

Q and A on Sexual and Reproductive Health Concerns as Barriers to Academic Success at CUNY

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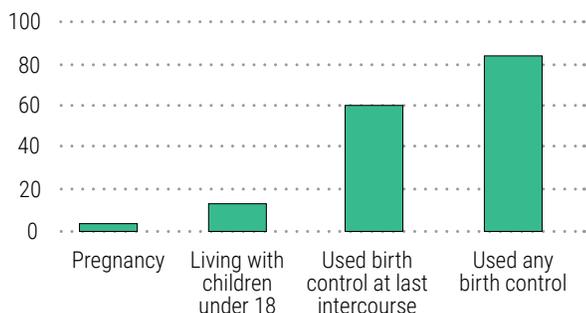


1. HOW CAN SEXUAL AND REPRODUCTIVE HEALTH CONCERNS PRESENT PROBLEMS FOR CUNY STUDENTS?

Almost 75 percent of CUNY students are less than 25 years old, an age when sexual and reproductive health (SRH), including the establishment of healthy sexual relationships, is a central feature of their lives.¹ Young adulthood is a developmental stage characterized by the transition into adult roles, including the formation of romantic and sexual relationship, sexual maturation and, for some, the experience of parenting.² For many CUNY students, negotiating sexual and reproductive health, healthy relationships and parenting presents no unmanageable challenges. For others, however, unintended or unwanted pregnancies, unsupported parenting or partner or sexual violence can significantly disrupt normal life, posing risks to mental health, well-being and academic success.

Young people of color, who make up nearly 80 percent of CUNY undergraduates, experience higher rates of many sexual and reproductive health challenges including inadequate prenatal care, increased maternal and infant morbidity and mortality and intimate partner violence.³

Table 1. Sexual and Reproductive Health Profile (%), Last 12 Months, 2018



With record numbers of immigrants and young people of color in their prime sexual and reproductive years now enrolling in college, there is a pressing demand to address the SRH needs of these populations. In this report we focus on two areas of sexual and reproductive health that most affect CUNY students in the classroom, and within their families and communities:

- 1) pregnancy and parenting, and 2) intimate partner violence and sexual assault.

2. HOW MANY CUNY STUDENTS ARE AFFECTED BY SEXUAL AND REPRODUCTIVE HEALTH CONCERNS?

As shown in Table 1, the 2018 Healthy CUNY survey found that in the previous 12 months, an estimated 11,439 CUNY undergraduate students (4.7 percent), became pregnant or fathered a pregnancy, and 31,432 students (12.9 percent) were parents or guardians of children under 18. Almost 60 percent reported use of birth control (defined as any form of contraception) at last intercourse, and more than 80 percent used birth control at some point in the last 12 months.

Of the pregnancies reported by female and male CUNY students, 74 percent were reported by female students and 26 percent by a male partner. As shown in Table 2, more than half these pregnancies were reported as unintended ('not trying to get pregnant'), about two in five resulted in a birth, one in four was terminated and about 1 in five of those reporting a pregnancy were pregnant at the time of the survey. The Healthy CUNY survey shows that senior college students, males, those from households with higher incomes, Asians and Latinas and U.S. born students are more likely to report a pregnancy was unintended than their respective peers.

Like so many young adults, CUNY students experience partner violence. As shown in Table 3, about six percent of CUNY students reported they had experienced partner violence or threats or fear of such violence, an estimated 15,374 students.

Table 2. Pregnancy Outcomes in Last 12 months(%), 2018

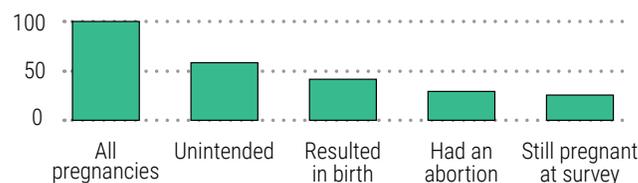
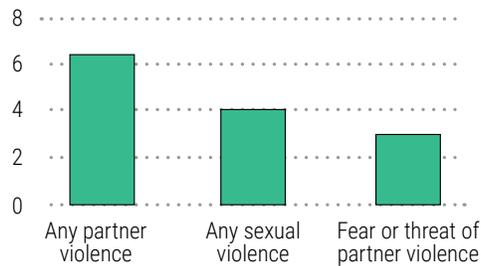


Table 3. Experiences of Violence in Last 12 Months (%), 2018



This included four percent who experienced partner sexual violence and three percent who feared partner violence. Community college, female, those from households with lower incomes, white, and US born students were more likely to report any form of intimate partner violence than their respective peers.

3. HOW DOES SEXUAL AND REPRODUCTIVE HEALTH AFFECT ACADEMIC SUCCESS?

A growing body of research shows some of the ways that SRH concerns can interfere with academic success. One study showed that 61 percent of women who had a child while in community college did not complete their education; dropping out at a rate nearly two-thirds greater than women not having children.⁴ Young women experiencing pregnancy before the age of 21 have lower rates of college enrollment or maintaining matriculation once enrolled,^{5,6} although early pregnancy and lower academic achievement may be consequences of lifetime poverty rather than a cause of academic problems. Other research demonstrates that mothers are more likely to drop out of college than non-mothers, suggesting that childrearing, including childcare needs, rather than pregnancy itself may account for variations in educational outcomes.⁷

Nationally, parenting students struggle financially, with 88 percent having incomes below twice the Federal Poverty Level.⁸ According to the Institute for Women’s Policy Research, just 8 percent of single mothers who enroll in college graduate with an associate or bachelor’s degree within six years, compared with 49 percent of women students who are not mothers.⁹ Student parents also face challenges in combining child rearing with academic work. Despite increasing enrollment of student parents in community and 4-year colleges, the availability and affordability of campus-based childcare has declined significantly in the past decade. A recent review of university services for parenting students concluded that “few resources exist for these students and the universities who provide services do not adequately promulgate them to the campus community.”¹⁰

In the Healthy CUNY survey, one third of students (33 percent) reporting a pregnancy in the last 12 months said it had interfered with their school work. Students experiencing pregnancy were somewhat more likely to take a leave of absence than their

non-pregnant peers. In interviews with Healthy CUNY researchers, this new mother described how becoming a parent affected her CUNY education:

“I had a pre-term baby right before finals. I was so new, and I didn’t know I had to tell someone. I didn’t realize there were so many consequences. I thought it was just like high school and thought you could just come back. I got like a zero GPA. When I went back to school, they said I was not eligible for financial aid because my GPA was too low. I feel like the financial aid office should have told me the repercussions. Especially because I was a freshman, fresh outa high school. I had to appeal twice to get back into the school and explain the circumstances of why I had to drop out.”

Intimate partner violence (IPV) includes “physical violence, sexual violence, stalking and psychological aggression by a current or former intimate partner.”¹¹ Sexual assault, defined by the CDC as “a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse.”¹² Sexual assault is pervasive among college students and often goes unreported because of the nature of intimate relationships, stigma, gender norms, as well as institutional structures and biases. In approximately 80 percent of sexual violence incidents among 18-24 year olds nationally, the perpetrator was known by the survivor, demonstrating that most college-age sexual assault can be considered either IPV or acquaintance sexual assault.¹³ This survey also showed that, when compared to cisgender students, rates of sexual assault, sexual harassment, and gender-based discrimination are higher for transgender students and others with non-conforming gender identity.

Students who experience this type of trauma may disengage from academic work because they are afraid of re-victimization, are depressed or anxious, or have suicidal ideation, attempts or completion.¹⁴ A combination of stigma, reinforced norms around sexual and gender-based violence and campus climates keep assault survivors silent and perpetrators active. Although IPV and SA have been linked to other determinants of reduced academic achievement and dropout, including depression, anxiety, post-traumatic stress, substance use and suicidal thoughts and behaviors,^{15,16} their impact on college achievement and graduation has not been well-studied. Most research on IPV and SA among college students has focused on the experiences of middle-class students living in dormitories, who face very different issues than low-income students living at home with families or partners.¹⁷ One CUNY student explained how IPV interfered with her academic goals:

“If you finish class at five, and he’s home at six, you got to run home, cook, clean, do whatever you can in that hour before he’s home and starts stomping around. And then, even then, you still have to tend to his every need. It’s never you. You can’t sit down and study. And your grades show that. You’re taking a test and all that’s on your mind is, like, your arm hurts because of how he pushed you yesterday, or your head is throbbing, or you didn’t get enough sleep last night because he forced himself on you.”

4. WHAT SERVICES ARE AVAILABLE ON CUNY CAMPUSES TO HELP STUDENTS WITH SEXUAL AND REPRODUCTIVE HEALTH CONCERNS?

Several CUNY programs have the potential to help students address their sexual and reproductive health concerns. Child Care Programs are available on 17 campuses, providing low cost child care to about 1,500 children of CUNY students. These programs vary greatly, with many offering care only during parent class times and others offering full-day care so parents can also have time to study. Student-parents report that the accessibility of on-campus childcare enables students with young children to participate in academic and social activities that support engagement with their education.¹⁸ Only 6 percent of CUNY student-parents enroll their children in a campus childcare center, while 37 percent of student parents pay for childcare services off campus. This indicates a potentially unmet need for childcare on campus.

A few CUNY campuses have health professionals who can provide sexual and reproductive health counseling or services, but most do not. CUNY wellness programs, located on 18 of 24 campuses, vary in staffing, breadth of services, and hours of operations. Some schedule regular visits from family planning or reproductive health centers to conduct education, outreach, or in some cases provide limited services.

CUNY administrators are striving to meet changing Federal and State mandates on reducing partner violence in a climate of diminished resources and limited capacity to implement requirements. Bystander interventions required by the New York State's "Enough is Enough" legislation have not been systematically formulated or implemented. A one-time online training session for new or incoming students called "Haven Sexual Assault Prevention Course" has been implemented on each CUNY campus to educate students and outline campus policy on safe and healthy relationships but most experts agree more is needed.¹⁹ To supplement CUNY Central's response to IPV and SA on campus, some CUNY campuses have developed their own programs and activities to address both on and off-campus IPV and SA. A recent CUNY report summarizes findings from a 2018 survey on the campus climate related to sexual violence.²⁰

5. WHAT ARE SOME WAYS CUNY CAN REDUCE THE EXTENT OF SEXUAL AND REPRODUCTIVE HEALTH CHALLENGES AND MINIMIZE THEIR IMPACT ON ACADEMIC SUCCESS?

Healthy CUNY studies indicate a variety of obstacles that make it more difficult for students to fully address their sexual and reproductive health challenges. These include limited campus-based education, services and referral systems; a lack of awareness of the close connections between sexual and reproductive health and academic success; and state and federal policies on partner violence prevention developed to address the issues facing middle-class students living in college dormitories rather than those facing most CUNY students.

By adopting a reproductive justice framework that promotes reproductive autonomy and supports students' rights to have or not have children and to successfully raise the children they do have, CUNY can set new models for educational and health equity.²¹ To more fully realize its potential to support students to meet their sexual and reproductive health needs in order to achieve academic success, CUNY can consider several programmatic and policy innovations.

Reproductive Health and Parenting

1. Develop a coordinated and systematic plan to meet the sexual and reproductive health needs of its students using a mix of on-campus and off-campus services. This plan should focus on those concerns that most adversely affect academic success.
2. Expand public and CUNY support for childcare.
3. Develop and nurture relationships between campuses and a diversified range of SRH and other service providers across NYC.
4. Integrate health promotion and service provision into existing CUNY academic, financial, health and social service programs and infrastructure with the goal of making it easy for all students to find help for SRH concerns.
5. In partnership with student parents, develop institutional policies that support and accommodate special needs of student parents currently enrolled and on leave of absence.
6. Develop a full range of services and policies that support the SRH needs of CUNY's LGBTTQ students. Healthy CUNY surveys did not include enough LGBTTQ students for making conclusions about their needs but evidence suggests high levels of unmet needs.

Partner Violence

1. Simplify IPV and SA reporting.
2. Improve supportive response to survivors.
3. Implement bystander training to prepare CUNY students, faculty and staff to play safe, useful roles in preventing sexual harassment and violence.
4. Expand CUNY policies and programs to address IPV both on and off campus as both undermine academic success.
5. Provide education and consciousness raising efforts about IPV, SA, and healthy relationships to all CUNY students, faculty and staff.
6. Establish a coordinated community response to IPV and SA that includes public agencies, student organizations, and community organizations.

Supporting the sexual and reproductive health and autonomy of CUNY students and helping them to establish and maintain healthy relationships will contribute to academic success and

lifelong well-being. Understanding that CUNY students enter college with many barriers to optimal health in their sexual, reproductive and personal lives, CUNY can support its students in preventing or reducing some of these barriers. To address the specific strengths and needs of diverse CUNY students including LGBTTQ students, those with disabilities and recent immigrants, the university should acknowledge life circumstances both on and off campus, before and after pregnancy or childbearing, and inside or outside structured resources at the campus, community, city and state levels. Improving the culture of sexual and reproductive health at CUNY will require commitments from a broad base of stakeholders, including CUNY faculty, students and administrators; city and state-wide health officials and policy makers; and, community-based service providers. By seizing these opportunities to meet the SRH needs of its students, CUNY and its partners can strengthen the university's ability to meet its core academic mission of providing the education that will help young adults in New York City to achieve academic, work and life success.

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SUGGESTED CITATION

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