


 Science Says

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The Sexual Behavior of California Community College Students

Introduction

More than one million unplanned pregnancies occur each year to single women in their 20s—a group that includes many in community colleges. These unplanned pregnancies (as characterized by women themselves) result in a large number of single parents who struggle with finances, interrupted or indefinitely postponed education, unstable relationships, and a host of challenging health, educational, and social consequences for their children.

Promoting responsible sexual behavior is identified as a public health priority in several high-profile and influential national plans to improve the health of Americans, including those from the Office of the Surgeon General and the U.S. Department of Health and Human Services' Healthy People 2020. (Promoting responsible sexual behavior is also expected to be included in the soon to-be-released Healthy Campus 2020). Even so, much of the existing research examining the sexual behavior of college students focuses on traditional four-year campuses, with limited data on community college students. Researchers recognize the need to study college students attending a mixture of institutional settings, such as two-year and four-year colleges, public and private colleges, commuter and residential institutions, and urban and rural campuses. This research brief contributes to filling this gap by highlighting the sexual behavior of a large subset of community college students in California, specifically the 18-24 year-old student population.

Highlights

- The mean age of the sample discussed in this brief was 20 years old, 54% of whom were women and 46% were men. More than four in five (82%) were full time students (Table 1).
- The majority of students were single (59%); 38% were engaged or in committed relationships, 3% were married, and less than 1% were separated, divorced, or widowed (Figure 1).
- Forty-three percent of students reported having one sexual partner within the last school year, 19% reported having 2-3 partners, and about one in 10 reported having had four or more sexual partners. More than one-quarter (28%) of students reported not having any sexual partners in the last school year (Figure 2).
- When asked about sexual activity within the last 30 days, 53% of students reported having had sex (in this document, "sex" means "vaginal sex" unless otherwise noted), 47% of students reported having oral sex, and 6% reported having anal sex (Table 2).
- Condoms (50%) were the most common method of birth control reported for the most recent act of sex, followed by birth control pills (46%). More than one in five students (22%) reported using withdrawal (Table 2).
- Among sexually active students, 5.4% of students reported that they or their partner(s) experienced an unintentional pregnancy within the last school year (Figure 3).

- Among sexually active students, more than one in five students (21%) reported the use of emergency contraception (EC) within the last school year (Figure 4).
- Two in 5 students (40%) reported having relationship difficulties in the last 12 months. Of these students, 41% reported that their relationship difficulties affected their performance in school (Table 3).

Unplanned Pregnancy Among Young Adults

The majority of college students are sexually active, tend to delay marriage, and are often not interested in becoming pregnant until later in life.^{1,2} Among the 42 million fertile, sexually-active women in the United States, an overwhelming majority (89%) use some form of contraception. In spite of this, nearly half of all pregnancies in the U.S. are unintended. Data from the 2002 National Survey of Family Growth reported that women ages 18-24 experience the highest rate of unintended pregnancy; 60% of pregnancies among 20-24 year-olds and 79% among 18-19 year-olds are unintended as reported by the woman herself. These figures translate to more than one unintended pregnancy for every 10 women in the 18-24 age group, twice the rate for women overall. Though abortion rates in this country have steadily declined over the last several decades, one-third (33%) of women who seek abortions are between the ages of 20-24.³

Community College Students in the United States

Of the 18 million college students in the U.S., 59% fall in the traditional college age range of 18-24. Approximately one-quarter of the U.S. population ages 18-24 is enrolled in a college or university. Nationally, 11.6 million students are enrolled across 1,200 community college campuses, of which 43% are age 21 or younger, 59% are women, and 39% are the first in their family to attend college. Community colleges serve almost half of all the undergraduate students in the United States.⁴ As a general matter, community colleges have a low rate of retention and completion among students—an issue that has gained increased attention in recent years.⁵ Given this attention to completion, more focus on pregnancy planning and prevention seems warranted since unplanned pregnancy increases the risk of dropping out of college—61% of women who have children after enrolling in community college fail to finish their degree, which is 65% higher than the rate for those who didn't have children.⁶

California Community Colleges

The California Community College (CCC) system is the largest higher educational system in the nation, comprised of 72 districts

FIGURE 1. Relationship Status of Sample Population (N=4388)

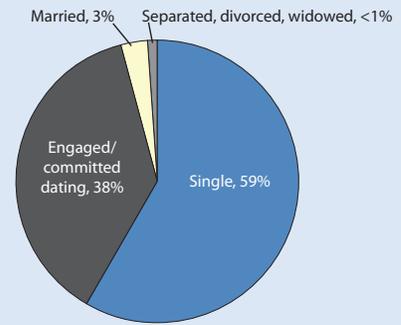


TABLE 1. Demographics and Sexual Behavior of Sample Population (N=4487)

Student Demographics	N	%
Age (N=4487, Mean=20, SD=1.68)		
18-20	2955	65.9
21-24	1532	34.1
Sex (N=4487)		
Females	2435	54.3
Males	2052	45.7
Full time student status (N=4445)		
Yes	3624	81.5
No	821	18.5
Ethnicity (N=4487)		
White	2365	52.7
Black	126	2.8
Hispanic or Latino	1137	25.3
Asian or Pacific Islander	769	17.1
American Indian/Alaskan Native	79	1.8
Other	313	7.0
International Student (N=4419)		
Yes	150	3.4
No	4269	96.6
Cumulative Grade Average (N=4239)		
A	672	15.9
B	2315	54.6
C	1066	25.1
D/F	64	1.5
N/A	122	2.9
Health Insurance Status (N=4425)		
Have health insurance	3149	71.2
No health insurance	822	18.6
Not sure	454	10.3

and 112 colleges, serving more than 2.7 million students each year. Approximately 54% of the student population is female and 46% are male. Thirty-four percent are white, 30% are Hispanic, 16% are Asian or Pacific Islanders (API), and 8% are African American.

ACHA-NCHA

The American College Health Association–National College Health Assessment (ACHA-NCHA) is a nationally recognized survey designed to assess a broad spectrum of health needs, behavior, and perceptions of college students. The survey contains nearly 300 questions in seven topical sections. One section focuses on sexual behavior, perceptions, relationships, and contraception. The ACHA-NCHA invites institutions of higher education to participate in the survey to track progress on health objectives and trends, so colleges and universities can better address the health issues that affect student retention and academic achievement. Now in its 10th year, nearly 500 institutions have participated, resulting in nearly 700,000 students who have taken the survey. Despite its comprehensive nature and growing popularity, participation of community colleges in ACHA-NCHA remains just a fraction of participation overall, comprising less than 6% of the aggregate sample.

Methodology

In Spring 2007, the Health Services Association California Community Colleges organized 13 campuses (the Consortium) to participate in ACHA-NCHA, producing the first data set available for a cohort of community college students. With a combined enrollment of approximately 180,973 students, the consortium provided a sample of 7,898 respondents. Surveys were administered anonymously. In this research brief, we examine a subset of the sample—students ages 18-24 who identified themselves as heterosexual—referred to as the CCC sample (N=4487). Table 1 describes some of the demographic characteristics of those in the sample. Please note that some of the results that were disaggregated by ethnic groups may not include black respondents, as some of the figures were too low for any meaningful analysis.

References to the aggregate sample throughout this brief include the full ACHA-NCHA sample, which consists primarily of four-year colleges and universities. Comparisons between the CCC sample and the aggregate sample are the best available data comparing students in community colleges with students in four-year colleges and universities. It is difficult to know whether differences between the samples reflect differences between students in community colleges and four-year colleges, between students in California compared to the nation, or differences between the services offered by two- and four-year institutions. For example, four-year colleges tend to have more robust health centers and

FIGURE 2. Number of Sexual Partners within the Last School Year (N=4388)

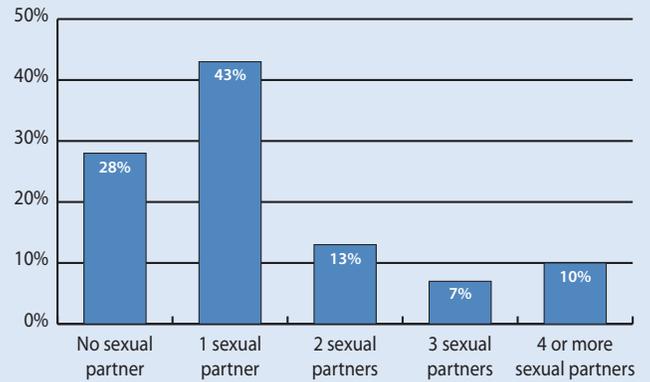


FIGURE 3. Unintended Pregnancy within the Last School Year (N=4398)

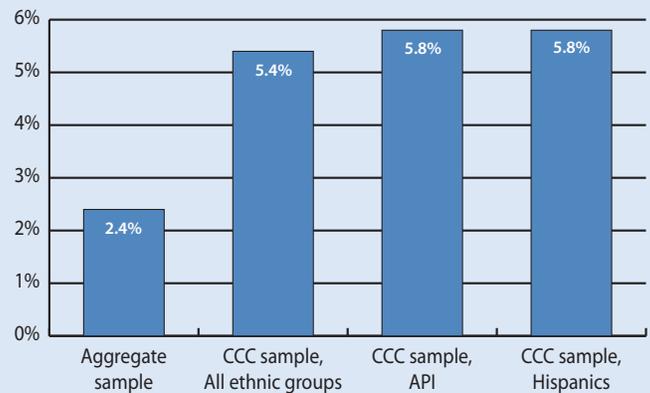
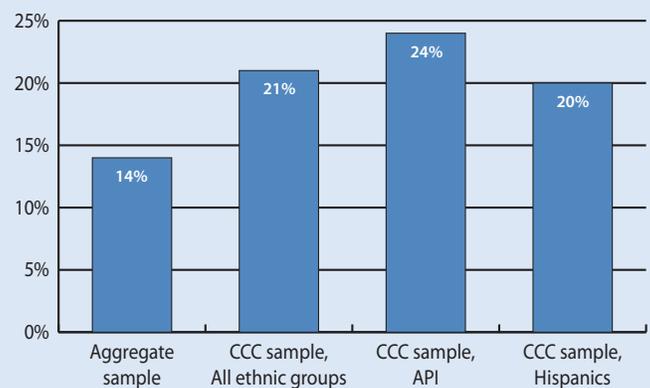


FIGURE 4. Emergency Contraception Use Within the Last School Year



educational programs regarding sexual health issues. By definition, the colleges in the Consortium do have health centers, but this is the exception rather than the rule for community colleges overall.

Key Findings

For young adults, the college years are a period of profound social and personal development. Also known as “emerging adulthood,” this is a period of exploration in such areas as love, work, and world views. It is a time when many young people are engaged in different types of relationships. The ACHA-NCHA assesses a number of variables that may affect academic performance, including sexual behavior, unintended pregnancy, and relationship difficulties.

Health Education

Health information is sometimes integrated in a number of disciplines, such as women’s studies, psychology, sociology, and biology. When students were asked whether they received health information from their colleges, approximately one-fifth (21%) of respondents reported receiving information from their respective colleges on pregnancy prevention, about one-fourth (26%) on HIV/AIDS, and 28% on sexually transmitted diseases (STDs).

Sexual Partners

More than half (55%) of the students in the CCC sample reported one or two sexual partners within the last school year, and more than one-fourth (28%) reported having no partner at all within the last school year (Figure 2). Only one in ten (10%) reported having four or more partners. A slightly higher proportion of CCC students had two or more partners than those in the aggregate sample (28% compared to 25%, respectively).

Sexual Activity and Condom Use

Approximately half of the CCC students reported having oral sex (47%) and/or vaginal sex (52%) within the past 30 days, and 6% reported having had anal sex (Table 2). About half (49%) reported using condoms the last time they had vaginal sex, a rate lower than what was reported among the aggregate sample (59%). Among students who had vaginal sex within the last school year, only 6% of those who had oral sex reported using a condom at their last encounter, despite well-documented studies of the transmission of syphilis, Chlamydia, and gonorrhea through oral sex. Many young adults consider oral sex to be a less risky activity than vaginal sex, with less serious health, social, and emotional consequences.

TABLE 2. Sexual and Reproductive Behavior of Sample Population

Sexual Behavior	N	%
Frequency of oral sex within past 30 days (N=4,388)		
Never did this sexual behavior	1192	27.2
Have not done this behavior during the last 30 days	1130	25.8
Did this 1 or more times	2066	47.0
Frequency of vaginal sex within past 30 days (N=4,386)		
Never did this sexual behavior	1211	27.6
Have not done this behavior during the last 30 days	872	19.9
Did this 1 or more times	2303	52.5
Frequency of anal sex within past 30 days (N=4,351)		
Never did this sexual behavior	3098	71.2
Have not done this behavior during the last 30 days	985	22.6
Did this 1 or more times	268	6.2
Condom use during last sexual activity (N=4,363)		
Oral sex	197	6.3
Anal sex	1532	49.3
Vaginal sex	263	27.5
Most common birth control method for most recent act of vaginal intercourse (N=3,444)*		
Birth control pills	1588	46.1
Condoms	1713	49.7
Withdrawal	748	21.7
Depo-Provera	120	3.5
Fertility Awareness	98	2.8
Implant	4	0.1
Dual method	1854	36.8
Other sexual and reproductive health behaviors		
History of STD** (N=4,487)	178	4.0
History of HIV testing (N=4,448)	1369	32.1
Females: routine gynecological exam in last year (N=2,382)	1151	49.1

* Among those who indicated some type of birth control use. Also includes dual method users.

** Sexually transmitted diseases included genital herpes, genital warts/HPV, Chlamydia, gonorrhea, pelvic inflammatory disease in last school year

TABLE 3. Impact of Relationship Difficulties on Academic Performance

Academic performance	N	%
Did not experience relationship difficulties	2604	59.7
Experienced but did not affect academics	1013	23.7
Experienced lower grade on assignment	453	10.6
Experienced lower grade in class	189	4.4
Experienced an incomplete or dropped	70	1.6

Birth Control Methods

In the ACHA-NCHA, respondents are provided a selection of 11 birth control methods and are asked to indicate what they or their partner used to prevent pregnancy the last time they had vaginal intercourse. Among the CCC sample, and specifically those who have had vaginal intercourse that could have resulted in pregnancy, 92% of respondents reported using some sort of method(s) while 8% reported using nothing. Condoms were the most common method used (50%), followed closely by birth control pills (46%) (Table 3). More than one-third (37%) reported using dual methods of birth control (usually pills and condoms). Much smaller percentages of students reported using long-acting reversible methods (e.g. implants, IUDs). These methods are highly effective and could help the many students who are interested in delaying pregnancy until at least they complete their education;⁷ however, they are less well understood and less widely used by young adults in general.²

Slightly more than one in five students (22%) reported using withdrawal, a less effective choice for preventing pregnancy. A similar figure has been reported in another study of young and more educated women in the general population.⁸ Nevertheless, in 2009, the Guttmacher Institute released a study discussing new evidence suggesting that withdrawal is more effective than is widely assumed (evidence that it is only slightly less effective than the male condom for pregnancy prevention).⁹

Unintentional Pregnancy Within Last School Year

Among sexually active students in the CCC sample, 5.4% reported that they or their partner had experienced an unintentional pregnancy within the last school year, a figure more than twice the aggregate sample (2.4%) (Figure 3). For API and Hispanic students, rates were slightly higher (5.8%). Approximately 7.3% of Hispanic students and 10% of API students who reported being sexually active did not use contraception to prevent pregnancy within the last school year.

Emergency Contraception Use

Emergency Contraception (EC), also known as the morning after pill, can prevent pregnancy for up to five days after unprotected sex, and can be obtained without a prescription by women ages 17 and older. In the CCC sample, more than one in five (21% overall, or 20% for males and 22% for females) sexually active students reported that they or their partner(s) used EC within the last school year, a rate 1.5 times higher than that of the aggregate sample (14%) (Figure 4). There were differences in EC use across ethnic groups in the CCC sample. For example, 24% of API students reported using EC, a rate higher than other ethnic groups. Fully 38% of Chinese/

Chinese-American students reported using EC in a recent study conducted at four community colleges.¹⁰ The rate of EC use among community college women ages 18-24 in our sample is considerably higher than statewide figures (e.g. the California Health Interview Survey, the nation's largest state health survey, found a rate of EC use of 8% in 2004) and may be explained by access and social reasons. For example, students may have increased access to EC due to the presence of health centers on most California community college campuses, and students face social and economic pressures to delay pregnancy while they complete their education, which could prompt them to seek EC in order to divert a potential unplanned pregnancy.

History of STD Diagnosis

Few students—ranging from 0.1% to 2.6%—reported being diagnosed with an STD in the last school year. Specifically, 0.7% were diagnosed with genital herpes, 2.6% with genital warts/HPV, 1% with Chlamydia, 0.1% with gonorrhea, and 0.4% with pelvic inflammatory disease. There was a 4% self-reported STD rate across the five STDs assessed. Those who reported having had an STD were more likely to also report having had an HIV test.

History of HIV Testing

Nearly one in three (32%) students in the CCC sample reported having had an HIV test. Testing rates tended to be higher on other college campuses compared to this sample, according to previous studies. Among the Consortium students, older students, females, those with a history of STDs, and those who did not use a condom the last time they had sex were more likely to undergo HIV testing. The Consortium HIV testing rate is also similar to a study of Chinese/Chinese American students from four California community college campuses, which had a testing rate of 30%.¹⁰ HIV testing services are widely offered at college health centers, as indicated by respondents of the ACHA Annual Pap and STD Survey, 95% offered either confidential, anonymous, or both types of HIV testing.

Routine GYN Exam

Almost half (49%) of females reported having had a routine gynecological exam in the last year. This figure is lower than the aggregate sample rate of 59%. Screening rates among ethnic groups were even lower, such that just two out of five (41%) Hispanic and 32% of API students reported being screened in the last year.

Relationship Difficulties

In the CCC sample, two in five students (40%) reported having relationship difficulties in the last 12 months (Table 3). Of these

students, 41% reported that their relationship difficulties affected their academics.

Recommendations

- Increase education and dissemination of information about preventing unplanned pregnancy and STDs on community college campuses. Even if students get this information in high school, they may need a refresher course to get updated information that includes new methods of contraception and is more relevant to their current sexual relationships.
- Health care providers should work with students who are sexually active but not using contraception to help clarify if they are trying to get pregnant. If not, they should strongly encourage students to use some form of contraception and frame it in such a way that usage will prevent disease as well as an unwanted pregnancy.
- Increase the provision of family planning services on campus, including:
 - Access to a full range of contraceptive methods or referrals to affordable community providers for methods the campus health center is not able to provide;
 - Emergency contraception, including advanced provision, so that students have it on hand should they need it;
 - STD and HIV testing.
- Information and services provided to students should promote long acting reversible contraceptives (LARC), which are highly effective at preventing pregnancy. Promoting LARCs should be coupled with encouraging the use of condoms to reduce the risk of STDs for those who are not in a monogamous relationship. This, however, should be done in a culturally-sensitive manner because certain ethnic groups, such as Asian Americans, tend to prefer barrier over hormonal methods.¹¹
- Integrate concepts of preconception health care into family planning visits to help students understand the importance of planning for pregnancy and how preventing unplanned pregnancy can increase the chances of a healthy pregnancy and baby.
- Create a workgroup within the community college system, statewide or by geographic regions, to:
 - Provide an opportunity for clinicians, educators, and other health professionals to share resources and best practices related to delivery of services;

- Coordinate statewide initiatives within the community college system;
- Promote collaborative efforts among student health centers.

- Increase participation by community colleges in ACHA-NCHA to make available a strong sample size dataset for community colleges.
- For colleges participating in ACHA-NCHA, consider collecting data on ethnic identify to help better understand racial/ethnic groups (for example, given the diversity of California's population, having a breakdown of specific Asian Pacific Islander groups would be valuable in understanding cultural nuances). For a modest cost, participating colleges are able to add questions to the standard survey instrument.

Limitations

The dataset used in this research brief has a number of limitations. The survey results may not be generalizable because the 13 participating institutions were self-selected and thus may not accurately represent the entire community college population in California. Ethnic composition in the Consortium sample differed slightly from the general CCC enrollment. Although random selection of classrooms at participating institutions may have minimized this bias, along with the large sample size and inclusion of multiple campuses, the 13 campuses represented in the Consortium remains the largest aggregate data set we have available.

About HSACCC

The Health Services Association California Community Colleges (HSACCC) is an organization of community college health professionals who provide and advocate for student health programs. The mission of HSACCC is to support and foster student access to quality health service programs within the California Community Colleges. More information is available at www.hsaccc.org.

About The National Campaign to Prevent Teen and Unplanned Pregnancy

The National Campaign to Prevent Teen and Unplanned Pregnancy seeks to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation. Our specific strategy is to prevent teen pregnancy and unplanned pregnancy among single, young adults. We support a combination of responsible values and behavior by both men and women and

responsible policies in both the public and private sectors. For more information about our work related to community colleges, go to www.thenationalcampaign.org/communitycolleges.

About the Authors

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