

**Educate, Encourage and Empower:
Sexual Health Services at Occidental College**

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Table of Contents

<u>Acknowledgments</u>	3
<u>Executive Summary</u>	4
<u>Introduction</u>	5
<u>Methodology</u>	8
<u>Literature Review</u>	10
Introduction	
Sexual and Reproductive Health: A Brief History	
Sexual and Reproductive Health: The Past Decade	
Defining Sexual Health	
Young Adults Today: Sexual Health Concerns	
STIs/STDs	
Contraception and Unwanted Pregnancies	
Student Health Centers: A Brief History	
Student Health Centers: Present Day	
College's Responsibility	
Sexual Assault On College Campuses	
Sexual Assault Legal Policies	
Assessment of College Campus Sexual Assault Prevention	
<u>Case Studies</u>	32
Whittier College	
Stanford University	
Occidental College	
<u>Research Findings</u>	38
<u>Analysis</u>	60
<u>Recommendations</u>	62
<u>Conclusion</u>	67
<u>Appendix 1: Survey Comments</u>	68
<u>Appendix 2: Survey Questions</u>	71
<u>Appendix 3: Interview Questions</u>	77
<u>Works Cited</u>	78

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Executive Summary

My Senior Comprehensive Research Project addressed sexual health on college campuses and the importance for college students to have adequate information and resources to live sexually healthy lives. This project focused on Occidental College students' sexual health behaviors, awareness and access to services. The questions researched were: do the students at Occidental College have adequate sexual health knowledge, education and services to lead sexually healthy lives? And what are the best practices to address sexual health on a college campus and how can they be implemented at Occidental College?

For this project I conducted case studies of Whitter College, Stanford University and Occidental College to investigate college health centers and sexual health resources. Further researched focused on Occidental College: an online survey for Occidental College students addressed the students sexual health behaviors, perceptions of on-campus the sexual health services and how resources could be improved. Interviews were held with faculty at Emmons and other departments to understand the programs regarding health that already exist and could be improved.

Overall, the study found that both the administration and the students mistakenly confuse sexual assault prevention with sexual health information and services. The survey results highlighted that students lack basic sexual health knowledge and make ill-informed decisions about their sexual health. Emmons Health and Wellness Center provides adequate sexual health services, but the services are underutilized because students are unaware that they exist or have negative feelings about seeking care at Emmons.

Introduction

Health, at every walk of life, is central to everyone's happiness, success and contribution to society. Health and health care are complex, and there are many factors that influence the health status of an individual and community. Sexual health is one aspect of health that is imperative to one's physical and emotional wellbeing. Positive sexual health is essential for people to have responsible, safe, healthy and satisfying sexual lives. In order to maintain good sexual health, one needs to be aware of the factors that contribute to sexual health and wellbeing. Nonetheless, sexual health is often excluded from the conversation about health due to its uncomfortable, stigmatized and personal subject matter. The promotion of sexual health is also difficult to address because it often conflicts with certain religious and political positions. Health programs and health care providers have a challenging, but essential, role in building sexually healthy individuals and societies.

Young adults, ages 18-24, face additional barriers in regards to their sexual health due to their maturity and susceptibility to certain environments. Young adults feel a great pressure to have sex and are more likely to have multiple sex partners, engage in unprotected sex, and use drugs and alcohol at higher rates that influence their risks in sexual behavior.¹ Seventy to eighty percent of young adults are sexually active (engaging in oral, anal or vaginal sex) and report that they are, "more concerned about sex and sexual health than any other health issue in their lives."² Therefore, it is important to target young

¹ "Teens and Young Adults." *American Sexual Health Association*.

² "National Survey of Adolescents: Sexual Health Knowledge, Attitudes and Experiences." *Kaiser Family Foundation*. Web. <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/national-survey-of-adolescents-and-young-adults-sexual-health-knowledge-attitudes-and-experiences-summary-of-findings.pdf>

adults because of their behavioral and social predisposition to engage in risky sexual behavior.³

Ill-informed sexual health can lead to adverse consequences, most commonly sexually transmitted infections, unwanted pregnancies, unsafe abortions, gender-based violence, sexual dysfunction and discrimination on the basis of sexual orientation.⁴ In the past decade in the United States there was an increase in condom use among sexually active young people, but there are still high rates of unwanted pregnancies and sexually transmitted infections.⁵ Among 15-24 year-olds there are 9.1 million cases of STIs and 5,000 cases of HIV/AIDS diagnosed annually.⁶ By the age of 25, half of all youth will have acquired one or more sexually transmitted infections, meaning that there is more than nine million young adults living with a sexually transmitted infections or disease.⁷ Three in five sexually active young adults report that they, or their partner, have had a pregnancy scare. One in five say that they have had unprotected sex after drinking or taking drugs.⁸ Due to the vulnerability to certain risks and misinformation about the health risks associated with sexual activity, young adults need to know more about sexual health in order to live a safe and responsible sexual life.

³ “National Survey of Adolescents: Sexual Health Knowledge, Attitudes and Experiences.” *Kaiser Family Foundation*. <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/national-survey-of-adolescents-and-young-adults-sexual-health-knowledge-attitudes-and-experiences-summary-of-findings.pdf>

⁴ “Gender and Human Rights. *World Health Organization*. Web. http://www.who.int/reproductivehealth/topics/gender_rights/defining_sexual_health/en/

⁵ “National Survey of Adolescents...”

⁶ “Sexual Health.” http://www.bhs.umn.edu/surveys/survey_results/2007CSHSReport_UMTC/2007CSHS_Sexual-Health_Report.PDF

⁷ “Teens and Young Adults...”

⁸ “National Survey of Adolescents...”

With half of the nation's young adults enrolled in a college or university, sexual health is a relevant and important concern for college students.⁹ College is a time of great transition that parallels with an increase in freedom; and many of these new decisions involve sexual health and have the potential to have significant and long-term effects. More than half of high school seniors have had sex; however, college is a time when many young people first become sexually active or experiment more sexually. Young adults enter college with a variety of sexual experience and knowledge. Therefore, many enter college without adequate sexual health knowledge and subsequently engage in risky sexual behaviors. Many college students are ill-informed about safer sex, leaving them at greater risk for sexually transmitted infections and unintended pregnancies.¹⁰ Therefore, the importance of sexual health should be addressed at the local, college level for all college students. School health programs have the potential to help students adopt lifelong attitudes and behaviors that support their health. College health centers and administrators hold a responsibility to give adequate support and services to promote good sexual health for its students.

For my Urban and Environmental Policy Senior Comprehensive Research Project I chose to focus on sexual health at my college because I believe it is one of the most important aspects of our health, yet it is the least talked about. Every college student should feel empowered to make the best decisions for themselves, and in order for students to make informed and proactive decisions about their sexual health, they need to

⁹ "Young Adults Ages 18 to 24, Enrolled In Or Completed College." *National Kids Count*. 2014. Web. <http://datacenter.kidscount.org/data/tables/77-young-adults-ages-18-to-24-enrolled-in-or-completed-college?loc=1&loct=1#detailed/1/any/false/868,867,133,38,35/any/388,389>

¹⁰ "National Survey of Adolescents..."

have adequate health information and resources. Sexual health practices and concerns are often overlooked for young adults, and I believe it is a college's responsibility to educate its students on all aspects of their health. I was eager to explore Occidental College because I wanted a close relation with the population I was working with, and I wanted to better understand the students' awareness of, and access to, sexual health information and resources on campus. My goal was to bring forward issues regarding sexual health because topics related to sex are often confusing, personal and stigmatized. I feel passionately in advocating for my peers and helping them navigate difficult health concerns.

For my project I asked: do the students at Occidental College have adequate sexual health knowledge, awareness, and services to lead sexually healthy lives? What are the best practices to address sexual health on a college campus, and how can they be implemented at Occidental College? My project explored whether the students at Occidental College feel supported in their sexual health and how can the college make improvements to better address sexual health.

Methodology

My project includes a literature review, case studies, interviews, and a student survey. The literature review addressed sexual health as a major health component and emphasizes young adults' sexual behaviors and health concerns. In order to recommend the best practices for Occidental Colleges, I conducted case studies of two other academic institutions. The goal was to compare and contrast services among the three colleges to understand how Occidental College can improve its sexual health education and services. This was a challenge because I was denied access to data regarding the services at other

colleges. I chose Whittier College because it is a small liberal arts college with a similar budget, demographic and class size as Occidental College. I chose Stanford University to note the differences in a large institution and because Stanford University is ranked as one of the top ten Best Sexually Healthy Campuses according to the annual Trojan Condom Sexual Health Report Card.¹¹ Ultimately, the majority of information about Whittier College and Stanford University was found through the schools' websites and online information about their health centers.

My primary research included a survey for Occidental College students. The survey was administered to the students to investigate the students' sexual behaviors, sexual health awareness and access to sexual health resources on campus. The goal of the survey was to understand gaps in the students' sexual health knowledge and discover if the students have adequate resources and information on sexual health. The survey consisted of 44 questions that examined the students' sexual health behaviors, the students' perception of the college's sexual health resources, and the students' thoughts on how the services and educational programs can be improved. The online Qualtrics survey was emailed to Oxy Greek Life, Oxy Athletics, Oxy Urban and Environmental Policy majors, and residents of Bell Young and Stewie residential halls. The survey was made available for the last two weeks of February and was completed by 263 Occidental College students.

Primary research also involved interviews. I conducted interviews in-person at Occidental College with officials including Title IX Coordinator, Ruth Jone; Director of Emmons, Sara Semal; Physician's Assistant at Emmons, Ann Martel; Orientation Program

¹¹ "Sexual Health on College Campuses." *Sperling's: Trojan Sexual Health Report Card*. Web. <http://www.bestplaces.net/docs/studies/sexualhealth.aspx>

Coordinator Amy Hill; Director of the First Year Residential Education, Chad Myers; a current RA; Project S.A.F.E. Program Assistant Alida Beck; Project S.A.F.E Program Coordinator and Prevention Education Specialist, Karla Aguilar. Outside of Occidental College, phone interviews were conducted with an alumni of Stanford University; the co-director of Stanford's Sexual Health Peer Resource Center; a member of the University of Tennessee Sexual Education Awareness Team; the Director of Research from the American College Sexual Health Association, Heather Eastman-Mueller. I concluded the project by giving recommendations to Occidental College on how to improve its sexual health education, awareness and services on campus.

Literature Review

Introduction

The World Health Organization (WHO) first officially discussed sexual health in 1974 with their publication of a technical report entitled, "Education and Treatment in Human Sexuality."¹² Since then, the WHO, and later with the Pan American Health Organization (PAHO) and the World Association for Sexual Health (WAS), convened a number of experts to review terminology and address sexual health concerns. Sexual health incorporates issues that relate to body integrity, sexual safety, eroticism, gender, sexual orientation, emotional attachment and reproduction. The WHO defines sexual health as a:

"State of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and

¹² "Defining Sexual Health." *World Health Organization*. 2006. Wed.
http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”¹³

Positive sexual health is the knowledge and opportunity to pursue a safe and pleasurable sex life, and therefore is dependent on access to information about sexuality and risks associated with sexual activity.¹⁴ Sexual health requires access to good sexual health care and an environment that affirms and promotes sexual health. Sexual health cannot be understood without a broad consideration of sexuality. The WHO’s working definition for sexuality is:

“A central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships...sexuality is influenced by the interaction of biological, social, economic, political, cultural, legal, historical, religious and spiritual factors.”¹⁵

Sexual health cannot be achieved and maintained without respect and protection of sexual rights.¹⁶ Sexual rights are grounded in the recognized universal human rights and are essential for the achievement of the highest attainable sexual health. Sexual rights “protect all people’s rights to fulfill and express their sexuality and enjoy sexual health.”¹⁷ It is crucial that people’s sexual rights are guaranteed by addressing universal information of sexual health, knowledge of sexual health risks and prevention, and access to sexual health care. The major components of sexual health are sexually transmitted infections (STIs), reproduction, pregnancy and abortion, sexual dysfunction and sexual violence. Sexual health services should therefore address contraception, abortion, STIs and relationships.

¹³ “Defining Sexual Health” ...

¹⁴ “Defining Sexual Health...”

¹⁵ “Defining Sexual Health...”

¹⁶ “Gender and Human Rights...”

¹⁷ “Defining Sexual Health...”

Sexual and Reproductive Health: A Brief History in Public Health

Health is inherent to all human beings and affects everyone in every wake of their life. Public health refers to the health of the population as a whole that is monitored, regulated and promoted by state and non-governmental organizations.¹⁸ Public health is concerned with the assessment of the health of communities, the formation of public policies designed to solve health problems, and the promotion and access to appropriate health care. In the United States, public health research and policies has had, and continues to have, to have a prominent role in politics and economics. Sexual health, in the field of public health, covers a variety of topics including HIV/AIDS, ill health from other sexually transmitted infections, unsafe abortion, infertility, gender-based violence, sexual dysfunction and discrimination on the basis of sexual orientation.¹⁹ In the past three decades our understanding of human sexuality and sexual behavior has been impacted by the HIV pandemic and political issues regarding contraception and women's reproductive rights.

The treatment of sexuality as a public health issue dates to the mid-19th century and was generally focused on procreation. In the 1870s a series of laws, known as the Comstock laws, made contraception illegal and shunned information on an individual's reproductive choice.²⁰ This did not stop the fight for reproductive rights. In 1916 Margaret Sanger opened America's first birth control clinic in New York. In 1936, Sanger and other birth

¹⁸ "What is Public Health?" *CDC Foundation*. Web. <http://www.cdcfoundation.org/content/what-public-health>

¹⁹ "Gender and Human Rights. *World Health Organization*. Web.

http://www.who.int/reproductivehealth/topics/gender_rights/defining_sexual_health/en/

²⁰ "The Planned Parenthood Student Organizing Guide: A Brief History of Reproductive Rights." Web.<file:///Users/Becca/Downloads/The%20Planned%20Parenthood%20Student%20Organizing%20Guide.pdf>

control proponents won their first major judicial victory when the US Circuit Court of Appeals ordered a liberalization of the federal Comstock laws.²¹ For the first time, the consequences of unplanned pregnancy and the benefits of contraception devices were recognized nationally. Furthermore, the American Medical Association officially recognized birth control as an integral part of medical practices, information and education. In 1960, the US Food and Drug Administration (FDA) approved the sale of oral pills for contraception.²² With the emergence of oral contraceptive pills, non-procreative sexual activity inside and outside of marriage became more socially acceptable. Within the first five years after the pills national introduction, the pill was used by one out of four married women in the USA.²³ Reproductive health emerged as a public health entity; however, it continued to face barriers including both new laws and prohibitions.

With the War on Poverty, President Lyndon Johnson included the lack of attention to family planning as one of the four critical health problems facing the nation 1966.²⁴ In 1970, congress passed the law Title X of the Public Health Service Act, which made contraceptives available regardless of income and provided funding to mandate community-based sex education programs and preventive services to teenagers. In 1973 the US Supreme Court recognized the constitutional rights to privacy and women's right to choose abortion, and ended state's requirements for parental and spousal consent.²⁵ Despite this progress, Republican Henry Hyde fought and passed a bill that "prohibits the

²¹ "The Planned Parenthood..."

²² "The Planned Parenthood..."

²³ "The Planed Parenthood..."

²⁴ "The Planned Parenthood..."

²⁵ "The Planned Parenthood..."

use of federal Medicaid funds for abortions for poor women.”²⁶ From then on, the nation faced a series of laws that regulated women’s reproductive freedom. In 1981, Congress passed the Adolescent Family Life Act that funded “chastity education” programs rather than effective comprehensive safe sex education.²⁷ The following year, the Reagan administration ordered the nation’s 4,000 Title X-funded public health clinics to notify parents when teenagers are issued contraceptive prescriptions. President Reagan forbid health clinics from counseling on abortion, instating the US Title X gag rule.²⁸ National attention was brought to women who were dying due to complications from illegal abortions making the importance of legal abortion noticeable. In 1993, President Clinton became the first pro-choice president in 12 years, and he repealed the Title X gag rule.²⁹

Historically, sexuality and sexual health emerged with campaigns regarding procreation. However, in the 20th century sexuality as a public health issue broadened to include more than reproductive issues. In 1914 the American Sexual Health Association (ASHA) was founded to focus on fighting STIs and prostitution.³⁰ In the 1940s, the topic of STIs was brought to national attention because soldiers were becoming ill from sexually transmitted infections and diseases. In 1940, ASHA, the U.S. Public Health Service, and the military agreed to coordinate efforts to control venereal diseases in the event of war. By the 1970s, there was a large rise in STIs because of international travel, the sexual revolution, gay liberation and increasing needle drug use.³¹ In the 1980s, the HIV/AIDS epidemic

²⁶ “The Planned Parenthood...”

²⁷ “The Planned Parenthood...”

²⁸ “The Planned Parenthood...”

²⁹ “The Planned Parenthood...”

³⁰ “Who We Are.” *American Sexual Health Association*. Web. <http://www.ashasexualhealth.org/who-we-are/>

³¹ “Who We Are...”

dramatically changed the focus of public health around preventative steps to reduce HIV/AIDS rates. Sexual intercourse was noted as the principal transmission for the virus, and therefore regulating sexual activities was the most effective way to prevent the spread of the virus. National public health information campaigns accelerated to address sexuality from a diverse perspective. Although, sexual health became a more general topic in the field of public health, due to the subject matter it addressed, the topic and promotion of sexual health was readily discriminated and stigmatized. The role of individuals in being responsible for controlling their own health became a key component of the WHO's perspective. The concept of sexual health, initially developed by the WHO, involved both governmental responsibility and individual responsibility. Therefore, in order to build a healthy nation, programs, educators, health care professionals and governmental and nongovernmental institutions need to work together.

Sexual and Reproductive Health: The Last Decade

A reoccurring topic in sexual health today is female reproductive rights. In 2000, the FDA approved the mifepristone pill for medical abortions. However, in 2003, President George W. Bush imposed a ban on abortion, the first legislation to criminalize an abortion procedure since the Roe versus Wade ruling in 1973. The law "forbids the procedure even if a woman's health is endangered, forbids doctors to recommend an abortion even if it is medically appropriate to protect the health of the woman, mandates prison terms and financial penalties for doctors who circumvent the law, and allows for male partners or parents to sue the woman if she has the procedure."³² The battle over abortion continued and the Bush administration proposed a Department of Health and Human Services rule

³² "The Planned Parenthood" ...

that limited the reproductive health information that a patient would receive. Planned Parenthood and other nongovernmental organizations faced the court in many battles over reproductive rights.

The current administration under President Obama has taken several steps to reverse the regulations placed on reproductive rights. In 2009, the federal court ruled that the FDA must make Plan B Emergency contraception available over the counter to women who are 17 and older. That same year congress passed the Women's Health Amendment, which guarantees health insurance coverage for women's basic preventative care and screenings at no cost. In 2010, the Obama administration's health care reform bill, the Affordable Care Act (ACA), passed. As part of the ACA, the U.S. Department of Health and Human Services (HHS) decided to include FDA-approved contraceptive methods as women's preventive health services. Therefore no co-pays would be necessary for contraceptive methods. Sexual health research, promotion, and prevention has come a long way in the last century. However, understanding sexuality and access to sexual health information, education and care is still limited and rates of unwanted pregnancy and STIs are still high.

Young Adults Today: Sexual Health Concerns

Sexually Transmitted Infections/Sexually Transmitted Diseases

STIs/STDs affect people of all ages and backgrounds. The American Sexual Health Association reports that in the US alone there are 20 million new STIs cases each year. Half of these cases involve people aged 15-25.³³ The total estimated direct cost of STI annually

³³ "Statistics." *American Sexual Health Association*. Web. <http://www.ashasexualhealth.org/stdsstis/statistics/>

in the US is about 15 billion dollars.³⁴ One in two sexually active persons will contract an STI by age 25.³⁵ The most common STIs are chlamydia, gonorrhea, genital herpes and syphilis. Chlamydia infects 1,107 per 100,000 Americans per year, and this annual rate has doubled in the past decade.³⁶ Young people account for 40 percent of chlamydia cases.³⁷ Gonorrhea is the second most commonly reported STI in the US and affects 433 per 100,000 Americans per year.³⁸ One in five sexually active people will become infected with genital herpes by the time they reach adulthood.³⁹ The infection rate of syphilis is 27 per 100,000 Americans. Most cases of syphilis occur among men who have sex with men, and the rate of syphilis among men is 6 times higher among females.⁴⁰ According to the Centers for Disease Control and Prevention (CDC) about 1 million persons in the US are living with HIV/AIDS.⁴¹ The CDC estimates that there are more than 41,000 new HIV infections each year in the US.⁴² One half of all new HIV infections in the US occur among people under the age of 25.⁴³

STIs often show no symptoms, and therefore many who are infected do not know they are and can spread their infection. Diagnosing and treating STIs/STDs is crucial to safeguarding personal health and addressing the wider STI/STD epidemic. Untreated STDs can lead to pelvic inflammatory disease which causes tubal damage in women; more than

³⁴ "Statistics..."

³⁵ "Statistics..."

³⁶ "STDs in America." Averting HIV and AIDS. Web. avert.org/stds-america.htm

³⁷ "Teens and Young Adults." *American Sexual Health Association*.

<http://www.ashasexualhealth.org/sexual-health/teens-and-young-adults/>

³⁸ "STDs in America..."

³⁹ "Statistics..."

⁴⁰ "STDs in America..."

⁴¹ "Statistics..."

⁴² "Statistics..."

⁴³ "Statistics..."

15 percent of all American women who are infertile can attribute tubal damage to an untreated STD.⁴⁴ There is statistical evidence that consistent condom use protects people against the acquisition of many STDs. Testing is crucial for eradicating STI/STDs because testing is the only way to know if you or your partner has an STI/STD. The high rates of STIs/STDs among the youth is alarming, and unless the STIs/STDs are screened for and treated they will continue to spread.

In the US the prevalence rates of acquired sexually transmitted infections are the highest among adolescents. The youth faces increased risk do to the high rates of “having multiple sexual partners concurrently, having sequential sexual partnerships of limited duration, failing to use barrier protection consistently and correctly, having increased biologic susceptibility to infection and experiencing multiple obstacles assessing health care.”⁴⁵ Health care providers often do not address these behavioral risks, and therefore adolescents are not informed on how they can better their sexual health.

There are medical guidelines to address sexually transmitted infections and treatment. The Center for Disease Control and Prevention recommends routine screening for sexually active youth, and a HIV screening should be discussed and encouraged for those who are sexually active and those who use injection drugs.⁴⁶ Yearly cervical cancer screening, known as a Paps Smear, should begin for woman at age 21.⁴⁷ Healthcare providers not only need to promote screening as primary prevention, but also integrate

⁴⁴ “Statistics...”

⁴⁵ “Sexual Transmitted Diseases Treatment Guidelines.” *Center for Disease Control and Prevention*. Web. <http://www.cdc.gov/std/treatment/2010/specialpops.htm#adolescents>

⁴⁶ “Sexually Transmitted Diseases Treatment...”

⁴⁷ “Sexually Transmitted Diseases Treatment...”

education on the sexually transmitted infections and treatment and strategies to reduce risks.

Contraceptives and Unwanted Pregnancies

In the past decade there was an increase in condom use among sexually active young people and a small decline in the teen birth rate.⁴⁸ However, seven out of ten young adults report that they have had a pregnancy scare.⁴⁹ Today, there are many different types of contraceptive methods, however there are many myths in regards to safe sex and the use of contraceptives. Furthermore, many social and cultural barriers exist that inhibit the use of contraceptives. One in five young adults believe that the pullout method or sex during menstrual cycle protects from pregnancy and STIs.⁵⁰ 18 percent of women ages 15-19 are not using contraception, whereas only 9.7 percent of women aged 25-44 are not using contraceptives. Seven out of ten young adults reported having a pregnancy scare or taking a pregnancy test. The high rates of unintended pregnancy and unprotected sex highlight the lack of sufficient knowledge on contraception among young adults.

Male and female condoms offer protection against unintended pregnancy and the only protection against STIs. Male condoms are widely available and proven to be the best method for reducing transmission of HIV and other STIs during intercourse.⁵¹ The 2008 ACHA-National College Sexual Health Assessment found that 52 percent of sexually active students reported using condoms or other protective barriers during vaginal intercourse within the last 30 days, 28 percent reported using condoms or other protective barriers

⁴⁸ "Sexually Transmitted Diseases Treatment..."

⁴⁹ "National Survey of Adolescents..."

⁵⁰ "National Survey of Adolescents..."

⁵¹ "Condoms." *American Sexual Health Association*. Web. <http://www.ashasexualhealth.org/sexual-health/all-about-condoms/>

during anal intercourse and 5 percent reported using condoms or other protective barriers during oral sex.⁵² This indicates a large gap in condom use and awareness. Overall, students use condoms and the birth control pill as their preferred method of contraception.⁵³ 16 percent of sexually active college students reported using emergency contraception within the last 12 months.⁵⁴ The misinformation on contraceptives demonstrates the need for young adults to receive information to empower them to make the best decisions. Contraception and barrier methods can be confusing and intimidating and specific birth control counseling could provide young adults with a space to receive this information.

Alcohol and Sex

The consumption of alcohol and/or other drugs can affect one's behavior, decisions and communication with others. According to the ACHA- National College Assessment from 2008, of the college students who drink alcohol, 2.4 percent reported someone had sex with them without their consent; 0.6 percent had sex with someone without their consent; and 21.3 percent had unprotected sex.⁵⁵ A national survey conducted by the Kaiser Foundation reported that four out of five adolescents indicated that they usually drink or use drugs before having sex; one in three young adults reported that they have "done more" sexually under the influence of alcohol and drugs than they planned while sober; one in five young adults reported they engaged in unprotected sex while under the influence; and one in three young adults said that they experienced pressure to have sex.⁵⁶ For young adults, sex, alcohol and drugs are intertwined, and according to information on the health

⁵² "ACHA-National College Sexual Health Assessment..."

⁵³ "ACHA-National College Sexual Health Assessment..."

⁵⁴ "ACHA-National College Sexual Health Assessment..."

⁵⁵ "Undergraduate Students..."

⁵⁶ "National Survey of Adolescents..."

risks associated with consumption, young adults will remain a vulnerable population to risky sexual behavior. The high prevalence of substance use and the risks involved with alcohol and sex makes it an increased importance as an issue to be addressed on college campuses.

Student Health Centers

The number of services and programs offered by a school or institution influences the health and wellness of its students. In 1636, Harvard College was founded as the first institution of higher learning in the US and implemented the first college health programs primarily concerned with and limited to students' physical education and hygiene.⁵⁷ Other institutions followed Harvard's lead and realized that student health services were inherent to having a healthy student body. The earliest health issues that college campuses faced were the epidemics of infectious diseases, and due to the close quarters of residential halls, infectious diseases rapidly plagued entire campuses.⁵⁸ During this time, campus health centers were designed to function as infirmaries. In the 19th century college health centers shifted to operate more as clinical centers, with a goal to prevent illness and advocate for hygiene and physical education.

Physical education was seen as the best way to improve students' health. In 1861, Dr. Edward Hitchcock was named the medical director of the department of physical education at Amherst College, making the college the first to introduce physical education and hygiene into its curriculum.⁵⁹ Dr. Edward Hitchcock is credited with being the first

⁵⁷ Stoller, Eric. "Student Life: A Brief Glimpse of the Past, Present, and Future of College & University Student Health Services." Oregon State University.

⁵⁸ Stoller, Eric...

⁵⁹ "American College Health Association: A Brief History." *American College Health Association*. http://www.acha.org/about_acha/docs/ACHA_Brief_History.pdf

person to establish a formal college health program and he believe that colleges could combat, “the failing health of the nineteenth century students” with education on “nutritious diet and against the dangers of drinking and smoking.”⁶⁰ In conjunction with the physical health education programs, it became necessary to hire health practitioners to care for the students. At the same time, due to World War I, schools wanted to inspect new students for health “defects” that would later cause students to drop out of school.

The history of health care in women’s colleges parallels many of the programs adopted in male higher education institutions. In 1861, the administrators at Mount Holyoke appointed a physician-in residence, and Wellesley hired a female physician to attend to the, “general care of the health of students.”⁶¹ Vassar College in 1865 was the first women’s college to have a full comprehensive student health service.⁶² By 1920, after the majority of college campuses developed health programs, there was interest in forming a national organization dedicated to the field of college health. The Student Health Association was established, and within the organization’s first year it created Recommended Standards and Practices for College Health Programs. In 1931, the Student Health Association created a minimum standard for college health services. Later, its name changed to the American College Health Association (ACHA).⁶³ Since its establishment, the goal of ACHA is to serve as the “principal leadership organization for advancing the health of college students and campus communities through advocacy, education and research.”⁶⁴ To this day, ACHA promotes healthy campus individuals and communities and continues to

⁶⁰ Stoller, Eric

⁶¹ Stoller, Eric...

⁶² Stoller, Eric...

⁶³ Stoller, Eric...

⁶⁴ “American College Health...”

launch educational campaigns and conduct research to collect data regarding activities of college health centers and student health. Over time, health became the idea of an individual's overall well being because administrations began to see the correlation between education on health and access to routine health care correlated with happier and more successful students.

Student Health Centers: Present Day

College health and the field of medicine that covers the medical care of college students today has changed considerably since the 18th and 19th centuries. Today, college health professionals in the US include physicians, physician assistants, administrators, nurses, nurse practitioners, mental health professional, health educators, athletic trainers, dietitians and nutritionists, and pharmacists. ACHA's membership has grown from its 20 original members to over 800, and serves more than 3,000 individual health care professionals.⁶⁵ The American College Health Association most prominent issues affecting today's college students are tobacco use, alcohol and other drugs abuse, sexually transmitted infections, pregnancy, contraception, infectious illness, eating disorders, and vaccine-preventable diseases.⁶⁶ Many colleges and universities offer some sort of student health service, but there is a wide variability in the healthcare resources available from campus to campus. The majority of college health services are specific entities, rather than part of an academic department. 80 percent of all colleges and universities in the US have some sort of organized health advancement for students. The ACHA and the American Public Health Association supervise most student health centers.⁶⁷ The role of student

⁶⁵ "American College Health Association..."

⁶⁶ Stoller, Eric...

⁶⁷ Stoller, Eric...

health services is to combat the health issues that the students face day to day. Today, there is a variety of tactics to compliment the medical services including social norms marketing and educational workshops. Student health services need to constantly adapt to new health information and technology and need to uphold the responsibility for their student's health and wellbeing.

In the 2008 Center for Student Health and Life survey, 75 percent of college students reported they had visited a campus health center.⁶⁸ One of the greatest challenges student health centers face is determining what kind of health insurance coverage is best for the school. In a study of 340 US colleges and universities, 30 percent have made health insurance a requirement for enrollment and each year more are considering the same.⁶⁹ Half of those schools offer student health insurance plans. There is a variety of college-offered health plans and benefits. In the 2013 Trojan Sexual Health Report Card researchers looked at 100 public and private schools to examine sexual health information and access to services on the different campuses. The key findings demonstrate that 93 percent of schools offer some type of STI testing and 24 percent of them offer free testing on campus; 32 percent of schools have a sex advice column online or in the school paper, and only 24 percent of schools provided free condoms to students.⁷⁰ Without adequate access to health services and information regarding sexual health, students cannot have live adequately sexually healthy lives.

A College's Responsibility

⁶⁸ Ezarik, Melissa. "College Health Insurance of Family Plan." Web.

<http://www.bankrate.com/finance/insurance/campus-health-insurance-or-family-plan-1.aspx>

⁶⁹ Ezarik, Melissa...

⁷⁰ "Sexual Health on College Campuses." *Sperling's: Trojan Sexual Health Report Card*. Web.

<http://www.bestplaces.net/docs/studies/sexualhealth.aspx>

Many college students remain ill informed about safe sex and are therefore at a greater risk for STIs and sustaining unintended pregnancies. Many schools do not provide accessible information about sexual health and how to enjoy safe sex. It is important that a college campus provides a space for students to learn about sexuality and their sexual behaviors, and recognize and respect everyone's sexual rights, through sufficient access to sexual health information, education and care. Efforts must be made at an institutional level to prevent STIs and unwanted pregnancies, as well as promote good sexual health. The college years are influential in a persons life and it is important that students feel empowered about their sexuality. On campus, students need the opportunities to talk about sexual health, ask questions and learn methods of communication and care about sexual health. In order to have a sexually healthy student body it is important that there are adequate medical services, as well as education and outreach to promote sexual health. Therefore, colleges need to address sexual health from many different through collaboration with health care providers, health educators, counselors and administration.⁷¹

Trojan Condom Brand is dedicated to educating and empowering the youth on sexual health by ensuring that college campuses are places where students have access to caring for their sexual health. Every year the Trojan Condom Brand analyzes the quality and quantity of sexual health resources on college campuses. They state that comprehensive sexual health resources and services on campus of higher education include: sufficient hours of operation, sexual health information and resources on schools website, contraceptive availability, condoms availability, HIV and STI testing, sexual assault

⁷¹ "ACHA-National College Health..."

programs, lectures and outreach programs and peer groups. Trojan Condom Brand created a toolkit to help improve campus sexual health. Sexual health awareness programs, according to Trojan, are programs to help increase dialogue and provide students with an outlet to be open and honest about their sexuality and sexual health. This is accomplished through campus events, presentations, workshops and peer advisors. Trojan also encourages creative and fun events such as condom form delivery, sex-positive dance parties themed around reinforcing sexual health, or give-a-friend-a-condom day. A sexual health program is an event which students can go and talk about sex and ask questions about sex and sexuality to improve individual and campus wide sexual health. Student groups are beneficial for students to collaborate with each other to discuss sexual health, concerns and needs and how sexual health relates to their lives. Promoting STI and HIV testing on campus normalizes sexual health and helps improve awareness. One possible way to inspire screening is to make getting tested for a competition among sports teams, Greek Life chapters or dorms.

Sexual Assault On College Campuses

Sexual assault is defined as any type of sexual activity that occurs without consent.⁷² This includes unwanted touching, kissing and any sexual contact with someone who is under the influence of drugs or alcohol and unable to give an informed “yes” or “no,” as well as rape or attempted rape.⁷³ Research shows that of all age groups, females ages 18 to 24 have the highest rate of rape and sexual assault victimizations compared to females from all other age groups.⁷⁴ According to the 2008 National Crime Victimization Survey, more

⁷² “Title IX: The Basics.” <http://knowyourix.org/title-ix/title-ix-the-basics/>

⁷³ “Title IX: The Basics.” ...

⁷⁴ “Criminal Victimization, 2008”. *National Crime Victimization Strategy: Bureau of Justice Statistics.*

than 75 percent of the women who reported a rape were under 25 years old at the time of their assault.⁷⁵ One in five women are victims of completed or attempted sexual assault while in college. Therefore, sexual assault is a serious issue on college campuses.⁷⁶ 90 percent of women know the person who sexually assaulted or raped them and 95 percent of campus sexual assaults go unreported⁷⁷ Sexual assault and rape victims suffer chronic and physical and psychological problems. Rates of sexual assault remain high on college campuses. The National Institute of Justice states that college women “are at a greater risk for rape and other forms of sexual assault than other women in in the general population on in a comparable age group.”⁷⁸ 20-25 percent of women are victims of completed or attempted rape while in college.⁷⁹

Alcohol use leads to risky behavior and $\frac{1}{2}$ to $\frac{3}{4}$ of sexual assaults that occur on college campuses involve alcohol consumption of the part of the victim, perpetrator or both.⁸⁰ Often this type of sexual misconduct is referred to as “party rape” which is defined as “assault that occurs at an off campus house or fraternity that involves supplying a woman with alcohol or targeting intoxicated women.”⁸¹ The party scene on college campuses foster the development of sexualized peer cultures and the residential arrangements intensify students desire to party in male-controlled fraternities.

Sexual Assault Legal Policies

⁷⁵ “Criminal Victimization, 2008.” ...

⁷⁶ Who are the victims?” RAINN...

⁷⁷ Who are the victims?” RAINN: *Rape, Abuse and Incest, National Network*. Online: rainn.org. Accessed February 16, 2015.

⁷⁸ Armstrong, Elizabeth et al. “Sexual Assault on Campus: A Multilevel, Integrative Approach to Party Rape.” *University of California*. 2006.

⁷⁹ Armstrong, Elizabeth et al....

⁸⁰ Armstrong, Elizabeth et al....

⁸¹ Armstrong, Elizabeth et al....

In 1972 a federal law, Title IX, passed that requires gender equity for students in any educational institution that receives federal funding. According to Title IX, a school must proactively ensure that a campus is free of sex discrimination, and schools must take immediate steps to address any sex discrimination, sexual harassment or sexual violence on campus. Title IX is a federal civil right that prohibits sex discrimination in education. Title IX addresses discrimination against pregnancy and parenting students, and addresses sexual harassment and violence, and gender-based discrimination. The law protects any person, regardless of gender identity or gender expression. All female, male and gender non-conforming students, faculty and staff are protected from any sex-based discrimination, harassment or violence. Educational institutions must have an established procedure for handling complaints of sex discrimination, harassment and violence. This includes a Title IX Coordinator who manages complaints. Under Title IX a school can issue a “no contact directive” preventing an accused student from directly or indirectly contacting or interacting with the survivor. Lastly, Title IX states that a college should not make a student pay the costs of certain accommodations required in order to continue one’s education after experiencing violence. Schools have an obligation under Title IX to prevent and address sexual harassment against students regardless of whether the harassment is perpetrated by peers, teachers, or other school officials.

The Jeanne Clery Act, also known as the “Student Right-to-Know” or the “Campus Security Act,” is a federal law that requires all colleges and universities that participate in federal financial aid programs to publically disclose information about crime on and around their campuses. This law is applies to both public and private higher education institutions. The Clery Act is enforced by the US Department of Education. It requires

institutions to publish an Annual Security Report that documents three calendar years of select campus crime statistics. The report needs to be made available to all current and prospective students and employees. The Clery Act also requires that an institution has a public crime log with the nature, date, time and general locations of each crime. The incidents must be entered within two business days and should be accessible to the public during business hours and remain open for 60 days subsequently. The information must include incidents that occur on campus, in unobstructed public areas immediately adjacent to running through campus and certain non-campus facilities.

A 2005 study by the National Institute of Justice indicates that many schools do not have sexual assault response polices, or have inadequate sexual assault training and response⁸². Fewer than 40 percent of the schools in the study train campus security personnel and only 25 percent of schools provide residence hall staff with safety training or have security staff on duty in the residences. Underreporting of campus crime is common, only one out of three schools are fully compliant with federal Clery Act. These laws are necessary in keeping schools accountable and responsible for what happens on their campus and to protect the safety of the students.

Assessment of College Campus Sexual Assault Prevention

Sexual assault is a problem on college campuses and warrants intervention.

Nonconsensual sex on campus has been a persistent topic of public conversation of the last few years.⁸³ The high rates have been addressed by implementing educational initiatives aimed at preventing or reducing rates of sexual assault. A majority of schools

⁸² "Campus Security." *RAINN: Rape, Abuse and Incest, National Network*. Online: rainn.org. Accessed February 16, 2015.

⁸³ Smiler, Andrew et al. "Let's Talk About Sex on Campus."

have some sort of sexual assault prevention program to promote safety, rape awareness and counseling for victims. College institutions play a key role in the programs available. For institutions that are federally funded, having sexual assault prevention programs is a requirement. At most schools, this plays out in a mandatory program for incoming freshmen. However, participation is often not consistent or mandatory for all students and much of the participation depends on whether or not the student perceives sexual assault as an issue they are concerned about. Administrators are often under pressure to create prevention policies and programs, but there is little assessment on the effectiveness of these programs. Sexual assault prevention programs vary in structure and effectiveness, but all have the goal to reduce rates of sexual assault on college campuses and inform students on the schools policies surrounding sexual assault.

Sexual assault prevention programs are, “any intervention that was hypothesized by the investigator to affect sexual assault related attitudes, cognitions, emotions, attitudes and behaviors.”⁸⁴ Typically prevention programs include a speaker on the prevalence of sexual assault on college campuses, the debunking of rape myths, discussion of sex roles in the socialization practices, identification of risk-related dating behaviors and induction of empathy for rape survivors.⁸⁵ Prevention programs focus around educating students on the definition of consent and encouraging peer-support for risk-reduction behaviors. It is common for Universities and colleges to include a presentation on sexual assault and misconduct at freshmen orientation. “Sex Signals” is a drama presentation that is performed at over 300 colleges each year. This shows how the use of humor and audience

⁸⁴ Bretenbecher, Kimberly Hanson. “Sexual Assault of College Campuses: Is an Once of Prevention Enough?”

⁸⁵ Bretenbecher, Kimberly Hanson...

participation to educate male and female students about gender roles, stereotypes, communication, and acquaintance rape is well received.

In recent years there has been a shift of focus toward sex positivity. The conversation around sexual assault is being reframed in a positive way. For a majority of schools, the slogan of choice many sexual assault prevention efforts is “no means no.” However, recently, there is a new campaign to promote “yes, means yes,” to highlighting consent in a positive way. Colleges are rethinking how they define consent on their campuses with the “consent is sexy” campaign, which defines consent as “an affirmative, unambiguous and conscious decision by each participant to engage in mutually agreed-upon sexual activity.”⁸⁶ The “consent is sexy” campaign focuses on the practice of respect, consent and open discussion. This campaign counters abuse, assault, rape, gender discrimination and homophobia. It highlights responsibility, safer sex, sexual health and emotional well being, gender equality and equality in relationships. The campaign offers online modules that a school can adopt for curriculum, skill training and interactive events.

Sexual assault prevention programs exist, but there is little research on how well colleges are implementing their ideas and educating students. The Department of Health at the University of Arizona surveyed its students, who reported that 88.7 percent viewed that sexual assault prevention education as important for themselves personally and 97 percent believe that is important in general for college students.⁸⁷ The study also confirmed students’ positive support for peer-educators. Overall, research shows that prevention programs are successful at reducing rape myths and short-term increase in

⁸⁶ New, Jake. “Yes Means Yes.” October 2014.

⁸⁷ Jozkowske, Kristen et al. “College Students’ Perception of the Importance of Sexual Assault Prevention Education: Suggesting for Targeting Recruitment for Peer-Based Education.”

awareness of sexual assault attitudes and reporting. Furthermore evidence also shows that there is no increase in empathy for rape victims. Therefore, these programs do little to change behaviors on campus. Behavioral changes require a corresponding change in attitude towards sexual behavior and rape and will take ongoing education, because rape myths are widely and persistently held.⁸⁸

Case Studies

I conducted case studies of Whittier College, Stanford University and Occidental College to compare and contrast each school's student health centers and sexual health resources, so I could order to understand the best practices for an academic institution to address sexual health. The primary focus was to investigate Occidental College and use Whittier College and Stanford University as references. The case studies evaluated the sexual health clinical services offered at each student health centers, outside programs or organizations that educate on sexual health, and any other student resources that relate to sexual health. The goal was to gain an understanding of how different academic institutions approach sexual health and whether or not Occidental College meets equivalent standards of sexual health services. For Whittier College and Stanford University, the majority of the information was found via the schools' website. My hope was to follow up with interviews with faculty at the schools health center; however, the faculty members and health care professionals that I contacted from each health center felt that the information regarding their services and students was private and could not be shared, even though I did not request personal data. The lack of transparency demonstrate that topics regarding health

⁸⁸ Withey, Carol. "Rape and Sexual Assault Education: Where is the Law?"

and health care systems are difficult to obtain data on because of issues around confidentiality. Also, the student health centers may not have wanted research to expose any issues with their services and outreach programs. Even though I was unable to collect in-depth data to compare with my findings from Occidental College, the investigations of Whittier College and Stanford University provided me with useful information on how each school structures their clinical services and research.

Whittier College

Whittier College is similar to Occidental College in terms of its location, number of students, demographics of students and enrollment costs. It is located in Southern California and is a four-year, independent, liberal arts college. Whittier College's undergraduate enrollment is just under 2,000 students. Whittier's Student Health and Wellness Center provides primary health care and wellness to its students. The Student Health and Wellness Center operates on an appointment-basis only, besides on Monday mornings walk-ins are welcomed. The center is open Monday thru Thursday from 8:30 am to 5 pm and on Fridays from 8:30 am to 3 pm. Its staff consists of fulltime Nurses and LVNS, and certified Physicians, Physician Assistants and Nurse Practitioners are available during various hours throughout the week. There are also a Director of Health Services, Office Manager, Program Director and two Associate Program Directors.

Whittier College's Student Health and Wellness Center is separated into general services: primary care, men's and women's health, massage therapy, facials, nutrition, acupuncture, therapy and psychiatric counseling. Within men and women's health services include: diagnosis and treatment of STIs and sexual function, free condoms, HIV testing, routine physical exams and health education and referrals. For women specifically there

are also prescription and refills for contraceptives, emergency contraception, pregnancy testing, PAP Smears and Gardasil vaccine. All full-time students are required to be enrolled in a medical insurance plan: either a family plan, or the College-offered Kaiser Permanente insurance plan. Whittier College also has a Wellness Coalition that consists of faculty, staff and students who work to increase wellness awareness and education on the campus. The coalition plans programs, events and services to build a supportive environment for health and wellness.

The Whittier College Student Health and Wellness Center was contacted for further information in order to provide concrete data to work as a reference for the services offered at Occidental College. The idea was to better understand the usage of the sexual health services at Whittier College to compare the statistics and survey data from Occidental College. However, the administration of the health center did not allow further investigations and stated that all information about the quality, quantity and accessibility of the sexual health services and resources was not available to outside sources.

Stanford University

Stanford University is a private research institution that was founded in 1891 in Palo Alto, California. There are 7,000 undergraduate students, 9,000 graduate students and 2,043 faculty members. The student health center at Stanford University is known as the Vaden Health Center and offers a wide variety of services covering medical care, counseling and mental health, wellness and health promotion and physical therapy. On staff there are six Physicians, two Nurse Practitioners, three Physician Assistant, six medical assistants, one Lab and Radio Tech, Receptionist, two Medical Services Schedulers, one Director of Medical Services, one Clinical Manager and one Assistant Clinical Manager. The

VadenPatient portal is an online service that allows students to make general medical, travel and immunization clinic appointments, communicate with clinicians and view their immunization records. Student may access a health care provider through the VadenPatient portal for routine questions and advice, medication refills or any up non-urgent questions. During the academic year the medical services are available Monday thru Thursday from 8 am to 8 pm, Friday from 8 am to 5 pm and Saturday and Sunday from 11 am to 3 pm. The Wellness and Health Promotions and the Insurance and Referral Office are open Monday thru Friday from 9 am to 5 pm. Stanford University requires that all registered students carry adequate health insurance, either through the university sponsored health insurance plan, Cardinal Care, or through alternative insurance plan with similar benefits.

Additionally, a student can call the health center and request to speak to the advice nurse for simple medical questions. There is also a Stanford University hotline for confidential sexual assault counseling 24/7. In an emergency situation a student can access the Stanford Medical Center Emergency Department or the Palo Alto Medical Foundation Urgent Care. The general medical services are divided into the following categories: acute and chronic illness/injury, preventative care (including STI screening), women's health, men's health, trans care health, nutrition/body image related conditions, vaccinations/allergy shots, and specialist onsite. For women they offer STI screening, Pap smears, women's health exams, birth control and contraceptive advice and peer counseling, emergency contraception, pregnancy testing, pre-conception planning and pregnancy management. On the Vaden Health Center website, there is information on all of the above categories and links to more resources. Vaden's Health Center also has specific transgender

and LGBTQ health services, resources and support groups. Under Preventive Care, there is an online interactive tool that lets you know what is recommended based on your age and sex. Physical examination for employment, scholarships, programs abroad are offered at Vaden for free. For sexual health, Vaden offers screening for sexually transmitted infection and disease, HIV testing, testing for symptoms that may indicate the presence of an infection, treatment for STIs and education about STI prevention. The STI screening is free.

Outside the medical center, Stanford University has a Sexual Health Peer Resource Center (SSHPRC). SSHPRC is a student run center whose mission is to promote sexual health and healthy relationships through the center and community outreach. The SSHPRC center is located on the second floor of the Vaden Health Center and includes a shop for safer sex supplies and sex toys, and sexual health counseling. The SHPRC also have a phone line for questions and advice. This center is a safe space for students to come for advice and information on sexuality, purchase sex toys and meet with peer counselors. SSHPRC hosts several workshops and events ranging from sexually transmitted infections to sexual pleasure. SSHPRC also participates in Sex Week. In order to become a peer counselor with SSHPRC, a student must complete Stanford's Peer Resource Counseling course and the Peer Counseling of Comprehensive Sexual Health course. The Comprehensive Sexual Health course is a quarter long class taught by other student peer counselors who have taken the course. The course's curriculum covers the following topics: Sexual Beings (male and female anatomy, physiology of reproduction, sexual health maintenance/exams); Sexual expression, pleasure, and their many forms (sexual expression, safer sex choices, sexual response cycle, sexual pleasure); Genital health issues; Sexually-Related Issues; Sexually Transmitted Infections; Pregnancy and contraception; Serious Side of Sexual Health

(abortion, sexual assault, relationship abuse and sex); Sexual Expression, Pleasure and many forms part 2 (accessories, modes of expression, resources at Stanford). Any student can enroll in this course. A Stanford graduate who took the Comprehensive Sexual Health Course said this class was an “awakening experience” for her. She continued with, “we as a society have a difficult time talking about pleasure,”⁸⁹ and being able to learn about sexuality is a “positive and empowering part of your college experience.”⁹⁰ Besides learning more for herself, the graduate student explained that her peers, after learning she took this course, came to her with questions and advice. The combination of the sexual health center, course, and peer counselors gives Stanford students a space to learn and feel empowered on their sexuality.

Unfortunately, like Whittier College, Stanford University Vaden Health Center declined to provide additional information about the usage of the services beyond what was found online. Because Whittier College and Stanford University are not permitted to share statistics about their students, I cannot compare the data found in my survey about the student’s behaviors, awareness and access to information, however I can still compare the different schools’ general health services and structure of health center.

Occidental College

The final part of this project focused on Occidental College. Occidental College is a liberal arts college in Los Angeles, California. Founded in 1887, Occidental College has 2,000 undergraduate students and 178 full-time faculty members. I will graduate from Occidental College this May, and I am passionate about improving the health care and health education for my peers.

⁸⁹ Anonymous. (2015, January). Phone Interview.

⁹⁰ Anonymous. (2015, January). Phone Interview.

Research Findings: Survey Results

Sexual Health Awareness Survey Results

The Sexual Health Awareness Survey was created to investigate Occidental College students' sexual health behaviors, and the students' awareness of, and access to, sexual health services and information on campus. The online Qualtrics survey was emailed to students in the Bell Young and Stewie Residential Halls, Oxy Greeks, and the Urban and Environmental Policy Department majors. 263 surveys were completed. The survey starts with general demographics: of the respondents, 25 percent were first year students, 24 percent were second year students, 14 percent were third year students and 36 percent were fourth year students. The majority of those surveyed, 78 percent, were female, 20 percent were males and 1 percent were transgender. This gender disparity suggests that females care more about their health/sexual health or feel that sexual health is a greater health concern than males do. The majority of the respondents identify as Caucasian/white, 5 percent identify as African American/Black, 9 percent Asian/Pacific Islander, 9 percent Latino/Hispanic and 1 percent American Indian/Native; this is representative of the entire Occidental College population. 68 percent of the respondents live in on-campus residential halls, 28 percent live off-campus and 4 percent live in a fraternity or sorority.

Sexual Behaviors

In what form do you engage in sexual activity? Click all that apply

#	Answer	Response	%
1	Oral intercourse	178	83%
2	Vaginal intercourse	182	85%
3	Anal intercourse	21	10%
4	I am not sexually active	28	13%

91

There is a range of sexual activity, practices, and behaviors among the students at Occidental College. On average, students reported having three sexual partners in the past two years. More than half of the respondents stated that their partners are “exclusive dating partners” and 40 percent engage in sexual activity with “casual acquaintances.” Participants reported that in their most recent vaginal intercourse 50 percent used a male or female condom, and 4 percent used a condom during anal intercourse. The most common forms of birth control are condoms and the birth control pill, which correlates with national statistics. 73 percent say they use condoms regularly, but only 50 percent say they used a condom in their last sexual encounter, therefore condoms are not necessarily being used every time. This is significant because it shows that students are more concerned with preventing pregnancies than STIs, even though there are alarmingly high rates of STIs among people under 25. Also, a majority of students reported not being in a monogamous, committed relationship, and with multiple partners there is an increase in risk. This demonstrates a lack of knowledge about the risks and prevalence of STIs.

⁹¹ Sexual Health and Awareness Survey, Rich, 2015.

More than half of the participants reported that themselves, or their partners, have never used emergency contraceptives: 26 percent have used emergency contraception once, and a small percentage have used emergency contraceptive more than once. These rates of emergency contraceptives are higher than the national average for young adults. This shows that students are either not using a birth control method or misusing their method. No one reported an intended pregnancy, and one participant stated that they, or their partner, has had an abortion. Emmons offers contraceptive counseling, but the survey does not address where students are accessing their knowledge about birth control, or where they are actually obtaining their birth control method and prescription.

Sexual behavior and decisions are influenced by a variety of factors. 38 percent of participants disclosed that they have consumed alcohol or drugs and later made a sexual decision that they regretted. It is concerning that alcohol has a negative consequence on students' sexual decision-making and thus sexual health and relationships. This reveals the separate issue of alcohol use and sexual health that is not addressed on campus. Overall, the main factors that influence someone's sexual behavior are alcohol/substance use, level of comfort with partner, self-esteem and sense of comfort. It is clear that substance use plays a large role in sexual decision-making; Occidental College students admit making regrettable sexual decisions due to alcohol twice as much as the national average. Only 9 percent indicated that participation in Greek Life influenced their sexual behavior, therefore it is not accurate to emphasize Greek Life as the main place on campus for negative sexual encounters (which is how it is viewed by the majority population and college administration).

While engaging in sexual activity, 61 percent of students feel “confident” asking permission from a partner, 37 percent feel “somewhat comfortable” and 1 percent feel “not at all comfortable.” While engaging in sexual activity, 73 percent of students feel “confident” in telling their partner when they want to stop engaging in an activity, 26 percent feel “somewhat comfortable” and 1 percent are “not at all comfortable.” Ideally, this percent would be 100% due to the focus of Orientation and FYRE on consent and open communication. For students to be able to communicate their boundaries and understand their partner’s boundaries, they need to feel empowered about their own health and have the skills to navigate a conversation on the topic of sex. This could be tackled with speakers and open discussions related to sex and consent.

Awareness of Sexual Health

23. I have been tested for Sexually Transmitted Infections/Sexual Transmitted Diseases

#	Answer	Response	%
1	Once	45	23%
2	Twice	22	11%
3	Three times	23	12%
4	Every year since sexually active	31	16%
5	Never	72	37%

The second section of the survey posed questions regarding awareness of sexual health and sexual health care. Half of the females reported having never gotten a Pap smear, which makes sense because the CDC standards state that females do not need a Pap Smear until they are 21-years-old. The amount of students who are STI tested regularly is alarmingly low, 72 percent of students have never had an STI test. It is recommended by

⁹² Sexual Health and Awareness Survey, Rich, 2015.

the CDC that young adults get an STI test regularly or every time they have a new partner. This statistic from the survey is concerning because, as previously noted, condoms are not always used. Of those who had a positive STI result, the most common is chlamydia and HPV. In the United States there a high prevalence of STIs among young adults and Occidental College is not an exception. Because many STIs remain asymptomatic, more attention needs to be brought to the importance of STI screenings as part of a normalize health routine.

Sexual education in middle school was considered helpful for 50 percent of the students, whereas 12 percent did not receive any sexual education in middle school. There was a slight increase in the usefulness of sexual education in high school; 63 percent of the respondents felt their high school sexual education was helpful and 10 percent did not have a sexual health course. Many students were not taught sexual health, or felt their education was not useful. However, 80 percent of students believe that their sexual health knowledge was adequate before coming to Occidental College. Therefore, the assumption can be made that students received a majority of their sexual health information outside of an academic setting. It seems that the peers, family, and the media play a large role in a person's sexual health awareness, and meaning that young adults are receiving a wide range of knowledge and knowledge that could be incorrect or distorted.

37. I learned the majority about sexual health on campus at

#	Answer	Response	%
1	Orientation	107	51%
2	Emmons	5	2%
3	FYRE (first year residential education)	6	3%
4	RAs	2	1%
5	Peer Educators	28	13%
6	Faculty/staff	1	0%
7	Project S.A.F.E.	44	21%
8	I have not learned about sexual health on campus	15	7%
	Total	208	100%

93



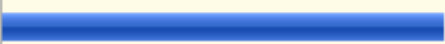

Outside of Emmons, Occidental College offers other means of sexual health information. 67 percent of the participants have attended a Project S.A.F.E. bystander training and 8 percent have not attended one but would like to. In terms of sexual health information, the survey indicates that the majority of students learned the most about sexual health at First Year Orientation and from Project S.A.F.E. Seven percent of the respondents believe they have learned nothing about sexual health on campus. The emphasis on Orientation and Project S.A.F.E shows that there is confusion on what sexual health information and education is, because sexual health and sexual assault prevention are not the same. The majority of respondents believe that Orientation and FYRE were adequate in teaching about sexual health, but both only focused on sexual assault prevention. Students feel that they understand consent well, which is a positive outcome from Orientation and FYRE, however, this misinterprets the meaning of sexual health education. Sexual health is multifaceted and requires information not only on communication, but also safe sex, contraceptives, STIs, sexuality, and relationships.

⁹³ Sexual Health and Awareness Survey, Rich, 2015.

Sexual Health Services

The next section of the survey explored what health services students are using and where they access them. 81 percent of students obtain their routine medical exam with their physician at home, and only 2 percent seek routine services at Emmons.

24. I received a STI/STD test at [Click all that apply](#)

#	Answer		Response	%
1	Emmons		49	39%
2	Planned Parenthood		25	20%
3	Home physician		94	75%
5	Other		3	2%

94

The majority of students prefer their home physician and do not find their parents or guardians a barrier. Focusing just on Emmons, 23 percent of students reported never seeking services at Emmons, 40 percent rarely seek services, 29 percent sometimes do and 8 percent often do. There are several reasons why respondents claimed they did not seek

⁹⁴ Sexual Health and Awareness Survey, Rich, 2015.

services at Emmons, as demonstrated by the following graphic:

27. I do not seek medical care at Emmons because [Click all that apply](#)

#	Answer	Response	%
1	I am embarrassed	17	10%
2	I do not think I will receive quality care	110	65%
3	I had a bad experience there	46	27%
4	My friend had a bad experience there	52	31%
5	I do not have time	39	23%
6	I cannot afford the services	10	6%
7	I do not know where it is	1	1%
8	Other	33	19%

95

Respondents also reported that they feel more comfortable going to their physician at home and that they find it very difficult to make appointments at Emmons or come to the walk in hours. When students do visit Emmons, 19 percent feel that their needs are fully addressed, 65 percent feel that their needs are somewhat addressed and 25 percent feel that they still need more medical treatment. It is disquieting that the majority of students do not feel that are getting quality care. However, 72 percent of the respondents feel comfortable going to Emmons to be screened. Prior to taking this test, 76 percent of the respondents knew that Emmons had free STI testing. Even though many students claim they are comfortable going to Emmons for STI tests, these services are not being accessed at a comparable high rate, which could be because they still feeling embarrassed going to Emmons or prefer their home physicians, or do not see getting tested as a health priority or

⁹⁵ Sexual Health and Awareness Survey, Rich, 2015.

concern. Only 57 percent of the participants knew that Emmons had free HIV screening. 61 percent of the students responded that they knew Emmons offered birth control counseling, 79 percent knew that there was an Oxy 24/7 hotline and 94 percent knew that they had free condoms. The survey did not address student use of these services, nor if they did how their experiences were. The majority of students are insured by their own health care insurance, while 1/4 are insured solely through the college. Every student must be covered except for co-pays on non-preventative care.

The survey addressed the sexual health and assault programs already in place on campus. One-third of the students indicated that they wanted more speakers to educate them about sexual health. About half of the respondents would like to attend a speaker to learn more about consent and negotiation tools, and half would attend a speech to learn about safer sex practices. It is important that the administration and Emmons begin funding and incorporating more lectures and forums on these topics to encourage on-going education.

The survey asks what do the students feel is the most important issue to address on campus. 14 percent reported unprotected sexual intercourse, 21 percent reported alcohol/drug use, 26 percent reported unhealthy relationships and 39 percent reported sexual violence. Sexual assault is the biggest concern, which shows that the emphasis on sexual assault prevention is effective at bringing awareness to the issue for the student body. However, students are still concerned with other issues that relate to sexual health.

Overall, 72 percent of students believe that Occidental College does a good job at promoting sexual health, mainly because there are several available resources and forums on sexual assault prevention and policies. Again, this highlights the misunderstanding that

sexual assault prevention and sexual health are the same. However, when focusing just on Emmons, 28 percent of respondents do not think Emmons does a good job at promoting sexual health because there is a lot of stigma against Emmons. Students feel that there is not enough advertising of available resources, there are too few forums and lectures on sexuality, and the conversations around sex are not normalized. Additionally, students find it challenging to schedule appointments with Emmons and are frustrated with the limited times available for appointments.

The survey provided comprehensive data on the students' sexual health behaviors and knowledge. It would have been helpful if the survey addressed more aspects about students experiences at Emmons to get a better understanding of how many students are going to Emmons for sexual health questions and issues, and what specific services people are accessing and why. I would have liked if the survey revealed more about what students know regarding the risks of contracting STIs and the usage of condoms, and why students are not getting STI tested.

Research Findings: Interviews and Observations

There are several departments on campus that work towards educating the students on sexual health and sexual assault prevention. My research focused on the First Year Orientation Program, the First Year Residential Education Program, Project S.A.F.E. and Emmons Student Health and Wellness Center. The research was found via oxy.edu, interviews with faculty and the students' perspective based on the survey.

Emmons Health and Wellness Center

Occidental College's Emmons Student Health and Wellness Center, most commonly referred to as Emmons, offers medical and psychological services for Occidental College students. The staff at Emmons Student Wellness Center includes a Director of Student Health and Wellness Center, a Physicians Assistant, a Nurse Practitioner, two Medical Assistants, three licensed Clinical Psychologists and two Administrative Assistants. Emmons allows for scheduled appointments and walk-ins during designated times. Emmons is open from 9 am to 4 pm on Mondays thru Fridays, besides Tuesdays from 11 am to 12 pm. In fall 2014, Occidental College adjusted its policy to allow students to choose either the Occidental Health Insurance plan or use a family insurance plan. There is a \$10 co-pay for any visit to the medical center except for preventative care (including STI screening). Emmons is open two hours fewer per day than Stanford University and one and a half hours fewer per day than Whittier College. Many students complained in the survey that Emmons does not have enough appointments available and students are frustrated when trying to schedule appointments. Director of Emmons Sara Semal admits that Emmons is very booked and could use more medical care personnel. However, she also believes students are frustrated because, "it is the nature of students to come in and want what they need that minute,"⁹⁶ so when Emmons is booked and the next available appointment (that works with the student's class time and extracurricular activities) is not for a few days, the student is angry. Students need to be more understanding that to make an appointment they need to make it in advance; unless it is an emergency or they are sick, they should go in for walk-in hours.

⁹⁶ Semal, Sara. (2015, April). Personal Interview.

The Nurse Practitioner and Physician Assistant at Emmons provide medical care that includes: routine health exams, treatment of minor injuries or illnesses, well-women and well-men screening exams, and diagnostics services, referrals and prescriptions. All students are able to obtain free STI screening and HIV testing. Women's healthcare services include gynecological services, pregnancy tests, birth control, information and counseling. More than 80 percent of the respondents reported that they, or their partner, use a hormonal birth control method, but the survey does not indicate if students are seeking the contraceptive services at Emmons or elsewhere. Occidental College has a 24/7 confidential hotline if a student needs to speak to a professional counselor at any time. The main complaint from the students indicated by the survey was that it is difficult to schedule appointments at Emmons, and that they feel more comfortable seeking care with their home physicians. Overall, Emmons has quality health services, but does little to engage with the student body outside the health services.

Emmons provides basic sexual health services for the students, including free STI and HIV testing, treatment for STIs, pregnancy prevention and contraception counseling. Physician Assistant Ann Martell, explains that she is, "surprised that the services are not used more." Martell worries that, "there are many misconceptions about STIs" and that, "students do not have the vocab and tools to talk about sex and sexual language and it brings many students anxiety."⁹⁷ Awareness that the services exist is crucial, as well as the awareness that these services are important for the health of the individual and student body. Amazingly, this fall the number of students who got tested for STIs was double that of any other semester, which may be correlated with Public Health Club's posters around

⁹⁷ Martell, Ann. (2015, October). Personal Interview.

campus advertising the free testing service. This indicates that students were not aware of the services before, or needed the reminder that the screening is free and an important healthcare practice. It is great to see an increase in the amount of students who are being tested, but the numbers are still so low that it is even more concerning to think how few students were getting tested before the increase this fall.



Many students mentioned that the stigmatization associated with Emmons prevents students from accessing its services. Additional comments written by survey respondents highlighted how the atmosphere at Emmons is not always welcoming: 'I've heard of people being stigmatized at Emmons for wanting to get tested for STIs i.e 'why do you need it? Are you engaging in risky behavior?'" Students "do not feel safe using Emmons for help or information." Already it is difficult to talk about such personal topics, and these negative feeling towards Emmons are a serious concern because if students do not feel comfortable going to Emmons then the services will not be used and students will not be addressing their health concerns or good health practices. Emmons staff should be trained in talking about these issues and encourage the students to talk about their sexual health and

relationships, so that the students are more willing to come back to Emmons and encourage their friends to go to Emmons. Some students suggest more communication with Emmons would be helpful, "I think there needs to be more dialogue between Emmons and the wants of the students. The memes on sexual assault did not go well with the oxy community. i think more dialogue on what students want would be helpful." If students felt that Emmons was actively engaging in what the student want, students would be more inclined to use Emmons as a resource.

Only 2 percent of students reported that they "learned about their sexual health at Emmons." Already efforts are being done to address this: as a member of the Student Wellness Advisory Committee, I helped organize a lunchtime lecture from Ann Martel, the Physician Assistant at Emmons, to cover basic health concerns for college students. PA Martell is willing to include a component focused on sexual health and specifically on STIs. 12 percent of the students indicated in the survey that they would like to "learn more about sexual health at Emmons." Emmons' staff seems eager to do more outreach to bring more awareness to the services and information on the health issues on campus. This would help better the reputation of Emmons and make students more inclined to seek local care.

Apart from Emmons, Occidental College strives to educate the students on health and wellness in many ways. There is a particular focus on programs for incoming students to ensure their transition to college goes well and so that students receive information regarding the legal policies of the school. Many of the topics overlap with health, but their lacks attention that focuses on educating students on sexual health.

Title IX

Occidental College has an extensive policy and procedure to address and report sexual misconduct on campus. The policy, “prohibits all forms of sexual or gender-based harassment, discrimination or misconduct, including sexual violence, sexual assault, stalking and intimate partner violence.” The policy applies to all Occidental community members, including students, faculty, administration, staff, volunteers, vendors, independent contractors, visitors or anyone temporarily employed or enrolled on the campus. The policy aims to protect and guide individuals who have been affected by sexual harassment. All community members are encouraged to report information regarding an incident to the Title IX Coordinator. The Title IX Coordinator is responsible for the oversight of the investigation and resolution of all reports of sexual harassment and violence that involve students, staff, administration, vendors and visitors. The Title IX Coordinator is available to advise and assist all individuals involved in a case, and is responsible for monitoring full compliance with all procedural requirements outlined in the policy. Another component for the Title IX Coordinator is to train and educate the faculty on this policy and sexual assault prevention. The Title IX Coordinator is part of the Title IX Team on campus, which also includes the Title IX Deputy Coordinators and the Chief of Campus Safety.

The policy defines misconduct clearly and with detail. Sexual harassment is defined as, “any unwelcomed sexual advance, request for sexual favors, or other unwelcomed verbal or physical conduct of sexual nature.” Sexual assault is defined as, “having or attempting to have sexual intercourse with another individual.” The policy goes into detail with definitions of different misconduct and scenarios to include all non-consensual contact. Occidental College also has a Oxy Assault Advocacy and Case Management Team

(OAACM) that provides comprehensive support to sexual assault survivors through advocacy, counseling, medical services and housing and academic accommodations. The members of the team are Naddia Palacios (Survivor Advocate), Dr. Jenny Heetderks (Emmons Psychologist) and Ann Martell (Emmons Lead Physicians Assistant). Currently, the Institutional Research, Assessment and Planning Office at Occidental is conducting a student wide “Sexual Assault Assessment” survey to learn more about “students’ perceptions of the school’s climate on unwanted sexual contact and sexual assault, students’ perception on how Oxy addresses and responds to sexual assault and whether and how often students have experienced unwanted sexual contact or sexual assault.” The results from the survey will be public to the entire student body. The Title IX Coordinator, Ruth Jones, highlights that there are many misconceptions with the policy and procedures and struggles with knowing how best to get this information to the students in a relevant way. Jones also hopes that more education and intervention can focus on “changing the culture on campus” and “ways to prevent sexual assault by learning how *to* behave, not just how *not* to behave.”⁹⁸ There needs to be a greater interaction between the policy makers and prevention outreach to ensure that students have adequate knowledge and support on all matters that relate to sexual assault. Occidental College has worked hard in the last few years to revise and improve its policies and procedures in regards to sexual assault. Bringing awareness to these policies is extremely important, but there are also many ways to educate students on prevention and give them tools to navigate difficult situations.

Project S.A.F.E.

⁹⁸ Jones, Ruth. (2015, February). Personal Interview.

Project S.A.F.E. is an on campus center for prevention and intervention programs dedicated to ending sexual violence on campus. Project S.A.F.E. provides resources, advocacy and educational programming related to issues of sexual assault, dating violence and stalking. Project S.A.F.E. provides programs and resources on power-based violence, how to be an “upstander,” resources for survivors, how to help a friend and how to report misconduct on campus. The Project S.A.F.E. team consists of five students who are Project S.A.F.E. Programs Assistants, a Project S.A.F.E. Program Coordinator and Prevention Education Specialist, and a Project S.A.F.E. Manager and Survivor Advocate. The main work of Project S.A.F.E. is their peer-education presentations, which are most commonly trainings on how to be an “Oxy Upstander.” The “Oxy Upstander” is an intervention curriculum focused around the strategy for bystanders to “Be Upfront, Distract, and Entrust” as ways to prevent sexual assault from happening to another person. Project S.A.F.E. trains RAs, O-team leaders, athletic teams, greeks, and any other student groups or organizations that seek training. The issue is that if a student is not part of an organization or team that has this training then they will not be able to access this information or relearn this information after Orientation. Project S.A.F.E. also hosts several events throughout the year, such as Empowerment Week in the Fall, Take Back the Week in April and RAINN Day (Rape, Abuse, Incest, National Network). The largest barriers that Project S.A.F.E. faces is a lack of presence on campus and difficulty with spreading the word about services and events it offers. Some reason for these barriers is that they are located away from the center of campus, and people may be nervous or forget to access the services. A Project S.A.F.E. PA mentioned that, “I wish our office was closer to the center of campus and

that we could have office hours so students feel comfortable just stopping by.”⁹⁹ With a larger presence on campus, students would be more susceptible to learning about sexual assault prevention and asking questions about sexual assault or sexual health.

67 percent of the survey participants have attended a Project S.A.F.E. Oxy Upstander Presentation, which leaves about 1/3 of students without this training. Also, the number of students who received this training more than once is probably higher than the entire student body because the survey went to Oxy Greeks and Athletes who all receive the training annually. There is no evidence of the impact of these trainings and whether or not the students retain the information. 21 percent of the survey respondents reported that they “learned the majority about sexual health on campus” from Project S.A.F.E; Project S.A.F.E. focuses only on sexual assault prevention; whether the students assume that this is the same as learning about sexual health. 18 percent of students indicated they would like to learn more about sexual health from Project S.A.F.E., therefore Project S.A.F.E. can work more with Emmons to talk about sexual health and healthy relationships to include some sex positive events and information.

First Year Orientation

Sexual health is also addressed during First Year Orientation. Orientation is a six day long, mandatory program for every first year and transfer student. Orientation is broken up into programs, events and speakers for the entire body, as well as small group discussions and activities. Orientation focuses on the transition to college, adapting to college life and helping students meet each other. There are several components at orientation that relate to health and wellness. Students must attend a Drugs and Alcohol Education Session that

⁹⁹ Beck, Alida. (2015, February). Personal Interview.

focuses on re-setting students perceptions and debunking the myths regarding students' reactions to alcohol and drugs, as well as giving tools to make healthy decisions regarding substance use. The topic of sexual assault is addressed in a "Sexual Respect" Presentation by one of America's leading anti-sexist male activist, Jackson Katz. Katz's session focuses on the active bystander approach to gender violence prevention. Project S.A.F.E. also gives a mandatory "Oxy Upstander: It's What We Do" presentation and training. Both events are followed by small group discussions in O-team groups. Substance abuse and sexual misconduct are key topics addressed at Orientation. It is challenging to reach out and engage all 700 students in Thorne Hall and to ensure that the follow-up discussions are well received with active student participation. Program Director of First Year Orientation Amy Hill is enthusiastic about the idea of incorporating more about sexuality and sexual health by including more involvement with Emmons to discuss sexual health, safe sex and sex positivity. 51 percent of the participants indicated that they "learned the majority about sexual health on campus" at Orientation. Orientation does not address healthy and unhealthy relationships, gender, sexuality as a positive expression or part of life, or and sexual health information and prevention. Once again, students are mistaking learning about sexual assault prevention as learning about sexual health.

First Year Residential Experience

The First Year Residential Experience (FYRE) is another mandatory program for the entire first year class. Created and led by the Office of Residential Life, FYRE consists of six hour-long sessions facilitated by RAs. Each RA meets with the same group of 10 students to continue to engage in ongoing education and conversation around adapting to college life. The six courses are: Introduction, Understanding Oxy, Think about it Data (Sexual

Misconduct), Think About it Data (Drugs and Alcohol), Mindfulness, and Inter-culturalism. In terms of sexual health, once again the focus is on sexual misconduct and consent, and does not include sexual positivity, sexual health promotion or description of services at Emmons. A current RA believes that, “adding positive aspects of sexual health is something worth incorporating because you cannot assume what the students know.”¹⁰⁰ The FYRE program has been implemented for the past two years and students note its importance but also its need for improvement. The RAs go through extensive training, but due to the small group sizes, there is a huge variety of how receptive the students are to the sessions. The curriculum, a current RA states, “could use more discussion questions that are fun and interactive.”¹⁰¹ Another idea from a current RA was to include sexual health facts and positivity as part of the residential hall bulletins and add sexual health promotion events or programs hosted by each residential hall. “We focus on what not to do, when there are a lot of positive aspects of sexual health and information on resources that can be useful for students,” claims a current RA.¹⁰² Interestingly, the survey indicates that students did not find FYRE helpful in learning about sexual health and only 3 percent would like more topics of sexual health incorporated in FYRE. This could be because most students were frustrated with the FYRE program and were unenthused by the curriculum. Also, FYRE is a new program so seniors and juniors may have skipped over the questions regarding FYRE on the survey because they are not familiar with the program. There is an emphasis on educating the newcomers to the school, and students may feel overloaded with information. Furthermore, it appears that FYRE is the least enjoyable program that teaches

¹⁰⁰ Anonymous. (2015, February). Personal Interview.

¹⁰¹ Anonymous. (2015, February). Personal Interview.

¹⁰² Anonymous. (2015, February). Phone Interview.

about health and wellness. I, however, believe that the existing small group discussions are a simple and easy way to share information with students regarding their sexual health. In order for the students to be receptive to these sessions, the curriculum needs to be fun and engaging and could be taught by not just RAs, but other students passionate and knowledgeable about sexual health.

Student Group and Curriculum

In the survey, students indicated that they would like to talk more about sexual health on campus. One respondent wrote: “Oxy needs more dialogue on sexual health and diversity in terms of gender and sexual orientation. Oxy also needs dialogue on the intersection of sexuality and religious faiths; and on the intersectionality of other racial minority backgrounds and sexual health; and the intersectionality of ability and sexual health.”

The dialogue on campus is fragmented: nothing is mandatory except orientation and FYRE, and therefore on-going education on sexual health is limited. Another student wrote: “It is not a priority, but it should be. I believe the resources and knowledge about current resources is limited. I also think the discourse around sexual health at Oxy is very closed and taboo. I would like to see it more accessible, normalized, and of higher quality.”

Heather Eastman-Mueller, Director of the American College Sexual Health Association highlighted the importance of discussing and normalizing the topic of sexual health.

Eastman-Mueller emphasized that sexual health includes communication around sexual health and activity and sexual health promotion such as STI screening. The American College Sexual Health Association, advocates for putting the responsibility in the hands of the administration to create curriculum, events, and discussions around sexual health

topics, as well as ensuring that students are aware of the resources on campus. “The less this is talked about, the more STIs and pregnancies,”¹⁰³ stated Eastman-Hueller, and by normalizing the topic of sexual health it “changes the behaviors on a campus.” Eastman-Hueller understands that this topic is not easily disclosed on a campus and that administrations walk, “a fine line to reach out to students, but not offend faculty.” There exists a, “double edge sword, sexuality is in the media, yet our country has no comprehensive sex ed in schools, no one learns skills or knowledge around sexual health of how to communicate and advocate for themselves.”¹⁰⁴ Eastman-Hueller suggests that topics of sexual health should be incorporated on a daily basis because campus should be a safe space for such conversations. It is especially important to Eastman-Hueller that health care providers are trained to work with young adults and create a non-judgmental atmosphere in the health centers. To address these points and incorporate more aspects of sexual health on campus and normalize the conversation, Occidental College could schedule more speakers, open discussions, and courses that address sexual health.

Like Stanford University, the University of Tennessee also has a student run group on campus known as the Sexual Education Awareness Team (SEAT). Founded a few years ago, the student founders of SEAT realized how little students knew about topics related to sexual health, and they wanted students to “feel comfortable with their sexuality and communicating what they want and their boundaries”¹⁰⁵ the director of SEAT says. SEAT hosts around 35 events every year, including speakers and panels on sexual health, women’s reproductive health, religion and sexuality, and consent events such as “Getting

¹⁰³ Eastman-Mueller, Heather. (2015, January). Phone Interview.

¹⁰⁴ Eastman-Mueller, Heather. (2015, January). Phone Interview.

¹⁰⁵ Anonymous. (2015, February). Phone Interview.

Wordy and Talking Dirty” and “Owner’s Guide To Your Package.” University of Tennessee’s SEAT also hosts LGBTQ events such as a Drag Show, Gender Theory 101, Safe Zone Training for LGBTQ counseling. SEAT also participates in national Sex Week, with each event having up to 400 students attending. One of the directors says she is passionate about promoting the conversation around sex on campus because “the school has promised to provide a safe space for learning, physically and mentally, and sexual health is a component of this.”¹⁰⁶ In terms of sexual assault prevention, a director of SEAT feels that there is still a lot to be done on her campus and she believes that they need to talk about sexual assault, gender roles, hyper-masculinity and hyper-femininity, and to uncover rape myths in order to change the culture on campus around sexual assault.

Analysis

Sexuality is a natural part of life and it concerning many important decisions and health practices. Sexual health is a broad and complex topic that is pertinent to the lives of college students. Overall, there are several departments and educational outreach programs at Occidental College related to sexual health. However, primary focus of FYRE, Orientation and Project S.A.F.E. is to address sexual assault policies, intervention and resources, not sexual health. The combination of these programs and the services offered at Emmons provide the students with some information on their sexual health, but there exists a lack of attention by these departments to promotion of sexual health, sex positivity and information regarding sexual health services on campus.

¹⁰⁶ Anonymous. (2015, January). Phone Interview.

The survey results further indicate a need for improving the sexual health awareness on campus due to the students' inadequate sexual health knowledge and practices. My surveys shows that students consistently think they know everything about sexual health, but they are not getting STI tested or using condoms regularly, and make regrettable sexual decision when under the influence. It is concerning how few students are being STI tested regularly due to the large prevalence of STIs among young adults, and especially when results shoe how students have on average three new partners a year. Even though the students state they are comfortable going to Emmons for STI screening, there still seems to be a gap in students accessing these services. This could be from the lack of awareness on the importance of STI screening, or a stigma associated with Emmons.

On campus, there is absence of clear information and discussions regarding safe sex, STIs and healthy relationships. Also, concurrently with the perspective of the school administration, Occidental College students are misinterpreting sexual assault prevention programs as sexual health education. Students believe that they receive adequate sexual health knowledge before and during their time at Occidental College, but they are confusing learning about living a sexual healthy life with learning about sexual assault and consent. Sex and sexual assault are not one in the same; there needs to be a balance of educational promotion of healthy practices along with the efforts to address issues around sexual assault. Sexual health is more than the absence of sexual victimization; it includes sexually transmitted infections and unwanted pregnancies, as well as the emotional, mental health, and spiritual aspects of individuals when making sexual decisions.

Recommendations

Occidental College administration cannot assume that students have adequate knowledge to live sexually healthy lives. Occidental College has the responsibility to provide accessible sexual health information, education and care for its students. At Occidental College, attention needs to be aimed at promoting sexual health, healthy relationships, communication around sex and preventing unintended pregnancies and STIs. Sexual health outreach must also address sexual rights that all individuals share, and support for individuals to experience sexual pleasure and intimacy when desired. The college needs to create a space where communication about sexual health with peers, partners and health care providers is encouraged. Improvements can be made if the school strives to educate its students on sexual health and sexual health concerns to empower them to make healthy decisions. Promotion of sexual health will take a combination of educational outreach and academically informed conversations about sex (speakers and events), education student groups and peer counselors about the topic, more involvement from Emmons to promote services and health concerns, and adding aspects of sex positivity and good sexual health behaviors to orientation and FYRE.

Emmons

Emmons offers all the clinical services necessary to address sexual health care, but the students are not accessing the services to their full potential. Emmons provides adequate care and is open almost all day everyday, but students still feel that they do not have enough appointments available. With more funding, Emmons could hire another practitioner and students would be able to make appointments more easily. Emmons

should address the negative stigmatization towards the health center by creating a more comfortable and safe space for students to access medical advice. Also, Emmons or SWAC could work with the Oxy Weekly and write a weekly health column to bring awareness to health related issues for college students, awareness to the services offered at Emmons, and to normalize the topic of sexual health. Some colleges have an anonymous “sex column” or “sex advice” where student can email their sex related questions anonymously, and a health care provider or peer educator will respond. If Emmons worked to have a larger presence within other departments (Orientation, panels and lectures, FYRE) students may feel more inclined to access their services and more knowledgeable on their health.

FYRE and Orientation

At Occidental College there is an extensive emphasis throughout orientation and FYRE on sexual assault prevention. The students and the administration both hold the misunderstanding that sexual assault prevention and discussing consent is the same as sexual health. This education does not include information and on safer sex, sexuality and sexual health as a whole, nor is there an emphasis on programming that will lead to on-going education. Emmons or an outside source should lead a workshop on sexual health and how to care for your sexual health and engage in safe sex. Also, Emmons should present information on the services offered there and lead a talk about sexuality and the concrete practices to living sexually healthy life. Although students are receptive to the information presented at orientation and like to learn about these topics, orientation has short-term affects and focuses mainly on sexual misconduct, not sex positivity and promotion of good sexual health practices.

Sexual Health Awareness and Advocacy Student Group

The college would benefit greatly from a student run sexual health awareness and advocacy organization. Studies show that students are more receptive to information and are more willing to seek out and ask for more information if it is coming from peers. SWAC and Project S.A.F.E. are student run organizations on campus that bring attention and education to issues on sexual health, but they do not focus on sexual health advocacy. A student sexual health and awareness group could quad sit (for example, tabling on “Getting Yourself Tested”), create awareness posters, host events and speakers to increase the conversations on gender roles, hyper-masculinity and femininity and safe sex practices in order to change the culture on campus around sexual health. An additional group for sexual health would begin to normalize talking about sexual health and catalyze events and speakers to promote sexual health. It is important that students at Occidental College who are highly trained in handling such conversation to benefit the sexual health of the entire student body, advocate for their peers and encourage students to practice a sexually healthy lifestyle.

The student run organization could also work with Emmons, SWAC and Project S.A.F.E. to participate in National Sex Week to create events surrounding sex education and sexual identity. Campuses across the country participate in National Sex Week every year to host fun events and educational programs to advocate for healthy practices and increase conversation around sex.

Below is an example of events that took place during National Sex Week at the University of Tennessee last spring.



April 3rd Friday	April 6th Monday	April 7th Tuesday	April 8th Wednesday	April 9th Thursday	April 10th Friday
Butter My Biscuit 6-10pm, Gallery 1010	Road Head 3pm, HSS 205	STI Testing 10:30am-2pm I-House	Abstinence and Virginity 11:15am, UC 225	Owner's Guide to Your Package: Penis Edition 11:10am, UC Shiloh	Creating a Healthy Sexuality 12:15pm, UC 221
	On the Air: Sex and the Media 4pm, HSS 205	Sexual Assault Roundtable 12:30pm, BCC 102-104	Revenge Porn 12pm, College of Law 132	Owner's Guide to Your Package: Vagina Edition 12:40pm, UC Shiloh	
	Symptoms of Stigma: HIV/AIDS 5pm, HSS 205	Stimulating Studies 1-4pm, Hodges Mary Graer Room	Japan and Sexuality 1:25pm, BCC Room 102	LGBTQ + Health 2:10pm, UC 226	Ethics of Sex Work 1:30pm, UC 221
		Body Image Workshop 2:10pm, HSS 71	Biphobia and Bierasure 4pm, UC 225	Relationship Workshop 5pm, HSS 203	
April 11th Saturday	Your Hair Down There 6:30pm, UC Aud	Sexuality and Literature 5pm, UC Hermitage	History of Beauty, Nudity, and Censorship 5pm, McClung Aud	Change and Inclusivity in Southern Churches 6pm, UC Aud	Disability and Sex 2:30pm, UC Aud
SafeZone Training 1:30pm, UC 221	Getting Wordy and Talking Dirty 8pm, UC Aud	Religious Roundtable 7pm, HSS 205	Construction of Race, Gender, and Sexuality 6pm, UC Aud	Singing the Body Poetic 7:30pm, Hodges Lib Aud	Trans* Legal Issues 4pm, College of Law 132
Sexy Hip Hop Class 4pm, HSS 51		Sex Toys and Pleasure 8pm, UC Aud	Sexual Fantasies 8pm, UC Auditorium	Science of Orgasm 8pm, UC Aud	
Poetry Slam 7pm, Fred Brown Hall					

Peer Educators

Emmons is in the process of creating a Peer Counseling program, where students are trained as peer counselors to work with other students. The goal is to help with the overload of patients at Emmons and create a peer-to-peer interaction for students who are seeking someone to talk to help with their basic mental or physical health. This summer, Emmons faculty will train four peer counselors on motivational interviews, role-playing, listening skills, medical advice and advocacy. It is important that the peer counselors are trained on sexual health, and specifically contraceptive counseling and STI management and advice. This will be greatly beneficial for the student body because with peer counselors, students do not feel the stigmatization or embarrassment to talk about sex.

Conversations and Course

In order for a student's education to continue after their first semester at Occidental College, there needs to be a combination of speakers and posters to educate and create awareness on both sexual assault and sexual health. Repeated messaging and advertising is important to change the culture on campus and create more awareness of the services and

information. More academically informed conversation about sex would increase students' sexual health knowledge, de-stigmatize and normalize the topic of sexual health and lead to better sexual health practices. A class on sexual health and sexuality taught by students or professors to address topics such as anatomy, physiology, contraception, STIs, HIV/AIDs, healthy relationships, gender and sexuality, sex in the media and politics and body image would address students who do not have adequate sexual health knowledge.

Outside speakers are also a great way to create an environment for students to learn about and engage in conversation about sex. For example, last year University of Tennessee had Barry Konmisaurk on "We've Got Chemistry: The Science of Orgasm" (cost \$1,000) and Andrea De Maria to talk on "Your Hair Down There: Pubic Hair Removal and Genital Self-Image" (cost \$300), and mostly famously Megan Andellous "Getting Wordy and Talking Dirty: Consent and Communication (cost \$3,000). Together Project S.A.F.E. Emmons, SWAC and the administration should raise money or provide funding to hire highly skilled and well-known speakers on topics about sexual health. Adding fun and interesting ways to engage students in conversation around sex in a positive manner will better help educate students on their body, health, sex practices and relationships.

A combination of peer-educators, additional speakers and curriculum, and more outreach from Emmons will bring awareness to the broader issues of sexual health. Occidental College needs to continue its efforts in preventing sexual assault, but also add topics to promote safe sex, sexual health, sex positivity and healthy relationships. Discussing how to live a sexually healthy life would make the already established sexual assault prevention programs more comprehensive and effective. Through this project it

was exciting to engage in the conversation of how the campus can improve its access to information and help the students live sexually healthy lives.

Conclusion

Schools of higher education have the ability to shape the lives of their students and create life long skills and practices. My research aimed to understand the awareness of sexual health on campus and what are steps to improve sexual health behaviors and services. I found that there are foundational steps that the institution can take, and well as how students can be more involved in promoting sexual health. I hope that both the administration and student groups can unify around this topic to make ongoing education and a change in behavior on campus.

This project furthered my passion in educating and empowering my peers on their health, and especially a part of their health that can be difficult to address. Even though Occidental College has a ways to go in improving its access to information and services on campus, my topic and recommendation were greeted with great support and enthusiasm. Staff and student clubs are making great steps in the right direction to include sex positivity and promote good sexual health on campus. I believe that the more students are educated on sexual health, the more they will be encouraged and empowered to lead sexually healthy lives and make the best decisions for themselves and their health.

Appendix 1.

Survey Comments

Question: Do you think the college does a good job at promoting sexual health?

I only choose yes because I don't think they do a bad job, but they could promote more peer to peer conversations about the topic	I've heard of people being stigmatized at Emmons for wanting to get tested for STIs i.e "why do you need it? Are you engaging in risky behavior?"
Good environment	Not comprehensive, no follow up, students have to seek out information/ it's not provided
We have a lot of organizations dedicated to sexual health or related topics.	events/programs are not well advertised
Because it's very open about it.	because so many of my friends have been raped
Students have done most of the work in educating about statistics but the numbers are out there and available.	i don't think theres enough dialogue on campus
Since my freshman year the administration/student body have added more resources such as SWAC, orientation meetings on sexual assault, FYRE, etc.	I don't think it addresses changing climates concerning sexual health
they make students go through an online course and in-person course at orientation and over the summer	I think there needs to be more dialogue between Emmons and the wnts of the students. The memes on sexual assault did not go well with the oxy community. i think more dialogue on what students want would be helpful.
Orientation stresses the importance of safe sex and Emmons makes it fairly easy to get on birth control if you please. However they could do a better job at tackling pervasive rape culture.	most things aren't mandatory so people don't go
it offers resources	The dialogue on campus has begun but is not inclusive
They talk about it on campus	I didn't hear anything about safe sex in Think About It, Orientation, or FYRE
Many students take the initiative to engage in conversations about sexual health. Emmons provides STI testing and access to contraception to students who seek it. Project safe and the CGE host educational meetings and events, and distribute condoms and pamphlets. There is definitely room for improvement, but from my perspective, it seems that students and faculty are engaged in an effort to promote sexual health.	they don't advertise anything other than free testing.
Theres info every where	There is still a culture of shame around sex
it is reiterated many times	It is tough to educate those who don't really care ie other college students who think they know it all.
I am very aware of the resources at oxy	everyone comes into it with different sex eds and i feel like a comprehensive sex ed lecture would be useful (testing, condoms, safe sex, consent, etc.)
I think that there are many resources we have been told about where we can learn more and get help if needed.	I can't think of the last time I received a real sexual health tip from the college.
it is thoroughly addressed during orientation and there is awareness from posters etc around campus	not realistic
We learned a lot in orientation	It's only talked about quickly during orientation and then no one discusses it anymore.
Oxy makes a strong effort to keep everybody educated on sexual health. I don't really seek many of the resources but it is good to know that they are there for those who may need them. College is a unique time in terms of sexual health for the majority of the student body. There is only so much the college can do to promote it. For me personally, my own sexual health is monitored much more by my past experiences than it is by anything I learned at Oxy. This isn't to say that Oxy poorly promotes sexual health; it's more to say that much of sexual health comes from learning through experience. I feel that Oxy does do a good job in at least preparing for those experiences.	I think individual organizations such as Project Safe do, but the college hasn't promoted anything about sexual health other than a date rape lecture at orientation by a campus security officer.

Yes, because	No, because
there are many opportunities to learn about sexual health on campus, though one must (for the most part, excluding required sessions) seek them out	people do not feel safe using emmons for help or information.
there are posters advertising the free STD testing, they give out free condoms, Project S.A.F.E is supported and encouraged	It's still stigmatized
I don't know if I think they do a GOOD job, but I don't know how exactly they could improve because college students don't want to be lectured about sex. more available info that can be accessed anonymously	I think there is still a lot of stigma around stds/ sexual health and talking about sexual health.
Project Safe is very active and helpful and I also think that within dorms RAs make condoms easily available to promote safe sex.	There should be more mandatory education
they are working to solve problems and understand students needs.	a lot of their sexual health advocacy has only come in light of the sexual assaults that have been uncovered on campus. I think a lot more resources are available now, but during my first year before all the sexual assault stuff came out I did not really learn much from Oxy about sexual health.
we have many organizations that promote sexual health.	I think it shares links and has resources available but does not do a great job of making sure everyone knows about those resources and encouraging people to learn and participate in learning activities. It would be beneficial if they were more proactive about prevention instead of focusing on fixing the problem after it exists.
there is lots of discussion on campus, and fliers and talks and opportunities for people to promote sexual health and safe sex	Oxy needs more dialogue on sexual health and diversity in terms of gender and sexual orientation. Oxy also needs dialogue on the intersection of sexuality and religious faiths; and on the intersectionality of other racial minority backgrounds and sexual health; and the intersectionality of ability and sexual health.
free condoms	Wouldn't completely say no. But think they could do a better job of making the birth control services available to the students.
I think it is not a taboo topic on campus and it is discussed openly	I think they try but few people listen
they need to cover their own butts	I still have unsafe sex
there are a lot of people that are concerned about it already. But it is also very forced on the student body and can be extremely repetitive, especially for first-years	There is a stigmatization surrounding STI testing on college campuses, and Oxy/Emmons doesn't do a good job of advertising the resources available to students.
repetition of consent, resource availability, workshops and speakers, etc.	They should advertise their free services more, such as free STI testing
we have project safe and SWAC and emmons	The college does shit. Student organizations do it all.
Yes because there are many resources, but I don't know how widely used they are.	not enough talk about it and the reality of how people are actually having sex

Question: Do you have any additional comments or suggestions for Emmons:

[View](#) actually be open during your hours posted online (its been closed when I've visited in the past). Also, I've heard of a lot of people having their files mixed up and been given the wrong information/medicine

[View](#) Walk-in STI screenings, even if asymptomatic.

[View](#) They need to take feedback from patients. I would be so happy if at the end of your visit you could get a summary of what you talked about and a small questionnaire where you could say how your visit u was. They at least need a suggestion box or something because students complain and they don't hear it. SWAC also does nothing . I had a good friend who was a part of it and when I complained to her about the issues I was having with Emmons she said swac doesn't really address what the students want, all they do is meet every other week to talk about labeling in the quad. There needs to be a real bridge between student needs and the people making decisions at Emmons. At least suggest to Emmons that instead of telling a girl to wait 2 weeks for an sti test or pregnancy test then canceling on her last minute, tell her just to walk in to planned parenthood to get it done in 15 minutes. More students should definitely know about that option instead of leaning on Emmons which is really inefficient and slow. I'm so glad you're doing your comps on this. Thank you

[View](#) Oral intercourse and the repercussions from that as well

[View](#) Emmons is just very inconsistent. I went in there once because I lost a filling and they were super accommodating. They immediately gave me a list of dentists in the area and called in to tell them I was on my way. But another time I went in for the women's exam and the apparatus wasn't the right size and it was super uncomfortable. If they don't have the right equipment and/or the right sized equipment they should realize that and send the patient to a specialist, not try and attempt a procedure they aren't equipped to handle.

[View](#) In order to accommodate the student body, emmons needs to expand in every possible way.

[View](#) It could be easier to access care that you feel embarrassed about, ie having to say that you wasn't STI testing in a waiting room full of peers

[View](#) Unhealthy relationships should be second on the list of important issues.

[View](#) Rock on

[View](#) Rebuild your reputation

[View](#) Publicize the things can do for the students more because not many students know of the resources they have

[View](#) Encourage dialogue

[View](#) Unhealthy relationships is equally as important to cover since it is not often covered

[View](#) I wish there was a more confidential way of making appointments online, like one can for academic advising.

[View](#) To be more responsive to students because they are unfriendly and unwelcoming to students who are sick. I have been turned away when I have had high fevers and they've done nothing except tell me to come back

[View](#) Define sexual health.

[View](#) They should try to have more hours and more walk-in hours. They're not very flexible and I think that there should be free access to unlimited therapy sessions which they do not provide now.

[View](#) I think alcohol / drug use is at the root of a lot of uncomfortable / violent sexual encounters and I think that increased education about how to keep YOURSELF safe could be helpful to some degree.

[View](#) I believe we need to address the subtleties that occur in regards to sexual violence. For example, the guy who you thought was your friend making inappropriate comments but you brush them off because he is your friend right? Wrong, and you later find out he wasn't ever interested in being just your "friend" when he makes a pass at you or tries to force himself on you completely betraying your trust.

[View](#) More concrete time windows for those who make appointments

[View](#) STIs are also rampant!

[View](#) Better advertisement of the free STI tests, and encourage regular testing. When I went in for an STI test simply because I had changed sexual partners and it had been a year since my last test (I did not have symptoms and was not concerned), the nurse seemed surprised that I had come in for the test.

Appendix 2.

Sexual Health and Awareness Survey for Occidental College Students

Demographics

Gender:

- Male
- Female
- Transgender
- Unspecified

Age:

Year at college:

- 1st
- 2nd
- 3rd
- 4th
- 5th

Ethnic Origin:

- African American/Black
- American Indian/ Native
- Asian/Pacific Islander
- Latino/Hispanic
- Caucasian/White
- Middle Eastern
- Other

Current Residence:

- Residential Hall
- Fraternity
- Sorority
- Off Campus Housing
- Other

Sexual Activity and Health

In what form do you engage in sexual activity?

- Oral intercourse

- Vaginal Intercourse
- Anal Intercourse
- I am not sexually active

How many partners have you had in the last two years?

- None
- One
- Two
- Three
- Four
- More than four

In the past 12 months, I have had sex with

- Exclusive dating partner
- Close but not exclusive dating partner
- Casual acquaintance
- Stranger
- I have not had sex in the past 12 months

Did you use a male or female condom in the last vaginal intercourse?

- Yes
- No
- I have not engaged in this activity

Did you use a condom in the last anal intercourse?

- Yes
- No
- I have not engaged in this activity

Did you use a condom or dental dam in the last oral intercourse?

- Yes
- No
- I have not engaged in this activity

What factors into my sexual health and behavior

- Alcohol/substance use
- Level of comfort with my partner
- Sense of safety/safe location
- Personal history of sexual assault
- Self esteem/confidence
- access to contraception
- religion/personal belief system
- Participation in Greek Life (as a member or attending parties)
- Other

I have consumed alcohol or drugs and later made a sexual decision that I regretted

- Yes
- No
- N/A
- I do not drink alcohol/use drugs

To prevent pregnancy or STIs I, or my partner uses the following

- Condoms
- Birth Control pills
- Nuva Ring
- IUD
- The patch
- Depro Vero
- I do not use any method
- I am not sexually active
- N/A
- I do not know

I, or my partner has used emergency contraceptive, such as Plan B

- Never
- Once
- Twice
- Three times
- Four times
- More than four times
- N/A
- I do not know

I, or my partner has had an unintended pregnancy

- Never
- Once
- Twice
- Three times
- Four times
- More than four times
- I don't know
- N/A

I, or my partner has had an abortion

- Never
- Once
- Twice
- Three times
- Four times
- More than four times
- I don't know
- N/A

I have received a PAP Smear

- Never
- Once
- Twice
- Three times
- Four times or more
- I am not biologically a female

I obtain my routine medical exam

- At Emmons
- With physician at home
- At planned parenthood
- Never

I have been tested for Sexually Transmitted Infections/Sexual Transmitted Diseases (STIs/STDs)

- Never
- Once
- Twice
- Three times
- Every year since sexually active
- I am not sexually active

I received a STI/STD test at

- Emmons
 - Planned Parenthood
 - Home physician
 - I have not been tested
- Other:

I have had a positive result for an STI/STD

- Chlamydia
 - Gonorrhea
 - Herpes
 - Syphilis
 - HIV/Aids
 - I have not been tested
- Other:

Emmons Health Services and Health Information

I go to Emmons for my medical health services

- Never
- Sometimes
- Often
- Always

I do not seek medical health care at Emmons because

- I am embarrassed
- I do not think I will receive quality care
- I had a bad experience there
- My friend had a bad experience there
- I do not have time
- I cannot afford the services
- I do not know where it is

When I visit Emmons, I feel

- My needs were fully addressed
- My needs were somewhat addressed
- I needed further treatment

The resources on campus address my particular sexual identity?

- Yes
- No
- I do not know

Why or why?

I feel comfortable going to Emmons to be screened for STI/STDS

- Yes
- No

Prior to this survey, I was aware that Emmons has the following services

- Free STI/STD screening
- Free HIV testing
- Birth Control Counseling
- Free condoms

Prior to this survey, I was aware that Oxy has a 24/7 Confidential Hotline

- Yes
- No

I am insured by

- Occidental College
- Own health care service
- Uninsured
- Unknown

How do you find information on sexuality, or sexual health at Occidental College?

- Very helpful
- Adequate
- None existent

I believe my sexual health knowledge was adequate before coming to Occidental College

- Yes
- No

I learned the majority about sexual health on campus at

- At orientation
- At Emmons
- Through FYRE
- RAs
- Peers
- Faculty/staff
- Project SAFE
- I have not learned about sexual health during my time of campus

I would like to learn more about sexual health on campus

- Yes
- No

I would like information about sexual health at

- Orientation
- FYRE
- Via pamphlets
- Speakers
- Emmons
- Project SAFE
- Student Wellness Center Advisory Committee

Do you think that the college does an adequate job at promoting sexual health?

- Yes
- No
- Why or Why not:

Of the following, what do you think is the greatest issue to be addressed on campus?

- Unprotected sex
- Alcohol/drug and sex
- Unhealthy relationships
- Sexual violence

Any addition comments or suggestions for Emmons:

Appendix 3.

Interview Questions

1. Can you describe what a healthy college student looks like?
2. Can you describe what sexual health for college students means and why it is important?
3. Can you describe the resources and services that you believe best support sexual health for college students?
4. How do you think college students should be educated on their sexual health? How can we build knowledge and resilience among young people to be proactive about their sexual health?
5. What do you see are the important sexual health issues among college students that needs to be addressed? Why?
6. Do you think it is the responsibility of the student or the college to advocate for sexual health? Why?
7. What role does, or could, the college faculty have in creating a sexually healthy campus?
8. How can a college campus create a “safe space” for students to seek services, resources and counseling?
9. How can a college campus create a “safe space” for students to seek information on sexual health?
10. Do you think there is a stigma against accessing sexual health services? Why would a student not want to access the services at their college campus?
11. Have you every participated in “Sex Week” on a college campus? If so, please describe the event and what you believe went well. If not, do you think that colleges should have a campus wide “Sex Week” and an annual sexual health campaign?
12. Do you have any advice for college students in regards to their sexual health?

The interviews may vary and may include follow up questions that pertain to the topic.

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