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

I. Introduction
When education about sexual wellness varies greatly based on zip code, research finds similar disparities surrounding access to the health care for preventative treatment, contraception, fertility, and pregnancy. Young adults (18-24) are the most vulnerable, with the highest rate of unintended pregnancy and increasing rates of sexually transmitted infections (STIs) across reproductive age groups.

- Utah is 1 of only 2 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 address abstinence until marriage
- Utah adolescents are having sex at similar rates to their peers nationally, on 85% of Utah’s students report sexual activity by the age of 17 months.

- Only 46% reporting contraceptive use during sex that could result in pregnancy, and less than 2 in 5 report using barrier methods (condoms or oral drugs) 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 plan distributed in Fall 2016-17. Eligibility was based upon current enrollment status at the University of Utah, age 18-24, and English ability to complete the survey.

Primary outcome: assess the overall experience 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 SRF clinic at the University of Utah

III. Results

Demographics
The demographics of the study (n = 136) resembled that of the University at large – the average participant was 21 years old (SD 2.3), 77% were in-state students, and 44% participated at both sites. The majority of participants were non-white women (61%), Caucasian (17%), and capable of getting pregnant (73%) and report being sexually active (82%). Almost 1/3 of participants identify outside of exclusive heterosexuality.

IV. Conclusions
Adolescent health concerns need to be taken seriously. Young adults are living in a world where information about their sexual and reproductive bodies is removed from them, imposing their thinking 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 unsatisfactory, inaccurate, did not discuss pressures, and included religious connotations that excluded LGBT students and made many feel “awkward.”

Barriers to SRH care as reported by students included cost, finding time, family disapproval, lack of SRH knowledge, insurance problems and confidentiality, and 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
- Adolescent patient advocacy protections for adolescents receiving SRH care under their personal 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 STIs and reproductive health
64% want to know more about both
82% of students agree that the sex of a person is not as important as the experience of the individual
30% of adolescents received counseling or support due to sexual orientation or gender identity
1 in 5 youth does not get needed mental health care
68% want to gain access to leisure activities
9 out of 10 students dont think they are accessing all the resources they need

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Indigo Mason
they/them | University of Utah
Jessica Sanders, PhD, MSPH
she/her | University of Utah