

**Accessing Sexual Health Resources:  
An Analysis of the Ease-of-Access of Sexual Health Resources on  
Ohio Regional Campus Websites and Social Media**

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*This study analyzed access to sexual health resource information on the websites and social media pages of 23 regional college campuses in Ohio. Our research asked two main research questions. First, how accessible to students are sexual health resources online? Second, is there a discernable difference in availability and ease-of-access of those online sexual health resources between main campus and regional campuses? A modified version of the College Resources and Sexual Health (CRaSH) inventory was used to examine each site. The modified version included 43 measures that addressed specific resources. Basic frequencies were analyzed to determine the accessibility of resources on the campuses. Overall, results suggested that it was difficult to easily locate sexual health resources on the campus websites and affiliated social media sites. It is crucial to emphasize that the focus was on ease-of-access, not whether these resources exist on these campuses. These overall findings serve as a call-to-action for regional campuses, who should find strategies for making information about resources more readily available to students in digital spaces.*

In 2015, the Condom Campaign program on the Hamilton campus of Miami University Regionals was renamed and redesigned to be more inclusive of gender and sexual diversity and offer more resources and education to students. Now called the Healthy, Inclusive Prevention (HIP) Campaign, the program introduces students to contraceptives and

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prophylactics, like male (external) and female (internal) condoms, dental dams, and finger cots, offers one-on-one education on proper use, and enrolls students in a confidential purchasing service. The program's dedication to education, inclusivity, and affordability make it an excellent sexual health resource for students, especially for a diverse student body like that on the Hamilton campus. However, if you are interested in finding information about the program on the university website, you will likely fail at this endeavor. A search of the university website using the old name and new name returns no information on the program. It is disappointing that such a strong sexual health program is virtually invisible to students. To learn of the program, students must find out through word-of-mouth, flyers on the physical campus, or occasional social media updates on events. While it is assumed that these modes of promotion are productive in introducing students to various events and programs, nearly all students in six sections of university regional Sexualities and Sociology of Gender courses indicated no prior knowledge of the program. Albeit anecdotal, this information highlighted a significant issue in promotion, and led to questions regarding the ease-of-access students had to other sexual health resources. Thus, this exploratory study asks, can regional campus college students in Ohio easily access information about sexual health resources from their campus website and social media outlets?

### **Sexual Health Resources on College Campuses**

College students have been identified as important targets for health information. As an institution of learning, a college can distribute educational materials to students, and expect that they will be receptive to

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learning. Additionally, college students tend to be open to learning new systems of norms and values in this process. This makes college students a population that may be more likely than the general population to consider new health information (Fox & Harris 2003). In addition to general health education, college students have been a significant target of sexual health education programs as well. The prevalence of “hookup culture,” that prioritizes casual sex on college campuses (Owen et al. 2009; Wade 2017), and the emphasis placed on “abstinence only” sexual health programs in K-12 schools, in part due to government funding for the programs, has increased calls for comprehensive, inclusive sexual health programs and services on college campuses (Walcott, Chenneville, & Tarquini 2011).

The current study was modeled after several other studies that examined access to sexual health resources on college campuses. Hayes-Smith and Hayes-Smith (2009) studied the availability of women’s resource centers on college campuses specifically examining sexual assault-related resources. Based on analyses of website content, they found that though many campuses have sexual assault literature, there were few with women’s resource centers. Similarly, Judson et al. (2010) used website analysis to examine the availability of electronic information for women’s health services on California State University campuses. Their research found disparity in the information, resources, and services offered across campuses.

Moving beyond website analyses, Eisenberg and colleagues (2012) developed the College Resources and Sexual Health (CRaSH) inventory to further examine sexual health resource allocation on college campuses. The CRaSH inventory uses 53 measures, like “Health service on campus,” “STI

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and/or HIV testing,” and “OB/Gyn services,” across 10 broad domains, such as “clinic services,” “condoms,” and “communication.” Their research employed the inventory to identify resources at 28 different colleges, finding that 4-year colleges offered significantly more resources than their 2-year counterparts (Eisenberg et al. 2012). More recent research utilized a modified CRaSH inventory to better understand how Texas universities respond to sexual assault and what resources they offer for prevention and aftercare (Franklin et al. 2016). This research, like Hayes-Smith and Hayes-Smith (2009) and Judson et al. (2010), examined websites.

Since websites have been identified as an important source of health information for college students (Kwan et al. 2010), it is unsurprising that much previous research has examined this medium. Our study follows this approach. The commuter-nature of regional college students makes electronic sources even more important, as many students leave immediately following their class sessions. Our research also examined social media sites due to their popularity among college students. Research has shown that more than 90 percent of students engage with social media (Morgan, Snelson, & Elison-Bowers 2010). Incoming students also report using social media as a significant source of information about the norms of their new campus (Kitsantas et al. 2016). Facebook, Instagram, and Snapchat are currently the most popular platforms of college students, with Twitter following behind these (Boyle et al. 2017).

In summary, there are resources regarding sexual health available to students on campuses. It can vary by location school type with regional or 2-year colleges offering fewer resources than main campuses or 4-year degree programs. Even with the existence of these resources, there remains

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some concern over the ease-of-access, especially online availability which tends to be the preferred method of information discovery for college students. Hence, the impetus for the current research, which asked two main research questions. First, how accessible to students are sexual health resources online? Second, is there a discernable difference in availability and ease-of-access of those online sexual health resources between main campus and regional campuses?

## **Methods**

To answer the research questions posited above, the current study analyzed access to sexual health resource information on the websites and social media pages of 23 regional college campuses in Ohio, affiliated with eight main campuses. In addition to school-sponsored websites, information posted on the Facebook, Instagram, and Twitter accounts of each regional campus were examined. Snapchat was not accessed because information quickly disappears on the medium.

The regional campus website, and Facebook, Instagram, and Twitter pages of each campus were accessed between November 1, 2016 and March 1, 2017. A modified version of the CRaSH inventory was used to examine each site. The modified version included 43 measures that addressed specific resources (see Table 1). Since analyses focused on ease of access to information about resources from electronic sources, measures from the original inventory that required visiting or calling the university were excluded. For example, "Privacy Barriers at Intake/Reception" of the health clinic from the original CRaSH inventory was removed. Each variable was coded based on whether it was found on the website and/or social

media (yes/no). If yes, it was further coded for the location for the resource as either “yes, regional campus” (found on the regional campus), or “yes, main campus” (found on the main campus).

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**Table 1: Modified CRaSH Inventory**

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Health Service On Campus  
 Existing Partnership with community clinic  
 Referrals/ information re: off-campus health care  
 Cost of Service  
 Hours of Service  
 Open over breaks  
 24-hour nurse line  
 Location/directions available online  
 Pregnancy testing  
 STI and/or HIV testing  
 Birth control  
 Emergency contraception  
 OB/Gyn services  
 Anonymous Services Offered  
 Male health care provider(s)  
 Female health care provider(s)  
 Condoms available on campus  
 Condom cost/location on website  
 Other safe sex supplies available on campus  
 Online sexual health Q&A service  
 Online links/contact information for local sexual health resources  
 Sexual health events  
 Hotline/ 24-hour support (sexual violence)  
 Safe walk/ escort services  
 Sexual Violence awareness events/activities  
 Sexual Violence support group or counseling  
 Sexual violence pamphlets/posters online  
 LGBT office  
 LGBT student group  
 LGBT awareness event  
 Antidiscrimination policy specific to sexual orientation  
 Office or paid staff (other resources- multicultural?)

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Human Sexuality course offered  
Women's Resource Center  
Men's Resource Center  
Counseling re: relationship/sexual health issues  
Additional sexual health resources  
Clothesline Project  
WGS major  
Take Back The Night  
Daycare on Campus  
Free Daycare  
Antidiscrimination policy to include gender and/or gender identity

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Following the original CRaSH inventory, demographic information on the community (county) atmosphere, including the number of federally qualified health clinics, number of abortion clinics, and the political climate in the county (average of the percent voting Democrat in the last three federal elections) was also collected.

As a primary emphasis of the study was on understanding the ease of access to sexual health resources for students, coding was completed by an undergraduate student. The student used a "test university" to identify the best method for engaging in the search process. A "four-click" method of coding was developed. The student entered the search term on the website and clicked search. The information needed to be found on a page within four additional mouse clicks to be recorded. This method acknowledges that it may take several pages to find information, but also considers the propensity to stop searching for an item after a few minutes. Search terms were selected based on the items it was believed a student might search. General search terms used were sexual health, sex, sexuality, STD, STI, and Clinic. More specific search terms included condoms, rape,

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sexual assault, LGBT, gay, daycare, Clothesline Project, Take Back the Night, and Safe Zone. These terms were used on each campus website to find any of the items on the inventory. Social media sites were “scrolled through” to identify items from the inventory. Generally, this was in the form of an event reminder or flyer.

## Results

Basic frequencies were analyzed to determine the accessibility of resources on the 23 regional campuses. Overall, results suggested that it was difficult to easily locate sexual health resources on the campus websites and affiliated social media sites. It is crucial to emphasize that the focus was on ease-of-access, not whether these resources exist on these campuses. It is likely that some campuses have these types of resources, but they were simply not easily found in these web searches. In this study, those schools who completely lack resources are equal to those who have resources that are not easily identifiable for students. The underlying assumption is that a resource that cannot be found by students is essentially a resource that does not exist, at least in the eyes of students.

Of the 43 specific resources that were coded for in the inventory, the most resources found online for any regional campus was 10. However, there could be some data collection bias, as that campus was Miami University Middletown, one of the coder’s home campuses. It is possible that familiarity with Miami websites and social media sites increased access to resources for those two campuses. On average, each campus had about 3.5 resources located on the regional campus, with a median of 2 resources per campus (see Table 2).



**Table 2: Descriptive Statistics of Services Available at Regional Campuses**

Number of Services Available	Frequency	Percent	Valid Percent	Cumulative Percent
0	2	8.7	8.7	8.7
1	2	8.7	8.7	17.4
2	8	34.8	34.8	52.2
3	3	13.0	13.0	65.2
4	1	4.3	4.3	69.6
5	1	4.3	4.3	73.9
6	2	8.7	8.7	82.6
7	2	8.7	8.7	91.3
8	1	4.3	4.3	95.7
10	1	4.3	4.3	100.0
Total	23	100.0	100.0	
Mean	3.4783			
Median	2.0000			
Mode	2.00			
Standard Deviation	2.67768			
Variance	7.170			

When the number of resources that could be found on main campuses were combined with the number available on regional campuses, the number increased for every campus which is not a surprise. The most resources identified for any campus, whether the resource was on a regional or main campus, was 19. Six campuses had this total, but it should be noted that they were all in the same university system (Kent State University). Not all university systems were this uniform. For example, in another university system (The Ohio State University), the total number of resources ranged from 1 to 6 at the five campuses. In other words, one cannot assume that students from regional campuses linked to the same main university will be able to easily access the same resources. The median

total number of resources accessed was 8 when including those found on regional and main campuses.

The resources most likely to be located on the websites or social media pages were health clinics, sexual violence support and events, condoms, and a 24-hour nurse line. As illustrated by Table 3, these services were still often housed on the main campus, not the regional campus. While some universities will allow regional students to use main campus resources, travel time and distance, fear of a large and/or unfamiliar campus, and cultural barriers may inhibit a regional student from accessing these resources. Thus, while it is important to note that students may be able to easily locate those resources on campus websites and social media, their access to those resources still may be substantially limited.

	Regional	Main campus	Total
Health service on campus	2	9	11
Sexual violence support group/counseling	4	6	10
Sexual violence awareness events/activities	3	6	9
Condoms available	1	6	7
Condom cost/location	1	6	7
24-hour nurse line	0	6	6

As previously mentioned, data collection also included items related to community atmosphere, but these variables proved to be insignificant. These items were not used in analyses, as all but one campus (University of Cincinnati Blue Ash, Hamilton County) was in a county that voted less than 40 percent Democrat, had no abortion clinics, and had seven or fewer

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federally qualified health clinics. The counties had too many similarities to allow for comparisons with these measures.

## **Discussion**

Overall, this study shows that regional campus students lack readily accessible information about sexual health resources on their campus websites and social media outlets. Of the 43 specific resources we attempted to identify for each campus, the median number of resources was two. This means 95 percent of the resources were not easily accessible on regional campus websites and social media outlets. This is problematic, as regional campuses are often located in areas that lack comprehensive sexual health resources, as our community atmosphere data may indicate. Regional students also often come from social and economic status groups that have difficulty accessing health resources, including those related to sexual health. Being a parent, working a full-time job while taking classes, living in rural areas, having limited access to transportation or lengthy travel times, experiencing language barriers, and/or managing physical or mental health concerns all can act as barriers to seeking out resources. Having quick access to information about available resources saves time and trouble, may be a positive motivator that encourages students to seek out, and use the resource.

Although offering resources on the main campus and allowing regional students to access those resources is beneficial, regional students may hesitate to access resources housed on the main campus, even if it is an option. Distance is certainly a concern for many regional campus students. For example, traveling from the Ohio University main campus to

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the OU Eastern campus takes around 2 hours of travel time. Even a 30-minute trip, like that from the Miami Hamilton campus to the main Miami Oxford campus may be insurmountable for students. Add in challenges of finding parking, paying parking fees, and identifying the appropriate building, and we continue to generate barriers. Cultural barriers also exist in these situations, as the culture of regional campuses can be very different than that on a main campus. Fear of being seen as an outsider certainly constrains access to main campuses.

Although not directly captured with the current data, without accessing social media, this research data would look incredibly different. For many campuses, the relevant information was found through flyers and events posted on social media. Unfortunately, direct identification of which resources were found on campus websites and which were located in social media was not coded, so comparisons of the difference cannot be conducted. However, the coding process in this project illustrates the need to consider the various types of online spaces where students are gaining their information on resources. Additionally, campuses should consider the stability of using social media sites to offer information about resources to students. While this may be the quickest and perhaps most effective way to reach students about events and resources, this information quickly slides down the queue on the site, which makes it more inefficient at housing information on stable resources on campus. In other words, social media may be an effective tool for getting information directly to students, but a more stable source for resources should also exist to allow for continued access. If a post about the health clinic was made today, within a week or two a student will need to scroll through the feed to find that information

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again. Housing that information on a stable site allows for it to be searched at any point during a semester.

These overall findings serve as a call-to-action for regional campuses. Offering resources on these campuses is not enough. Administration and leadership must find ways to make these resources more readily accessible for students and considering web access is incredibly important in this digital age. While social media sites may offer a great opportunity to give students quick information about events, they are less effective at housing information on resources long-term. This research also indicates that regional campuses should consider the function of the search bars on their websites. Many of these search bars directs to main campus search results. This means a student looking for regional-specific resources may have difficulty locating those items through a search. Ultimately, a resource that is not readily accessible is one that does not exist, as a student searching for it will not find it.

### **Directions for Future Research**

In thinking about future research, there is much to consider. This research was limited in its scope, as the focus was on sexual health resources. Similar studies could examine how easy it is to access other kinds of information from regional-specific websites. These types of studies could offer campuses specific steps for improving the functionality of their web presence and the promotion of their resources. They could also offer insight into how social media and static webpages can work together to effectively communicate information about campus services to students.

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Future research should also consider other forms of access on these campuses, such as information given in classes, internal communication through emails and listservs, campus media such as newspapers/newsletters, flyers, and brochures, programming, and health centers. The authors acknowledge that websites and social media sites are not the only way students access information about campus services. However, to assume that students read flyers, write down information about events when they are discussed in class, or engage with resources after hearing about them from peers, without empirical examination is short-sighted. More information is needed about the most effective means of communication in campus communities, especially those that feature large commuter bases, high concentrations of students with time constraints, and those with students facing unique challenges, such as family obligations.

Beyond research, students, faculty, staff, and administrators at regional campuses should consider how to more effectively communicate information to students. Sexual health resources are incredibly important, and as with other health information, campuses are a great place for distributing these resources. There are many questions to be answered... How can we make information about sexual health resources more accessible? How can we maximize access to these resources? How can we better serve all our students, and provide options for those who attend regional campuses? How can we best help students who are unable to attend or access the main campus? We hope this is the first step to opening this dialogue.

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