



Enhancing Access to Evidence-Based Sexual Health Information and Condom Resources in University Health Clinics

Dawneese Bowen, DNP, MSN, RN,
Julie C. Freeman, DNP, ACNP-BC, & Barbara Edlund, PhD
Auburn University at Montgomery



Introduction

Sexually active college students are at a higher risk of exposure to Sexually Transmitted Infections (STIs). College students can reduce the risk by using a protective barrier such as a condom. Many colleges and universities provide health services to students that include education on healthy sexual practices, STI screening, and access to free condoms or protective barriers.

Background

The Centers for Disease Control and Prevention (CDC, 2023) reported a significant increase in multiple STIs from 2017 through 2021.

- Cases of Chlamydia increased by 3.8%
- Cases of Gonorrhea increased by 28%
- Cases of Syphilis increased by 74%

College students had the highest percentage of STIs in 2018, and chlamydia and gonorrhea cases had the highest prevalence among individuals ages 20-24 (Johnson & Brooks, 2021; CDC, 2018).

Approximately 70.1% of college students reported engagement in sexual activity, yet fewer than 6% used condoms or other protective barriers in the past 30 days (American College Health Association, 2021).

According to the CDC (2019), condom distribution programs (CDPs) increased the use of condoms in the college setting by removing the barrier to access free condoms 24 hours a day.

Problem Statement

- College students often engage in unprotected sexual activity placing the students at risk for exposure to STIs. Access to sexual health education materials and the implementation of a Condom Distribution Program (CDP) supports a student in making more informed decisions regarding sexual activity and healthy sexual practices.

Aim of the Project:

To improve access to evidence-based information on STIs and improve the availability and accessibility of condoms through initiation of a Condom Distribution Program.

- Develop a platform for easy access to evidence-based information on sexual health information 24 hours a day.
- Decrease barriers to free condoms on a college campus.
- Determine the best locations on campus to place condoms with a goal of availability 24 hours a day every day.

Methods

- The quality improvement project initiated a systems level change.
- A literature review was conducted to support implementation of a CDP on a college campus and best practices for providing information on sexual health.
- The campus was surveyed to determine where free condoms were currently available as well as the timeframes a student would have access.
- Additional locations were selected based on recommendations from the literature, student access to buildings on campus each day over a week.
- Condoms were placed in the selected locations.
- The locations were monitored weekly, and condoms were replenished as needed.

Interventions

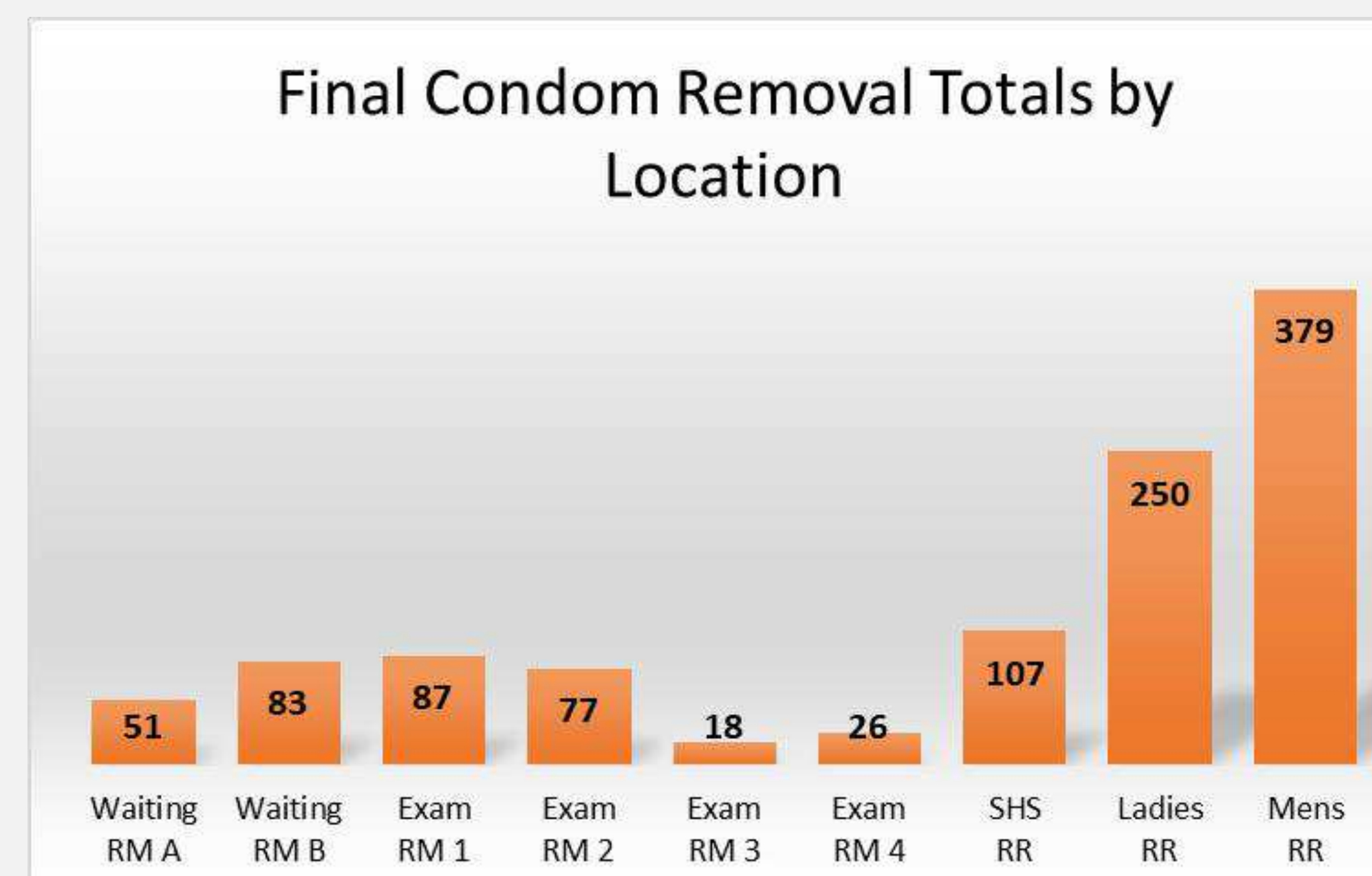
- Seven locations were selected within one building. The waiting room in student health services, four exam rooms, and the restroom in the clinic and two restrooms on the main floor. Students had access to these condoms 7 days a week for more than 12 hours each day.
- The number of students screened and tested positive between 2021 and 2022 were compared. The clinic's website was updated to include evidence-based sexual health information and was tracked.



Results

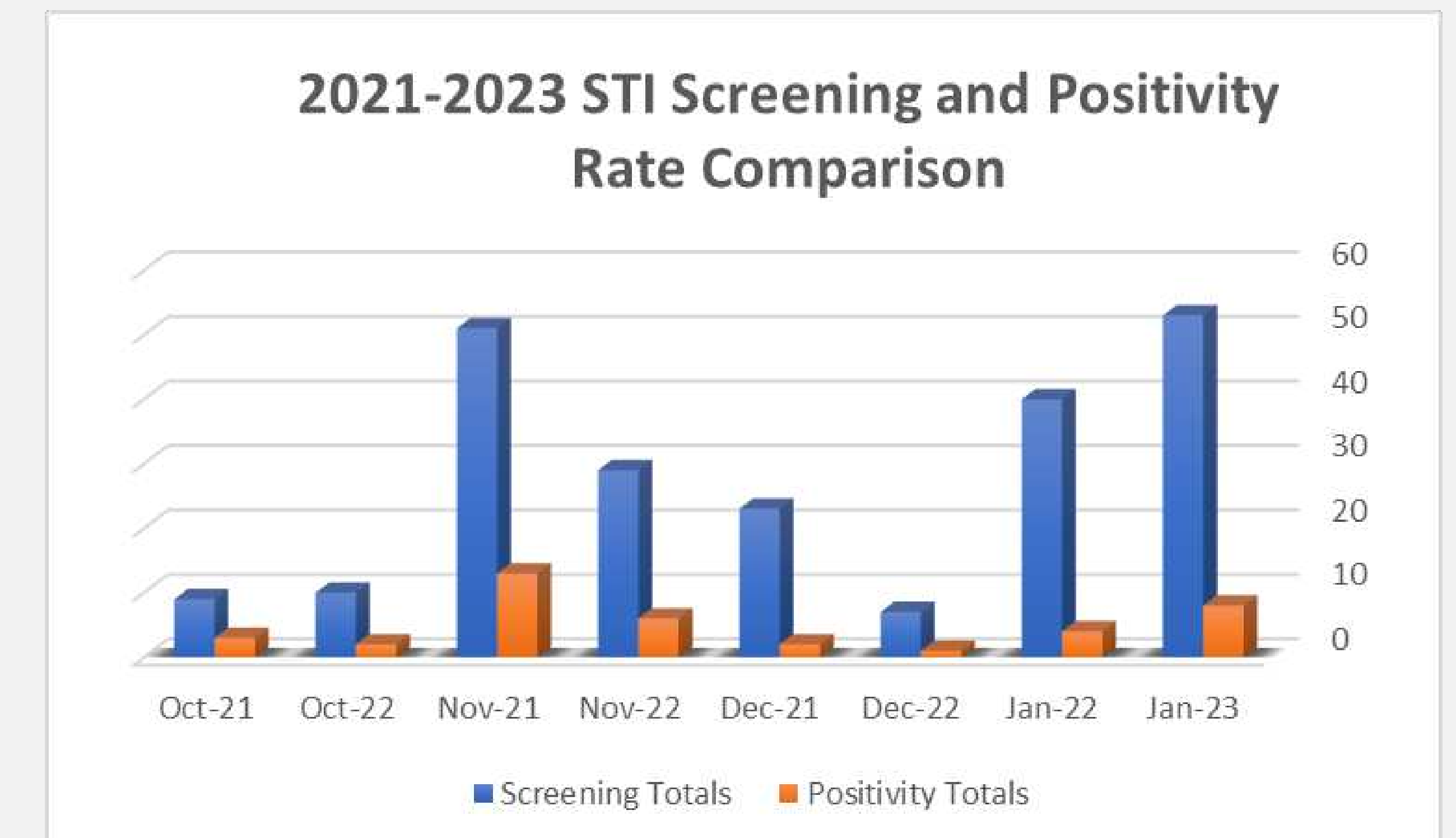
The project started with a total of 2,000 condoms and 1,078 condoms were removed. There was a positive response for removal of condoms and students and clinic staff provided positive verbal feedback.

- 1,078 condoms were removed over the 12 weeks
- 47.2% of condoms were removed from private areas (clinic exam rooms and restroom and the male and female restrooms outside of the clinic)
- 36.8% were removed from restrooms
- 6.7% were removed from clinic waiting room



Results

The 2021-22 STI screening and positivity rate was 18.8% and the 2022-23 STI rate was 17.1% showing a 4.8% reduction.



Conclusion

The project was implemented over three months and was limited to one building. Removal of condoms from all private areas within the clinic was greater than those removed from clinic waiting room.

Condoms removed from the male and female restroom outside the clinic had the greatest number removed compared to all the containers inside the clinic, with more accessed from the male restroom than the female restroom located on the main floor outside of clinic.

The pre and post STI screening data collected show that there was a 4.8% reduction in the STI screening and positivity rate. The results helped to identify existing access barriers and the need to support expanding the intervention to additional locations on campus.

Limitations existed for gathering the CDC STI Fact Sheet web link access tracking data. The CDC-syndicated weblink tracking data that was provided did not provide data specific to the number of hits/visits to the CDC-syndicated weblinks and was removed from the project.

References

Reference List provided upon request at dhollid2@aum.edu.