

**SURVEY:**

# Campus Reproductive and Sexual Health Access

**A REPORT FROM HEY JANE AND ADVOCATES FOR YOUTH**

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# Introduction

Access to comprehensive reproductive and sexual health services, including birth control, sexually transmitted infection (STI) screening and treatment, vaginal infections care, emergency contraception, and abortion, is rooted in the fundamental principles of bodily autonomy, gender equality, and the right to make informed choices about one's life and future. Each year in the United States, three out of four people with a uterus of reproductive age receive one or more reproductive or sexual health service from a medical provider<sup>1</sup>. Previous studies have found that access to quality reproductive and sexual health services is vital for ensuring the health and well-being of young people and that these services help young people prevent sexually transmitted infections and unintended pregnancy.<sup>2,3</sup>

Yet, studies have also found that young people may forego needed reproductive and sexual health services due to a variety of concerns and access barriers, including confidentiality, social stigma, unfriendly or judgemental interactions, and fear<sup>4</sup>. Structural obstacles, such as financial constraints, transportation limitations, lack of access to high-quality health care, and limited scheduling, further exacerbate the challenges confronted by teens and young adults, especially low-income and other marginalized youth<sup>5</sup>.

These impediments may contribute to delayed or missed care and increased health risks, potentially leading to adverse health outcomes. In response to these obstacles, recent studies have highlighted the important role that quality on-campus care and telemedicine play in removing barriers and expanding reproductive and sexual health care access for youth<sup>6</sup>. School-based health centers that provide accessible and quality comprehensive reproductive services, for example, are associated with increased contraceptive use, sexual health care visits, and declines in unintended pregnancy<sup>7</sup>. In addition, telemedicine can remove barriers and expand access by increasing convenience and confidentiality and reducing travel and time needed for appointments.<sup>8</sup>

Against this backdrop, the virtual reproductive and sexual health clinic Hey Jane and nonprofit sexual health advocacy organization Advocates for Youth conducted the Campus Reproductive and Sexual Health Access Survey to better understand how people ages 18-24 view and experience reproductive and sexual health services. The survey was designed to capture a comprehensive view of students' attitudes towards on- and off-campus care, particularly related to birth control, emergency contraception, STI and vaginal infections treatments, and abortion.

## SPECIFICALLY, WE ASK:

1. What are students' reproductive and sexual health care needs?
2. What factors contribute to students seeking reproductive and sexual health care services on and off campus, and how does telemedicine play a role in facilitating their access to care?
3. What barriers are students experiencing when they seek reproductive and sexual health care?
4. How do demographic factors, including race, income, location, and insurance type, influence students' access to on-campus and off-campus reproductive and sexual health services, including birth control, emergency contraception, STI treatments, and abortion?

**“My campus health care center was really hard to get into and offered limited services.**

**I did not feel welcomed and it was not advertised as being welcoming.”**

Public university student  
UTAH

# Methodology

After the validation of survey instruments by Hey Jane and Advocates for Youth, the 2023 Campus Reproductive and Sexual Health Access Survey was conducted via online survey site Pollfish. Qualified respondents completed the survey between August 9-10, 2023.

## The inclusion criteria is as follows:

**Ages 18-24**

**Currently enrolled at a college or university and have a student email address**

**Located in a state that Hey Jane operates in**

(California, Colorado, Connecticut, Illinois, Maryland, Massachusetts, New Jersey, New Mexico, New York, Virginia, and Washington)

**Have sought reproductive and sexual health care services, such as birth control, emergency contraception, abortion care, treatment for STIs, and treatment for vaginal infections, while in college for themselves, a friend, or a partner**

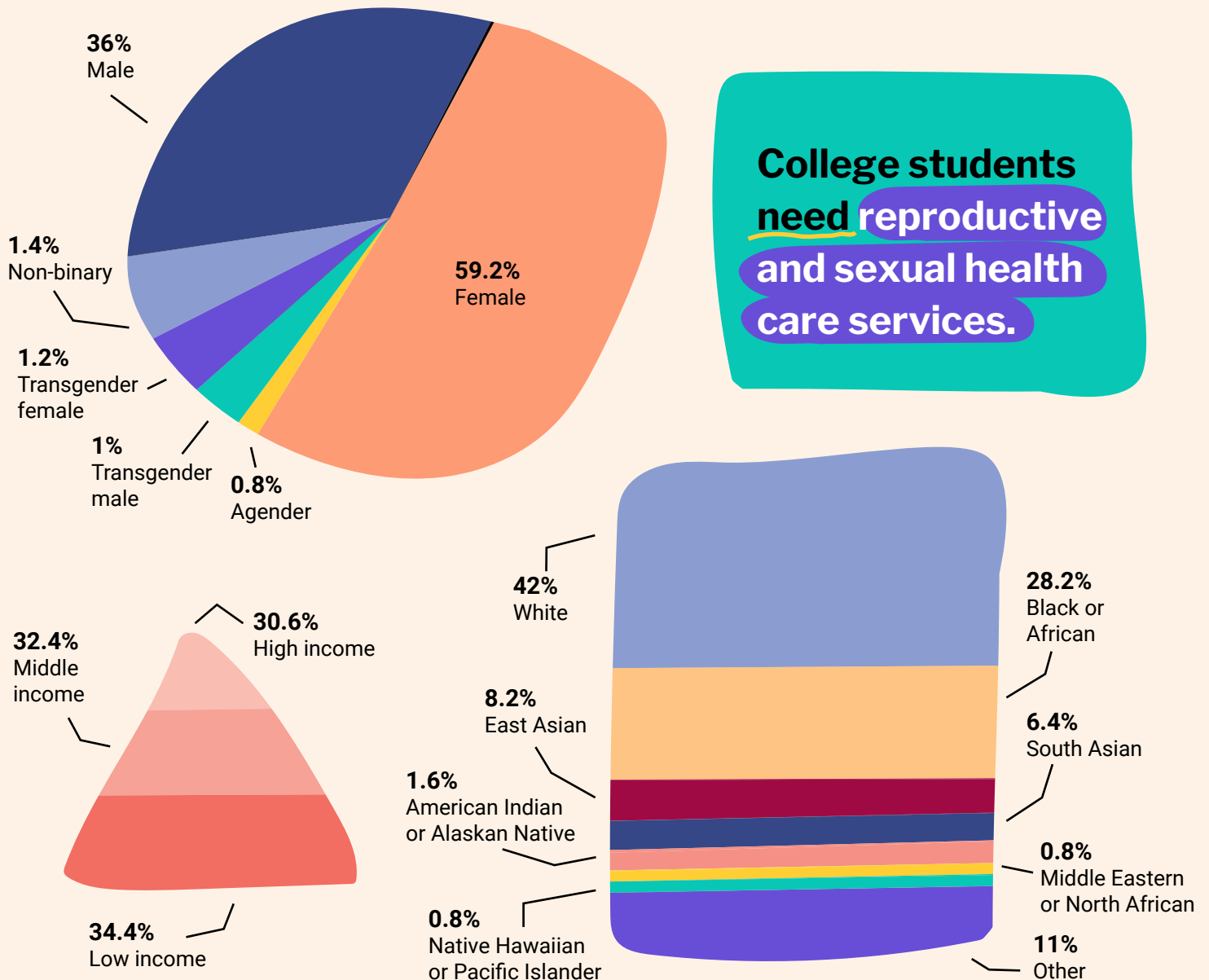
Participants did not receive compensation from Hey Jane or Advocates for Youth, monetary or otherwise, for responding to the survey. However, in line with Pollfish's policy, participants received non-cash incentives from Pollfish in exchange for survey completion.

# Survey participants

The 2023 Campus Reproductive and Sexual Health Access Survey gathered insights from a total of 500 qualified participants. These qualified participants, ages 18-24, come from diverse racial and socioeconomic backgrounds, and are located in urban, peri-urban, or rural contexts across 11 states that Hey Jane operates in<sup>9</sup>.

59.2% of the respondents self-identify as female, 36% as male, 1.4% as non-binary, 1.2% as transgender female, 1% as transgender male, and .8% as agender. In terms of race, 42% of all respondents identify as White, 28.2% Black or African American, 8.2% as East Asian, 6.4% as South Asian, 1.6% as American Indian or Alaska Native, .8% as Middle Eastern or North African, .8% as Native Hawaiian or Pacific Islanders, and 11% as others. Respondents' socioeconomic status was also surveyed via household income measures. Of all 500 respondents, 34.4% are classified as low income, 32.4% as middle income, and 30.6% as high income<sup>10</sup>.

Among all respondents, **64.2% reported that they have personally sought reproductive and sexual health care services while in college, while 35.8% reported that they have helped a friend or partner locate such services.**



## Findings

# Access to birth control, vaginal infection treatments, and emergency contraceptive services

Young people have unique needs when accessing comprehensive reproductive and sexual health care services, including birth control prescriptions, vaginal infection treatments, and emergency contraceptive services. Prior research revealed that the current health systems present many hurdles for young people even before receiving services, including inconvenient hours, legal challenges, confidentiality and privacy concerns, fear of discrimination, disrespect from health care providers, and high costs<sup>11</sup>. Results from the current survey confirmed these findings, and shed additional light on the way these barriers may influence youth's decision to seek reproductive and sexual health care services on and off campus, and the role telemedicine can play in mitigating these barriers.

Overall, the survey results reveal a widespread consensus among the majority of respondents regarding the importance of access to comprehensive reproductive and sexual health care on campus. For example, **77% of respondents expressed that it is "very important" or "important" for them to have access to on-campus abortion care.** However, the survey also found that **47% of all respondents agree or strongly agree with the assertion that seeking reproductive and sexual health services on campus is challenging,** and that **54.8% of all respondents find seeking reproductive and sexual health services on campus uncomfortable.** Specifically, when describing their experience accessing reproductive and sexual health care services on campus, **24% of respondents believe it's difficult to find reliable care information,** and **20.2% believe that the experience was not discreet and private.**



**77%**

**of respondents expressed that it is "very important" or "important" for them to have access to on-campus abortion care**



**54.8%**

**of all respondents find seeking reproductive and sexual health services on campus uncomfortable**

"We don't really have a health center on campus. We have to go off campus for any kind of medical care."

Public university student  
NEBRASKA

"We don't have a student health center. We can get a small discount at a nearby clinic, but they don't offer abortion care because it is banned in this state."

Public university student  
SOUTH DAKOTA

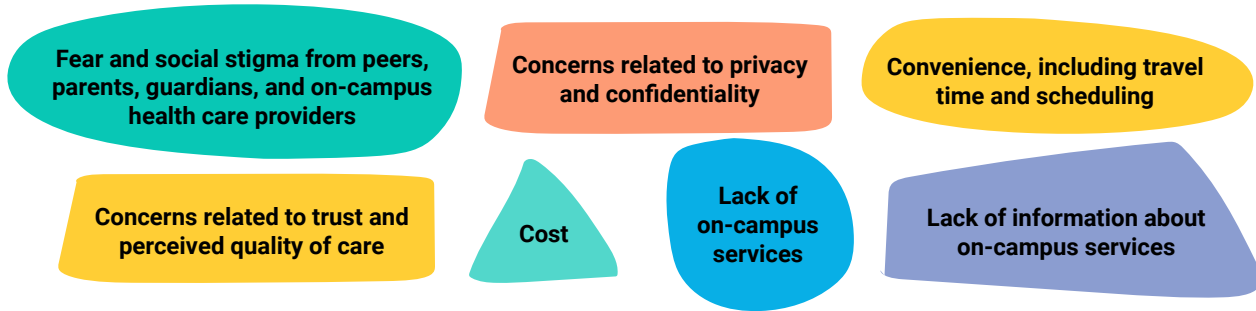
"There is no student health center on my campus. The Women's Center had a limited supply of condoms and Plan B with no funds to restock."

Public university student  
MINNESOTA

Removing the number of students who have never accessed reproductive and sexual health care services, the vast majority of respondents instead accessed services related to birth control, vaginal infection treatments, and emergency contraception outside of on-campus facilities. This includes **71.3% of all students seeking prescription birth control (n=398), 72.7% of all students seeking emergency contraceptives (n=406), and 69.6% of all students seeking treatment for vaginal infections (n=336).** While seeking said services off campus, students chose various means, such as off-campus clinics and doctor's offices, telehealth and online providers, as well as pharmacies.

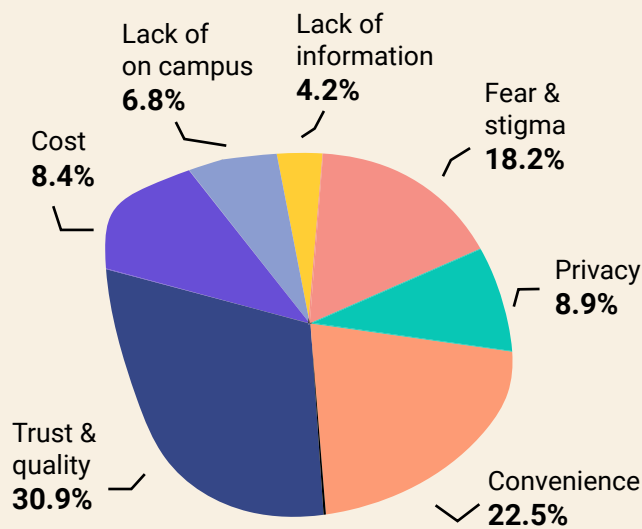
**Most students go off campus for reproductive and sexual health care services**

While students from the survey cite a wide range of reasons for accessing services off campus, they can be summarized into seven key barriers:

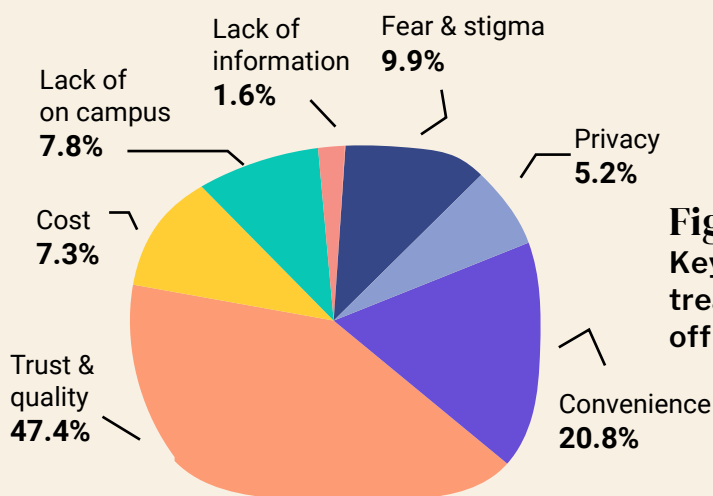
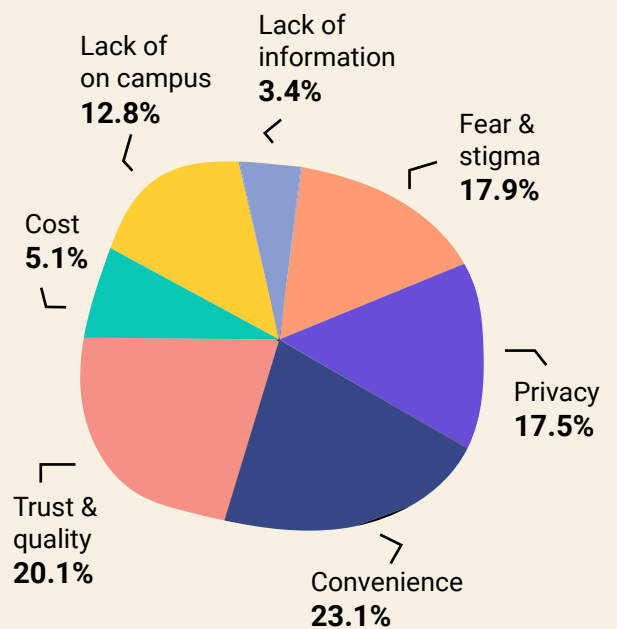


Figures 1-3 below demonstrate the breakdown of the most common barriers survey respondents faced while seeking prescription birth control, vaginal infection treatments, and emergency contraceptives on-campus.

**Figure 1**  
Key reasons for youth seeking prescription birth control off campus (n=236)



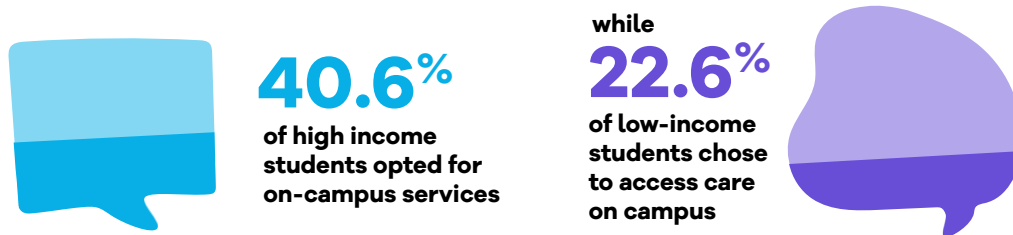
**Figure 2**  
Key reasons for youth seeking emergency contraceptive off campus (n=227)



**Figure 3**  
Key reasons for youth seeking treatments for vaginal infection off campus (n=192)

Notably, students' socioeconomic status and insurance plan play a major role in influencing their access to seeking birth control and vaginal infection treatments on and off campus. For instance, among the 114 students who have sought prescription birth control on campus, 43% of them self-identified as high income and 46.9% of them have a school insurance plan. In contrast, only 23.7% of those 114 students identified as low income, and only 22.2% of them hold school insurance plans.

In addition, low-income students are 1.7 times more likely to seek prescription birth control services off campus compared to their wealthier peers.



Similarly, in the context of seeking treatment for vaginal infections, a notable 40.6% of high-income students opted for on-campus services, while only 22.6% of low-income students chose to access care on campus. Those with school insurance plans, in particular, make up close to 50% of all students seeking treatment for vaginal infection at campus health offices. In contrast, students relying on their parents' or guardians' insurance and Medicaid predominately opt for services at off-campus doctor's offices and through telehealth providers.

**Overall, the current survey sheds light on a significant discrepancy between the perceived importance of on-campus reproductive and sexual health care and the existing challenges in accessing such services.**

**While students believe it's important to access reproductive and sexual health care services on campus, some schools simply don't have these services available.**

Even when services are available, students reported on-campus care information is not always readily accessible and many shared there's a lack of trust in campus health centers due to unreliable schedules, lack of professional services, long wait times, high cost, and providers' judgemental attitudes towards students. Additionally, privacy and confidentiality emerged as one of the key concerns as students are afraid of running into peers or acquaintances while seeking services, or risking professors and coaches finding out that they sought intimate care. Instead, many students continue seeing their off-campus care provider they are familiar with or seek telemedicine throughout college. This is likely due to students' comfort and trust in providers who understand their medical history, as well as the increase in telemedicine capabilities post-pandemic<sup>12</sup>.

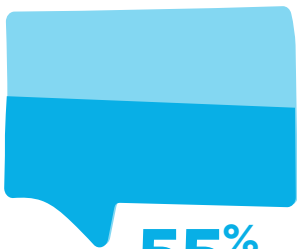
**"Two years ago my campus switched health care providers to a Catholic-owned hospital that would not provide reproductive and sexual health services. After much negotiation they allowed outside providers to come in once a week for reproductive and sexual health services. As such, few students trusted the free on campus health center and outsourced their repro health appointments."**

Private college student  
OHIO

# Access to abortion services



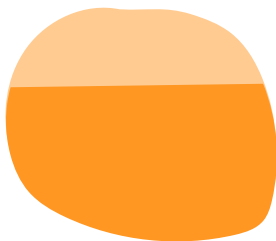
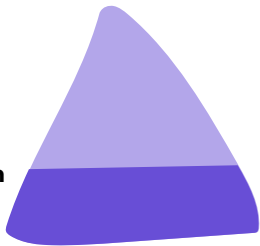
**76%**  
of respondents expressed that it was **“very important”** or **“important”** to them to have access to on-campus abortion care



**55%**  
felt uncomfortable seeking reproductive and sexual health care on campus

**31%**

received abortion care through **on-campus health offices**



while **69%** received care elsewhere

Abortion has been an integral aspect of people’s lives across history and continues to be a significant component of reproductive experiences<sup>13</sup>. Previous research has shown that legal and affordable access to abortion has widespread benefits across the individual, community, and country levels, including increased high school graduation and college attendance rates, reduced crime rates, and reduced strain on health systems and public resources<sup>14</sup>. Studies have also shown that offering both medication and procedural abortion, and increasing access to both types of service, are vital in ensuring comprehensive reproductive and sexual health care<sup>15</sup>. In the United States, approximately one in four people with a uterus will have an abortion by age 45.<sup>16</sup> According to one study, more than half of all United States abortion patients in 2014 were in their 20s, and adolescents made up **12%** of abortion patients<sup>17</sup>. Yet, research also shows that wealth disparities, systemic inequalities, and geographic barriers often create significant hurdles for marginalized populations seeking reproductive care<sup>18</sup>. This is especially true for teenagers and young adults, who face challenges related to cost, scheduling, and travel<sup>19</sup>.

From the current survey, **23.6%** of all respondents who were assigned female at birth<sup>20</sup> (n=118) reported that they have sought abortion services previously, with **19.4%** reporting seeking medication abortion, and **4.2%** seeking procedural abortion, also commonly referred to as aspiration or surgical abortion<sup>21</sup>. Among these 118 respondents, the rate of individuals seeking off-campus abortion care is noticeably higher than those who sought on-campus care: While **31.4%** reported receiving abortion care through on-campus health offices, **28.8%** received services through off-campus clinics, **26.3%** received services through off-campus doctor’s offices, and **5.9%** received services through telehealth or online providers. Additionally, 8 out of 118 respondents who sought abortion care were unable to receive it.

Leveraging survey data collected from the 118 respondents who have undergone abortion care, whether through on-campus or off-campus services, the following sections of the report delve into an in-depth exploration of how demographic factors—such as race, income, location, and insurance type—influence individuals’ experiences and attitudes towards abortion care services.



# Socioeconomic factors

Among the 118 respondents, **40.7%** identified themselves as high income. Within this group, **39.6%** opted for on-campus abortion care, while a larger proportion, **54.1%**, sought services off campus through doctor's offices, clinics, and telehealth services. In contrast, among the **26.3%** of respondents identifying as low income, only **25.8%** of them chose on-campus abortion care. Notably, individuals in the low-income category were the only group who did not seek telehealth services for abortion care. Nevertheless, **74.2%** of them reported seeking abortion care off campus, both at doctor's offices (**38.7%**) and clinics (**35.5%**).

**Interestingly, while students who are of low-income backgrounds were more likely to seek off-campus abortion care, 87.1% find that having abortion access on campus is "very important" or "important" to them, whereas only 72.4% of high-income students find on-campus abortion access critical.**

Data collected from low-income students provided valuable insight regarding their preference of off-campus services—other than the lack of accessible on-campus services, respondents cited social stigma, privacy, and affordability as major reasons preventing them from seeking care at school.

**Lower-income students value on-campus sexual and reproductive and sexual health care services more than higher-income students, yet are more likely to go off campus due to cost, accessibility, and concerns about privacy and stigma.**

**"Services were only available to those who had insurance through the university. No resources for students with private insurance."**

Public university student  
CALIFORNIA

Students' socioeconomic status also seems to influence their payment preference for abortion care. In general, students who self-identify as high income have greater abilities to pay for abortion care out of pocket. Out of **118** participants, **85** of them responded feeling comfortable paying for abortion using cash or credit card. Of those 85 individuals, **40%** identified themselves as high income, **34.1%** are identified as middle income, whereas only **24.7%** are identified as low income.

At the same time, of the **35** students who responded feeling comfortable paying for abortion care using a school insurance plan, **60%** identified themselves as high income, **28.6%** are identified as middle income, and only **11.4%** are identified as low income. Furthermore, the type of insurance a student possesses also correlates with the location of abortion care service they chose to receive. For instance, of the **31.4%** of all respondents who sought abortion on campus, **45.9%** of them hold school insurance plans, compared to only **22.2%** for those who sought abortion off campus.

# Location

Abortion policy and access exhibit distinct spatial patterns throughout the United States<sup>22</sup>. **Travel distance has been cited as a pivotal factor influencing abortion care, with individuals residing outside metropolitan areas more frequently facing the need to travel longer distances<sup>23</sup>.** Using the United States Department of Agriculture's Rural-Urban Continuum Codes (2013), we classified the locations of the **118 respondents** who have previously sought abortion care. Of all 118 participants, **80%** of them are located in counties in metro areas of 1 million population or more (Category 1), followed by **15.3%** who are located in counties in metro areas of 250,000 to 1 million population (Category 2), **1.7%** in counties in metro areas of fewer than 250,000 population (Category 3), and **4.2%** in urban populations of 2,500 to 19,999, adjacent to a metro area (Category 4). While the sample is overrepresented by students who are located in metropolitan areas, it's worth noting that all participants in Category 3 and 4, characterized as living in lesser populated areas, sought off-campus abortion care and all indicated that on-campus abortion care is "important" or "very important" to them. Moreover, one participant specifically indicated that they were unable to receive the abortion care they were searching for. Among reasons shared, participants reported that off-campus service was the only service available to them, as well as desires for more professional and higher quality care.

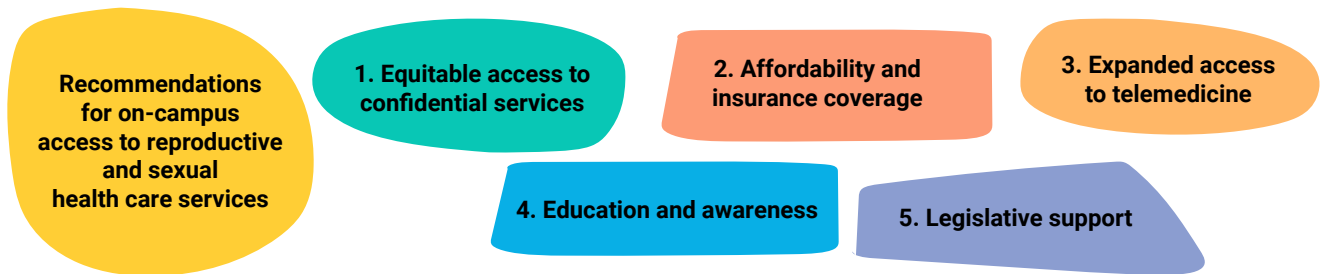
**Having to travel is a major barrier to abortion access for students. Students living in less populated areas all had to leave campus for abortion care.**

**BIPOC students are more likely to choose off-campus abortion.**

Prior studies have consistently reported significant gaps in the accessibility and utilization of abortion care among racial and ethnic minorities, particularly Black, Indigenous, and people of color<sup>24,25</sup>. In addition, trans men, nonbinary people of color, and immigrants are all especially likely to encounter compounding obstacles to accessing abortion care<sup>26</sup>. Among the 118 respondents who have sought abortion care, **39.8%** identify as White, **33.9%** identify as Black or African American, **5.1%** as East Asian, **3.4%** as South Asian, **1.7%** as Native Hawaiian or Pacific Islanders, and **13.6%** as others. Particularly noteworthy are the distinctive patterns in abortion care-seeking behavior based on racial identity among students. Of those identifying as White, **38.3%** sought on-campus abortion services, while a larger majority, **53.2%**, opted for off-campus options, including doctor's offices, clinics, and telehealth services. In contrast, a smaller percentage of students identifying as people of color sought on-campus abortion services (**26.8%**), with a substantial **66.2%** choosing off-campus care. **Other than the lack of on-campus abortion care services available, respondents who identify as people of color cite quality of care (52.9%), stigma related to abortion (14.7%), and privacy concerns (5.9%) as the top three reasons that dissuade them from seeking abortion care on campus.**

# Recommendations

Equitable access to comprehensive reproductive and sexual health services is a critical component of overall adolescent health. While all people need access to the full spectrum of reproductive and sexual health care services, including contraception and abortion, young people are disproportionately affected by long waiting periods, social stigma, lack of easily accessible services, and are less likely to be able to afford long distance travel and take time off work and school. This report and prior evidence show the critical need to prioritize and enhance access to reproductive and sexual health services offered to students so that they are more accessible and affordable. If comprehensive reproductive and sexual care were accessible, affordable, and confidential, the travel, logistical, and cost burdens to students seeking these services would likely be reduced. To address these concerns, we recommend the following:



## 1) Equitable access to confidential services

Young people have a right to medical privacy. Providing access to confidential reproductive and sexual health services, including abortion, is critical for ensuring that individuals feel safe and comfortable seeking care without fear of judgment or privacy breaches, which may lead to young people delaying or foregoing the care they need.<sup>27</sup> Although evidence has long suggested that the majority of young people consult their parents about their reproductive and sexual health care choices, adolescents value privacy and are more likely to seek care and provide honest information to providers when confidentiality is guaranteed.<sup>28,29</sup> This survey also points to concerns about confidentiality specifically held by low-income students and those who identify as people of color, which must be redressed. Consent restrictions, such as parental involvement laws, as well as widespread insurance communication and complicated billing processes, compromise young people's confidential access to reproductive and sexual health care, and limit their right to independently consent to health services that directly impact their bodies and well-being. Recognizing these challenges, medical professional associations such as the American Academy of Pediatrics and American Medical Association, as well as multilateral organizations such as UNICEF, have long urged governments and legislation to recognize confidential health care as an essential component of youth's fundamental rights to privacy.<sup>30</sup> This report and prior research have both confirmed that we can better support the autonomy and privacy of young individuals, ultimately fostering a reproductive and sexual health care environment that prioritizes their rights and well-being, only if we can guarantee their access to confidential care.

## 2) Affordability and insurance coverage

Reproductive and sexual health services should be affordable and covered by insurance programs. Financial considerations significantly determine the extent of access young individuals may encounter when seeking such health care services. In the United States, studies have shown that youth's access to reproductive and sexual health services largely depends upon the extent to which they have insurance and their ability to pay out of pocket.<sup>31</sup> In-clinic abortion services, for instance, can cost up to \$750 in the first trimester and up to \$1,500 later in pregnancy.<sup>32</sup> For those without the financial means or insurance coverage, the additional costs of seeking reproductive and sexual health care, including but not limited to transportation costs and missed work, can be insurmountable. Offering low-cost services, both in clinic and via telemedicine care, that can be covered by insurance, including Medicaid, can significantly alleviate the financial burden faced by young individuals and promote inclusivity in accessing essential reproductive and sexual health care. These avenues may include telemedicine, which may offer services from experienced providers at a lower cost than in-person care and accept insurance (as Hey Jane does), and on-campus care services, where student health centers are well-equipped, staffed with knowledgeable health care providers, and can offer a comprehensive range of reproductive and sexual health care services, including abortion care.

### 3) Expanded access to telemedicine

Telemedicine can play a vital role in enhancing access to comprehensive reproductive and sexual health care, especially for young people facing fear of social stigma and logistical challenges, as well as concerns about cost. Prior study showed that expanding access to telemedicine is critical to overcoming the geographical, financial, and logistical barriers that many people face while attempting to access reproductive and sexual health services in person.<sup>33</sup> Virtual consultations eliminate the need to meet in-person for clinical appointments, leading to enhanced privacy, less scheduling delays, shorter wait times, and reduced or eliminated travel to appointments. Telemedicine abortion, for instance, has been proven clinically feasible, efficacious and safe, and provided much-needed services for individuals seeking abortion during the COVID-19 pandemic and thereafter.<sup>34,35,36</sup> Nevertheless, though insurance coverage for telemedicine is expanding,<sup>37</sup> existing restrictions, such as limited insurance coverage for abortion care and state-level bans on telemedicine abortion and medically unnecessary requirements around the dispensing of mifepristone, continue to stifle the expansion of access to telemedicine.<sup>38</sup> Thus, advocates and policymakers at the school, local, state, and federal level must account for intersecting limitations and dismantle restrictive policies that pave the way for greater telemedicine accessibility.

### 4) Education and awareness

We understand from young people in this report that even when reproductive and sexual health services were available to them, access to information about these services might not always be easily available. They can be poorly informed or even misinformed about their changing bodies, needs, and STI and pregnancy risks.<sup>39</sup> Therefore, it is crucial to prioritize building public and student awareness of reproductive and sexual health services. Educational initiatives should be designed to inform young individuals about the range of services available, their rights to confidential care, and the various accessible avenues for seeking reproductive and sexual health support. Creating an effective and gender-inclusive comprehensive awareness campaign, both within educational institutions and the wider community, can empower young people to make informed decisions about their reproductive and sexual health. Moreover, addressing common misconceptions and reducing stigma associated with reproductive and sexual health services can contribute to a more supportive and understanding environment, encouraging individuals to seek care without hesitation or fear of judgment.

### 5) Legislative support

Recognizing the multifaceted challenges young individuals encounter in accessing reproductive and sexual health care, we understand that the burdens should not be on youth to navigate these complexities alone. Young individuals understand the importance of and should be able to access a full range of reproductive and sexual health care services that are easily accessible, affordable, and confidential. In response, adult allies and policymakers in the local, state, and federal levels must provide resources and create the necessary environments that acknowledge their rights. We are experiencing a crisis in abortion access across the United States. Nearly half of states have strong restrictions on abortion and fourteen states have outright bans on nearly all abortion care. Legislators must overturn these bans and remove unnecessary restrictions. In addition, legislators have the power to put policies in place that support abortion access, including through increasing insurance coverage for abortion care and requiring that state colleges and universities expand access to medication abortion.

**"I had to go to the local clinic to receive abortion medication. Being able to get the medication on campus or through telemedicine would have helped prevent the emotional and mental struggle of dealing with protestors."**

Public university student  
MINNESOTA

**"The health center on my campus is open and supportive about sexual and reproductive health care services, and they also are affirming of LGBTQ people, which helps me feel comfortable going there."**

Public university student  
FLORIDA

**"The student health center is extremely welcoming and has a great presence on campus, but many people aren't aware of what services they do/don't provide and how insurance works through them."**

Public university student  
KANSAS

# Conclusion

Young people have the right to lead healthy lives and to plan their futures. They need equitable and confidential access to reproductive and sexual health services, including accurate information, birth control provision, STI testing and treatment, vaginal infections care, and abortion care. Expanded access to telemedicine is an important tool in ensuring everyone has access to these services, including abortion care. Campuses, educators, and legislators should work to ensure that no barriers stand between young people and quality health care.

**"My health center is welcoming, it's easy to get an appointment, and it's free. I appreciate the care I received there."**

Private college student  
IOWA

**We are Hey Jane, a virtual reproductive and sexual health clinic that always puts patients first.**

**From day one, we've been committed to providing safe, discreet medication abortion treatment (no in-person clinic visit necessary)—and have helped tens of thousands of people get the care they need. Today, we offer a range of reproductive and sexual health care services from the comfort and convenience of your phone.**

**Our in-house clinical care team, composed of board certified doctors, advanced practice clinicians, nurses, and patient care advocates, is just a text message away. We're committed to helping you get the care you know you need. Because we believe the best person to make decisions about your body is you.**

[www.heyjane.com](http://www.heyjane.com)

**Advocates for Youth is a 501(c)3 organization that champions efforts that help young people make informed decisions about their reproductive and sexual health. Advocates boldly advocates for a more positive and realistic approach to adolescent sexual health, focusing its work on young people ages 14-25 in the U.S. and around the globe.**

[www.advocatesforyouth.org](http://www.advocatesforyouth.org)

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# Hey Jane

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