provide care

In focus groups with campus professionals, many expressed feelings of frustration about the uncertainty of changing policies at institutional, state, and federal levels. Professionals in states with restrictive policies indicated that recent SRH policy changes have negatively impacted their ability to provide health care services and referrals in ways consistent with their professional ethical obligations, foster open dialogue with students, and provide their expert opinion on SRH topics.



SRH policy changes have negatively impacted campus professionals' ability to provide evidence-informed or best practice health care services – and to foster open dialogue with students.

Some professionals noted that administrators find themselves in a difficult position when state legislation conflicts with institutional values or professional ethics – especially at institutions that rely on state funding. The professionals explained that these misalignments have resulted in vague, conflicting, or missing guidance.

This lack of clarity creates both emotional stressors and logistical challenges for campus professionals, who must interpret institutional guidance to determine what topics they can discuss with students, what health services they can offer or recommend, or where they can refer students for additional care. Campus professionals in states with restrictive policies expressed that unclear institutional policies and communications have made their already challenging work even more difficult. In addition, institutional policies may conflict with professional ethical obligations such as providing evidence-based care, supporting student well-being, and building strong relationships with students.

Misalignment between state legislation, institutional values, and professional ethical obligations have resulted in vague, conflicting, or missing guidance.

Adding to the complexity, students and parents may be unaware of institutional policy changes. For example, two campus professionals noted that students and parents may not realize their universities have introduced opt-in policies for sexual education. As a result, students may be excluded from some services and programming without realizing that they had an option to participate.

Barriers to communicating about SRH on campus

Throughout the focus group sessions, campus professionals highlighted limitations on what they could and could not say to students, influenced by legislation, institutional policies, and fear of retaliation. Some professionals identified stakeholders who enforce limits on SRH discussion and programming, including donors and university leadership (e.g., deans, directors, or presidents). Professionals who had received guidance related to SRH from their institution's legal team stated that they have changed their communications to align with such guidance. Those in states with restrictive policies and those employed at faith-based institutions most frequently emphasized these limitations. In addition, some professionals said they felt a responsibility to avoid drawing attention to SRH services.



“I find myself to be incredibly lucky in [my] state and being in a very progressive school, but ... I always **worry about sending a prescription** to [a Southwestern state] just because I don't want to be on the radar.”

— **Health care provider**

Public university, state with protective policies



To avoid backlash, some professionals stated that they have removed politicized topics and terms such as “abortion” and “HIV PrEP” (pre-exposure prophylaxis, a medication taken to prevent HIV infection) from institutional websites or social media content. A campus professional and an LGBTQIA+ student mentioned that the gender and sexuality centers at their respective institutions had recently changed their names and removed content from their webpages.



These factors have contributed to a lack of visibility for student health services on campus, which directly impacts student well-being. For example, some students in the focus groups said they did not know if their institution had a health center on campus or not; students who reported that they had access to a campus health center said they were unsure what SRH services were available. Professionals expressed that capturing students’ attention has always posed a challenge, and in today’s rapidly changing SRH landscape, they feel even more limited in their ability to educate students about SRH topics and health care services available on campus.

Campus professionals highlighted limitations on what they could and could not say to students, hindering their ability to educate students about SRH topics and services available on campus.



Notably, a few campus professionals from states and institutions with restrictive policies, as well as professionals from minority-serving institutions, asked for confirmation that their responses would be confidential. These professionals reiterated that their views did not reflect the views of their institution or its administration. Their hesitation underscores the fact that campus professionals are concerned about facing repercussions – for themselves or for the students they serve – if they openly discuss the state of SRH on campus.

Pressure to address unmet needs with limited resources

On some campuses, legislative changes have increased pressure for campus professionals, many of whom are already working with limited funding, to do more with less. One professional described an “unfunded mandate” to address students’ unmet SRH needs:



“With the *Dobbs* decision there was this immediate call, ‘Okay everyone, we have to shore up what we have,’ but it was like an **unfunded mandate**. There was a committee that came together saying, ‘Oh, we should have a vending machine on campus that has condoms and lube, and you can buy Plan B.’ And **we put that together, but no money ever appeared for it**. It’s this mad rush to somehow make sure that we remain progressive when it comes to SRH. But there were no resources associated with that.”

— Administrator

Public university, state with protective policies

In focus groups, professionals at smaller institutions and community colleges were most likely to report these constraints. As a result, professionals explained that they have developed increasingly creative methods to engage students and meet their SRH needs.

Impact on clinical decision-making

Focus group discussions also illustrated that fear of losing access to care influenced clinical decision-making for both students and providers. Some LGBTQIA+ and cisgender female students shared that they were making plans to ensure their access to SRH services in the future. For example, one student said they had made plans with friends to ensure they would have access to abortion if needed. Another said they were exploring options to change from birth control pills to long-acting reversible contraception (LARC) solutions like intrauterine devices (IUDs).

Fear of losing access to SRH care influenced clinical decision-making for both students and providers.

According to a Kaiser Family Foundation survey of obstetrician-gynecologists (OB-GYNs), more than half (55%) of respondents reported that they had seen increased numbers of patients seeking contraception since the Dobbs ruling. Forty-seven percent of providers said they had seen more patients seeking IUDs and implants.⁸

One provider highlighted students' interest in LARC as an “unintended positive outcome” of legislative changes. However, this provider also emphasized that students' decisions to pursue LARC may be motivated by fear:



“I don't like the fact that **folks are coming in because they're afraid, and that's why they're making these choices.** I had someone crying as I was inserting an IUD, not because of the pain, but she was just mad that she felt she had to do this. That was really hard.”

— **Health care provider**

Public university, state with protective policies

⁸ [Kaiser Family Foundation, A National Survey of OBGYNs' Experiences After Dobbs \(June 2023\)](#)

Another provider in a state with restrictive policies shared that, when providing clinical guidance, they consider the possibility that students may not be able to access reproductive health care in the future. Therefore, the provider informs students that certain IUDs have been approved by the U.S. Food and Drug Administration (FDA) to prevent pregnancy for a certain number of years, but in practice, the IUDs may remain effective for longer.

Barriers to accessing care

Cost and health insurance coverage status present barriers to SRH care for many students. While these barriers are not new, recent legislation has accelerated restrictions and obstacles to SRH care. Pre- and post-Dobbs, campus health professionals have maintained focus on providing low-cost or free access to SRH services, such as STI testing, condoms and contraceptive methods, and pregnancy tests. This reflects campus professionals' efforts to address coverage and affordability challenges for students, especially those facing additional barriers.

Furthermore, students who are covered under family health insurance plans may be less likely to seek services for fear that family members will find out that they received SRH care on campus. Inconsistent insurance billing policies and state laws mean that students cannot be sure whether their parents or family members will receive information about their visit to the campus health center or an off-campus clinic.





Trust between students, campus health care providers, and institutions of higher education has eroded.

Strong patient-provider relationships rely on a foundation of trust between students, campus health professionals, and their institutions of higher education. In general, stigma and structural barriers negatively impact young adults' willingness and ability to access SRH. Those from historically marginalized or medically underserved communities face additional barriers. Experiences of racism, homophobia, transphobia, weight bias, ableism, and other forms of discrimination can impact a young person's trust in health care providers and the health care system for a lifetime.

Many students' first experiences of managing their own health care take place when they arrive on campus. Campus health professionals not only provide care but also teach students how to engage with the health care system. In this context, students' trust in their health care providers helps set the stage for lifelong healthy behaviors. This trust is nuanced and fragile, and the costs incurred by a lack of trust happen at both the individual and societal levels.

As the structures supporting SRH care in the United States have been destabilized, trust has eroded, making it more difficult for providers to build impactful relationships with the students they serve. Campus health professionals worry that students or external stakeholders, including parents and lawmakers, will weaponize their words and actions against them. Simultaneously, students do not trust their institutions of higher education – and the professionals who represent those institutions – to act in their best interest.

Distrust between students, providers, and institutions

In focus groups, students and campus professionals expressed fear and distrust surrounding clinical interactions on campus. Campus professionals cited a breakdown of trust and communication with students, especially in states with restrictive policies.



“It’s really hard as a member of the campus community [when] all you want to do is to provide those resources and to create better access and try to reverse [students’ distrust, but **just the fact that we are a state organization can be a source for institutional distrust**].”

— Health educator

Public university, state with restrictive policies

Professionals also noted that their institution’s guidance on SRH topics did not always align with their clinical training, expertise, and professional ethical obligations. Some students shared concerns about the privacy of their health information, explaining that they did not want information about their SRH to be recorded or shared with their families or authorities.

Both students and campus professionals expressed fear and distrust surrounding clinical interactions on campus. Fear of repercussions prevents students and professionals from engaging in open dialogue.

A few campus professionals expressed that students at their institution, especially those who identified as LGBTQIA+, distrusted providers. Professionals indicated that this distrust may be rooted in fear, as students fear that institutional or state policies will “get them in trouble.” One campus professional, who works at a faith-based institution, stated that they faced repercussions when a student asked for information about abortion and then reported the professional to the administration for providing that information. Fear of such repercussions prevents both students and professionals from engaging in open dialogue — a key ingredient of trusting and supportive patient-provider relationships.

A nurse practitioner who works in an off-campus clinic echoed this sentiment, explaining how distrust impedes her work with students:

“

“The **increasing lack of trust in the medical system** driven by national social, political, and religious agendas creates an environment [where it] is **difficult to provide evidence-based healthcare** to students.”

— Nurse practitioner

Working on and off campus, state with protective policies

Availability of SRH services

Most campus professionals said their institutions have continued to provide the same SRH services as they had before recent legislative changes. However, professionals in states with restrictive policies mentioned that there are fewer off-campus providers and facilities now available to the students they serve. For example, some SRH clinics that offer services at low cost – which were already scarce in some locations – have closed. Many students cited inadequate resources and limited availability of on-campus health care providers. Most did not distinguish between OB-GYNs, women’s health specialists, or other types of providers. However, one student specifically reported that she could not find an OB-GYN on campus or in her town.



Professionals in states with restrictive policies mentioned that there are fewer off-campus providers and facilities now available to the students they serve.

Campus professionals who work at larger public, liberal arts, and private institutions in states with protective policy approaches to gender-affirming care were more likely to state that their institutions provided in-house gender-affirming care services. However, a number of these professionals noted that gender-affirming care services at their institutions were limited to education and counseling, explaining that they generally refer students to providers outside of their institution for a broader spectrum of services. In some locations, gender-affirming care services may be as difficult to access as SRH clinics, if not more so.

Utilization of SRH services

Some campus professionals reported increased student interest in SRH services after *Dobbs*, particularly an uptick in requests for LARC. In all three of ACHF's campus professional focus groups, at least one clinical professional reported increased student interest in LARC. Professionals attributed this interest to the recent legislation as well as their own efforts to increase visibility of campus health services and boost engagement.

Campus professionals reported increased student interest in SRH services after *Dobbs*, particularly an uptick in requests for long-acting reversible contraception (LARC).

Most professionals did not report major changes in students' utilization of services. However, some professionals in states that have preserved access to SRH services expressed that off-campus providers in their area were facing overwhelming demand, in part due to patients from states with restrictive policies traveling to access care.



“Daily, the clinic schedules are full of people traveling to seek health care that has been banned in other states. This **strains the already limited health care** in our community.”

— **Nurse practitioner**

Working on and off campus, state with protective policies

Campus professionals shared that students are always more likely to engage with SRH services and education when they have an immediate need, and professionals who facilitate SRH initiatives on campus have consistently faced challenges with maintaining student engagement.



The rapidly changing state of SRH on campus presents challenges and opportunities to support student health and well-being.

The destabilizing forces illustrated throughout this report have ushered in an era of rapid change in SRH on campus. This moment presents distinct challenges and opportunities for institutions of higher education, campus leadership, and campus health professionals to address urgent needs and support student health and well-being.

Barriers and facilitators to enrollment

Legislation and policies restricting access to health care — particularly abortion and gender-affirming care — may influence students' enrollment decisions. In a 2022 Gallup poll of college students ages 18 to 24, 67% said that state reproductive health laws were “at least somewhat important” to their decision to enroll at or continue attending their institution. A follow-up poll in 2024 confirmed this finding, as 71% of current and prospective students reported that SRH policies were “at least somewhat important” to their enrollment decision-making process.⁹ A 2023 analysis by the Association of American Medical

⁹ [Gallup, Reproductive Health Laws Factor Into Many College Decisions \(April 2023\)](#); [Gallup, State Reproductive Policies Important to Enrollment Decisions \(March 2024\)](#)

Colleges showed that fewer U.S. medical school graduates applied to residency programs in states with restrictive abortion policies, a finding that persisted in an analysis of the 2023–2024 application cycle.¹⁰ In a May 2024 CNBC + Generation Lab Youth Poll of adults ages 18 to 34, 62% said they probably or definitely would not live in a state that banned abortion, and 45% said they would probably or definitely reject a potential employer’s job offer if the position was located in a state that banned abortions.¹¹

Most Say State Reproductive Healthcare Policies Key to College Choice

How important [are/would] each of the following characteristics of [your/a] college [be] in your decision to [stay enrolled/enroll]? **Laws in the state where the college is located on access to reproductive health services**

	2022 %	2023 %
7 - Extremely important	19	21
6	11	17
5	15	14
4 - Somewhat important	22	19
3	9	8
2	5	5
1 - Not at all important	19	15
Highly important (6-7)	30	38
At least somewhat important	67	71

Among those currently enrolled or considering enrolling in an associate or bachelor’s degree program
Lumina Foundation-Gallup 2024 State of Higher Education Study

¹⁰ [Association of American Medical Colleges, States With Abortion Bans See Continued Decrease in U.S. MD Senior Residency Applicants \(May 2024\)](#)

¹¹ [CNBC + Generation Lab Youth Poll Youth & Current Affairs in the USA \(May 2024\)](#)

A 2023 study of prospective college students and parents from the Northeast conducted by the Institute for Women's Policy Research reports that 76% of students polled would prefer to go to college in a state where abortion is legal and accessible. Notably, 100% of parents contributing financially to college costs said they would prefer for their child to attend college in a state where abortion is legal and accessible.¹²

According to the 2022 U.S. Transgender Survey, nearly half (47%) of transgender respondents reported that they have considered relocating because of legislative changes in their state, including laws restricting access to gender-affirming care. An additional five percent of respondents said they had already moved to another state because of such legislation.¹³ In focus group discussions, one LGBTQIA+ student explained that they chose not to attend college in the South due to concerns about restrictive state laws that might affect their rights and access to services.

On the other hand, institutions that can offer broader access to SRH services or a more accepting climate for LGBTQIA+ students may attract more applications. In focus groups, one campus professional at a private liberal arts institution speculated that their institution might start to see a higher volume of applicants from states with restrictive policies. Another professional noted that gender-affirming care is already playing a role in students' enrollment decisions:



“With the **gender-affirming care**, we're getting a lot of students coming here specifically from [Southern states] or wherever they can't get the health care they need.”

— **Health care provider**

Public university, state with protective policies

¹² [Institute for Women's Policy Research Reproductive Health Parents and Students Survey \(April 2023\)](#)

¹³ [James, S.E., Herman, J.L., Durso, L.E., & Heng-Lehtinen, R. \(2024\). Early Insights: A Report of the 2022 U.S. Transgender Survey. National Center for Transgender Equality, Washington, DC.](#)

Imperative for Adaptive SRH education

Campus professionals can meet students where they are by designing innovative programming grounded in best practices of SRH education. By developing programs that align with students' needs and priorities for their SRH, campus professionals can recenter students' well-being and rebuild institutional trust. The focus groups identified the following opportunities to enhance SRH education on campus.



Increasing students' self-efficacy in SRH decision-making

Students must navigate an increasingly complex information landscape — marked by mis- and disinformation, politically motivated messaging, and emerging technologies like artificial intelligence (AI) — to find information about SRH. Among student focus group participants, female-identifying students were more likely to report feeling overwhelmed about SRH. Students explained that they constantly have to navigate large amounts of information — often conflicting information from a variety of sources — and make complex decisions with limited guidance.



“It can be **very stressful having to figure out everything**. [When I go to the doctor,] they're talking about all the different options for birth control, and it can seem super confusing and overwhelming and stressful. For me, a lot of this is a group decision because it's stuff I can't decide on my own and you need help from [family. There are] so many decisions and it's hard to know which route to take.”

— **Cisgender female student**

Faith-based institution, state with restrictive policies

This presents an opportunity for campus professionals to increase students' self-efficacy in making decisions about their SRH care needs. ACHF recommends the following strategies to support students' ability to make empowered SRH decisions.

Building a strong foundation of SRH knowledge

Campus professionals noted that some students arrive on campus with limited knowledge of topics related to SRH. Some candidly shared that they were often surprised at how little students know about SRH. Campus professionals observed that the knowledge gaps were more noticeable among students who did not have access to comprehensive sexuality education or open conversations about sexual health prior to college. This group includes students who received abstinence-only education – or no sexuality education at all.

These gaps present an opportunity for campus professionals to provide a strong foundation of knowledge for students to take charge of their sexual health and make empowered health care decisions. Health promotion specialists and college health providers are best positioned to recommend and implement systemic and programmatic interventions that meet the needs of their campus community.

Campus professionals have an opportunity to provide a strong foundation of knowledge on SRH – especially for students who didn't have access to sexual health education prior to arriving on campus.

Designing SRH communication and educational programming around students' interests

Students in the focus groups also highlighted these topics of interest:

- Barrier methods and contraception (e.g., condoms, birth control)
- Pregnancy tests
- Abortion



- Reproductive health issues that affect people with a uterus, including endometriosis and polycystic ovarian syndrome (PCOS)
- Fertility and family planning
- STI prevention, testing, and treatment
- HIV prevention, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)

Male-identifying students mentioned STI testing more often than students of other gender identities. Female-identifying students were more likely to express interest in family planning and fertility or reproductive health concerns like PCOS and endometriosis. Students in LGBTQIA+ focus groups also mentioned gender-affirming care as an important aspect of SRH. Finally, campus professionals shared that students in their campus communities have expressed interest in learning about sexual pleasure.

These insights present an opportunity for sexual health educators to connect with students on topics of interest. For example, educators could leverage sexual pleasure as a positive point of entry for larger, more complex conversations about sexual health, safety, relationships, and overall social well-being. Students' interest in barrier methods and contraception, STI prevention, and STI testing also provides an opportunity for campus professionals to meet students where they are with critical health information, as well as easy access to contraception and testing. As they engage with students on these topics, campus professionals can address mis- and disinformation circulating on social media, such as inaccurate claims about the safety, efficacy, and side effects of hormonal birth control.¹⁴

According to CDC, 2.5 million new cases of chlamydia, gonorrhea, and syphilis were reported in 2022.¹⁵ Nearly half (49.8%) of these



¹⁴ [Washington Post, Women are getting off birth control amid misinformation explosion \(March 2024\)](#)

¹⁵ [CDC STI Fact Sheet: Reversing the Rise in STIs: Integrating Services to Address the Syndemic of STIs, HIV, Substance Use, and Viral Hepatitis \(accessed May 2024\)](#)

cases occurred in young adults ages 15 to 24.¹⁶ Documented cases of syphilis have increased 80% since 2018.¹⁷ Results from the fall 2023 National College Health Assessment (NCHA-IIIb) showed that 53% of students reported using a male condom the last time they had vaginal intercourse.¹⁸ Additionally, ACHA's 2022 Sexual Health Services Survey found that only 62% of campus health centers provided access to PrEP, and 50% provided access to PEP.¹⁹ Offering these services on campus – along with low-barrier STI testing and inclusive sexual health education that reflects students' needs and lived experiences – could boost student engagement and provide critical support.

Reaching students through preferred communication channels

Students shared that they typically encounter SRH information online or through student organizations, family, or peers (e.g., resident assistants). LGBTQIA+ and female-identifying students said they could rely on family and friends for SRH information and support in making decisions. By contrast, male-identifying students expressed more hesitation about discussing SRH than other groups, even among friends. These students said they were more likely to search for information on their own or talk to a doctor.

When asked how they would prefer to learn about SRH topics, students suggested the following communication formats:

- Concise fact sheets about common SRH concerns (e.g., what to look out for or what to do if you experience a specific symptom)
- Frequently asked questions about health insurance and coverage of SRH services
- An app created specifically for students at their institution, featuring contact information and guidance on SRH and other relevant topics

¹⁶ [American Sexual Health Association, The State of STIs – CDC Reports an Alarming Rise in Syphilis \(accessed May 2024\)](#)

¹⁷ [CDC, Sexually Transmitted Infections Surveillance, 2022](#)

¹⁸ [ACHA NCHA-IIIb FALL 2023 Reference Group Executive Summary](#)

¹⁹ [ACHA 2022 Sexual Health Services Survey Report](#)

Campus professionals identified word of mouth, paired with a strong physical presence and visibility on campus, as the most successful strategy to ensure student participation and utilization of SRH services. Limitations on campus professionals' communications impact the visibility of student health services on campus. These restrictions may ultimately prevent students from learning about and accessing the services they need, negatively impacting student well-being.

Campus professionals identified word of mouth, paired with a strong physical presence and visibility on campus, as the most successful strategy to drive utilization of SRH services.

Collaboration between campus professionals and student groups

Some students and professionals shared their experiences collaborating with other groups on campus to increase student engagement with SRH. For example, students described SRH peer education initiatives led by sororities and fraternities, other student organizations, or resident assistants with support from campus professionals. These events provided an opportunity for students to learn about SRH topics or get STI testing in a group setting, which students felt was less intimidating than a one-on-one clinical encounter. However, some community college professionals said this type of programming might be more challenging at institutions like theirs. These professionals explained that community colleges often have very diverse student populations, and students tend to spend less time on campus and participate in fewer on-campus activities.

Students and campus professionals highlighted opportunities to increase student engagement through collaboration, such as peer education initiatives supported by campus professionals.





Areas for future inquiry

A tremendous amount of change has occurred in the field of SRH over the past two years, creating far more questions than answers. This is especially true within the sphere of higher education, which has been subject to scrutiny from external stakeholders in unprecedented ways. While this state of affairs calls for further inquiry, data collection, and thoughtful analysis, the risks and benefits of collecting data on SRH are also changing. Where external stakeholders have demanded information from institutions related to the provision of SRH services, there is undoubtedly a chilling effect on both the campus professionals and the students who need care.

The lack of data prevents colleges and universities from making data-driven decisions best suited to fulfilling their institutional missions. Thoughtful and strategic data collection and analysis – mindful of the need for strong protection of student privacy and provider safety – is a necessary but insufficient step toward a campus culture where all students are able to thrive.

Below, we identify some key questions broken down by topic.

Influence of External Stakeholders

As external stakeholders gain increasing importance in the provision of student health services on campus, many questions arise about the short- and long-term ability for institutions to fulfill their mission. Further research can help college leaders understand:

- How do restrictions on SRH care impact the ability of institutions to attract and retain high-quality campus health professionals and administrators?
- Where institutions are challenged to hire and retain campus health professionals who reflect the student population served, what are the impacts on student health and well-being?
- How can institutions meet students' needs for accessible information about available services while navigating pressure to reduce visibility of SRH services?

- What are the impacts of governmental or public requests for information about SRH services on students' willingness to access care?
- What additional institutional and individual costs may be incurred when students' SRH care is delayed or denied?

Erosion of Trust

Given that trust between students and college health professionals is nuanced and fragile, gathering more data to better meet students' needs is of vital importance. Additional research can provide insight into these key questions:

- How are the changes in SRH provision in the campus setting impacting student trust in institutions of higher education?
 - Where trust has eroded, how will that impact institutional stability and student enrollment, retention, and completion?
 - How do these impacts vary by factors like institutional type, geographic region, and others?
- How are the changes in SRH provision in the campus setting impacting student trust in health care?
 - Where trust has eroded, how will that impact short- and long-term student health and well-being?
 - How do these impacts vary by student population? What is the impact on existing disparities in student health and academic success?

Challenges and Imperatives Given the Pace of Change

The rapid pace of change is a challenge for both campus professionals and institutions, and it requires an adaptable but diligent approach to SRH care and education. Each institution is unique not only in terms of its health care infrastructure and culture, but also the extent to which it is equipped to interpret and respond to changes. Also widely variable are the availability and capacity of community-based resources to meet students' needs. The emergence of best practices and tailored strategies requires further research to understand:

- How do institutions and campus professionals navigate conflicts between campus professionals' ethical obligations and institutional mandates or state law?

- Where are there opportunities to provide clear guidance to students and campus professionals about what constitutes protected educational content as opposed to a referral?
- What resources can be harnessed or created to support similarly situated institutions, campus professionals, and students navigating a rapidly changing legal and information environment?

Other

There are undoubtedly important areas of inquiry beyond the three themes described in this report. Such areas include, but are not limited to:

- How does the ability to access SRH care interact with student mental health concerns?
- How does an institution's provision or refusal to provide SRH care impact community-based health care providers and the community seeking SRH services?
- How will changes in access to SRH care impact rates of pregnant or parenting students?



Resources

For further reading, explore the following resources:

- [American Association of Medical Colleges: States with Abortion Bans See Continued Decrease in U.S. MD Senior Residency Applicants](#)
- [American College Health Association \(ACHA\): 2022 Sexual Health Services Survey](#)
- [ACHA: Fall 2023 National College Health Assessment IIIb](#)
- [American College of Obstetricians and Gynecologists: Reproductive and Sexual Coercion](#)
- [American Sexual Health Association \(ASHA\): Toolkits for Amplifying Sex-Positive Messaging on Social Media](#)
- [ASHA: The State of STIs – CDC Reports an Alarming Rise in Syphilis](#)
- [Centers for Disease Control and Prevention \(CDC\): CDC's 2022 STI Surveillance Report Underscores That STIs Must Be a Public Health Priority](#)
- [CDC: Sexually Transmitted Diseases: Social Media & More](#)
- [CDC: STI Awareness Week Toolkit](#)
- [CDC: STI Fact Sheet: Reversing the Rise in STIs](#)
- [CNBC + Generation Lab Youth Poll: Youth & Current Affairs in the USA](#)
- [Gallup: Reproductive Health Laws Factor Into Many College Decisions](#)
- [Gallup: State Reproductive Policies Important to Enrollment Decisions](#)
- [Guttmacher Institute: The High Toll of U.S. Abortion Bans: Nearly One in Five Patients Now Traveling Out of State for Abortion Care](#)

- [Human Rights Campaign: Map of Attacks on Gender Affirming Care by State](#)
- [Kaiser Family Foundation \(KFF\): Bathroom Bills Are Back – Broader and Stricter – In Several States](#)
- [KFF: A National Survey of OBGYNs’ Experiences After Dobbs](#)
- [National Center for Education Statistics: Characteristics of Postsecondary Students](#)
- [National Center for Transgender Equality: 2022 U.S. Trans Survey Early Insights](#)
- [National Constitution Center: Dobbs v. Jackson Women’s Health Organization \(2022\)](#)
- [National Library of Medicine: Barriers to Health Care for Transgender Individuals](#)
- [Power to Decide: Contraceptive Deserts](#)
- [Reproductive Health National Training Center: Addressing Weight Stigma and Bias in Sexual and Reproductive Health Care Video](#)
- [Washington Post: Women Are Stopping Birth Control Amid Misinformation Explosion](#)
- [Women’s Reproductive Health: Fat Shame and Blame in Reproductive Care: Implications for Ethical Health Care Interactions](#)



Contributors

The American College Health Foundation (ACHF) seeks to promote, improve, and advance the health, well-being, and overall success of college students.

ACHF's **Advisory Group**, convened for this project, is composed of subject matter experts in campus health and higher education administration who work in a variety of roles at institutions across the United States.

CommunicateHealth is a health communication and research agency dedicated to cultivating health equity.

Appendix A: Methods

This section outlines the research methods the CH team leveraged to gain insight into the state of SRH on campus.

Hologic was not a participant in the research process or the drafting of this report.

Environmental scan

As a first step, the CH team conducted an environmental scan to gain a more nuanced understanding of the factors shaping SRH on campus today, including recent legislation and institutional responses to legislation. As part of this scan, CH collected and reviewed recently published data and literature related to the state of SRH for college and university students, with a focus on adults ages 18 to 25. All materials were published after 2021, available in English, and focused on U.S.-based academic institutions. Findings from the environmental scan informed the design of our next research activity: focus groups with undergraduate students and campus professionals.

Focus group recruitment

Focus groups included a diverse sample of undergraduate students and campus professionals who work in health- and well-being-related roles, including on-campus health care providers, health educators, faculty, and administrators. To reduce the possibility of confounding variables and help identify factors that affect students' SRH experiences, perceptions, and decision-making, ACHF and CH focused on undergraduate students in this research. Undergraduates represent a larger segment of the U.S. student population than graduate students: In 2021, there were approximately 15 million undergraduates and 3 million graduate students.

For both students and campus professionals, with input from the Advisory Group, CH developed recruitment guidance to ensure representation across multiple dimensions, including:

- Race and ethnicity
- Gender identity
- Geographic location – CH sought to include students and campus professionals from regions across the U.S., not including territories

- Institution type – for example, public, private, community college, faith-based institution, Minority-Serving Institution (MSI), Historically Black College or University (HBCU), Tribal Colleges and Universities (TCU), or other institution type

In recruiting students, CH also aimed for a diverse sample in terms of:

- Age, ranging from 18 to 30
- Religion – CH’s recruitment screening tool asked students to place themselves on a scale from “not religious” to “very religious”
- Sexual orientation
- Enrollment type – for example, four-year degree path or part-time
- Indicators of socioeconomic status – CH’s recruitment screening tool asked students about experiences with food and housing insecurity

To find students with varied identities and experiences to participate in the focus groups, the CH team partnered with a recruitment firm with a diverse national sample. CH designed focus groups based on shared personal characteristics (e.g., gender identity, sexual orientation, race and ethnicity) to build a foundation of psychological safety and foster productive group discussions. The CH team selected students from a range of geographic locations, representing a mix of institution types (as described above) with diverse policy approaches to SRH.

Campus professionals were recruited internally through ACHA member listservs. ACHF sent invitations to participate in focus groups to a representative mix of professionals in clinical, health education, and administrative roles. CH then segmented the focus groups based on campus professionals’ job roles. However, some of the professionals who elected to participate in the focus groups hold multiple roles on campus (see Methodological considerations and limitations for more details).

Grouping students and campus professionals by shared identities and roles allowed for more effective identification of factors that shape SRH experiences across regions and institution types. However, it is also important to note that many students and campus professionals have multiple overlapping identities that may impact their perceptions of and experiences with SRH. This intersectionality makes it impossible to achieve perfect or complete segmentation of students and professionals based on any single characteristic.

Focus group segmentation

The table below outlines CH's approach to segmenting the focus group sessions.

Audience	Methods	Grouping Approach
Undergraduate students (n=24)	6 remote focus groups lasting 75 minutes each (4 participants per group)	Each focus group included students with similar personal characteristics: <ul style="list-style-type: none"> • Group 1: Students who self-identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual, or another sexual minority identity (LGBTQIA+) and Black, Indigenous, or a person of color (BIPOC) • Group 2: Students who self-identify as LGBTQIA+ and white • Group 3: Students who self-identify as cisgender female, heterosexual, and BIPOC • Group 4: Students who self-identify as cisgender female, heterosexual, and white • Group 5: Students who self-identify as cisgender male, heterosexual, and BIPOC • Group 6: Students who self-identify as cisgender male, heterosexual, and white
Campus professionals (n=19)	7 remote sessions lasting 60 minutes each (1–4 participants per session)	<ul style="list-style-type: none"> • 3 focus groups with on-campus medical providers (n=9) • 1 focus group and 1 in-depth interview with health educators and faculty (n=5) • 2 focus groups with campus professionals in administrative roles (e.g., director of campus health or similar position) (n=5)



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