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# Advancing Sexual Health Education in Arkansas's Community Colleges: Addressing Disparities and Promoting Well-Being

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*This practice brief explores the potential benefits of implementing comprehensive sex education programs in Arkansas's community colleges to address disparities in health care access, health outcomes, and health literacy, particularly in rural and underserved communities. Against the backdrop of restrictive abortion policies and significant gaps in reproductive health care services, the importance of equipping young adults with accurate information about sexual and reproductive health is emphasized. Drawing upon existing literature and theoretical frameworks, this brief offers recommendations for community college administrators, educators, student support services, and community partnerships to advance sexual health education initiatives. By embracing evidence-based interventions and fostering collaborative partnerships, community colleges can empower students to make informed decisions about their sexual health and relationships, contributing to a healthier, more equitable future for all residents of Arkansas.*

**Keywords:** comprehensive sex education; community colleges; health disparities; health literacy; reproductive health; Arkansas

## Introduction

In Arkansas, like in many states across the United States, significant disparities exist in health care access, health outcomes, and health literacy, particularly in rural and underserved communities (Arkansas Department of

Health, 2020; Mumford et al., 2020). Race, age, income level, presence of health insurance, and social determinants of health contribute to these disparities, resulting in gaps in health care quality and safety (Agency for Healthcare Research and Quality, 2022; County Health Rankings & Roadmaps,

2021; U.S. Centers for Disease Control and Prevention, 2023). According to data from the Arkansas Department of Health (2023) State Health Assessment (SHA) Scorecard, the student population of Arkansas’s community colleges is diverse, with significant representation from various racial and ethnic groups, as depicted in Table 1.

**Table 1**  
*Race/Ethnicity of Students in Arkansas Community Colleges (2022)*

Demographic Factor	Percentage (%)
Race/Ethnicity	
White	67.5
Black/African American	14.3
Hispanic	8.4
Other	0.7

Table 1 refers to the demographic breakdown of Arkansas community college students specifically. Table 2 includes various statistics representing the broader state population of Arkansas. These demographic data highlight the diverse and often vulnerable student population attending community colleges in Arkansas. These factors make it essential that comprehensive sex education (CSE) programs be culturally sensitive and inclusive to address the specific needs of different groups.

Moreover, the state’s restrictive abortion policies compound these challenges by limiting access to reproductive health care services and CSE (Guttmacher Institute, 2024). As one of the nine states that has banned abortion, Arkansas faces unique obstacles in addressing reproductive health needs and promoting informed decision-making among its residents, especially young adults. Given these circumstances, this

**Table 2**  
*Arkansas State Population Characteristics (2022)*

Characteristic	Percentage (%)
Adults aged 25+ with high school degree or higher	89.1
Adults aged 25+ with bachelor’s degree or higher	25.4
Families with annual income below federal poverty threshold	16.8
Children with a family annual income below the federal poverty threshold	22.1
Children living in a single-parent household	27.2
Infants born to Arkansas women aged 15–19 per 1,000 population	24.6
Less than 65 years old without insurance	17.7

practice brief explored the potential benefits of implementing CSE programs in Arkansas's community colleges.

CSE is crucial for providing individuals with the necessary knowledge and skills to make educated choices regarding their sexual health and overall well-being (Guttmacher Institute, 2024; Hall et al., 2019; Jones et al., 2019). However, in Arkansas, where health literacy rates are low and access to reproductive health care services is limited, there is a pressing need to expand educational opportunities that address these gaps (Arkansas Department of Health, 2020). By focusing on community colleges, this brief targeted a critical demographic, young adults transitioning into higher education and adulthood, whose access to CSE may be limited or nonexistent (Eisenberg et al., 2013). Through tailored educational initiatives in the community college setting, this work aimed to bridge existing disparities in health literacy, improve reproductive health outcomes, and foster a culture of informed decision-making among Arkansas's diverse student population (Schneider et al., 2020). Additionally, by examining examples of past practice briefs in publications such as the *Journal of Applied Research in Community College*, this article seeks to build upon existing research and best practices to develop effective strategies for implementing CSE programs in the community college setting.

### **Purpose**

The implications of this practice brief extend beyond individual health

outcomes to encompass broader societal benefits for Arkansas's communities and organizations. By investing in CSE at community colleges, policymakers, health care providers, and educational institutions can promote public health, social equity, and economic prosperity. By empowering young adults with accurate information about sexual and reproductive health, these programs have the potential to reduce rates of unintended pregnancy, sexually transmitted infections (STIs), and associated health care costs (Jones et al., 2019; Schneider et al., 2020). Furthermore, this initiative can develop more resilient and prosperous communities in which people have the information and resources to make health choices and maximize their well-being. By addressing the underlying causes of health disparities and fostering health literacy, the initiative promotes overall community health. Overall, this work is a crucial step toward creating a healthier, more equitable future for all Arkansas residents.

### **Literature Review**

Community college CSE programs can play a significant role in addressing the complex health care challenges faced by Arkansans, particularly those in rural and underserved communities. Low health literacy, compounded by social determinants such as race, income, and access to health care, has contributed to disparities in health outcomes across the state. According to the Arkansas Department of Health (2020),

approximately 37% of Arkansans need higher health literacy, a gap that hinders their ability to navigate health care systems effectively and make informed decisions about their health. Additionally, rural counties, especially those in the Delta region, experience high rates of teen birth, poverty, and Medicaid eligibility, exacerbating existing health disparities (Arkansas Department of Health, 2020).

While clinical care is essential, non-clinical factors, such as behavioral and environmental conditions, significantly influence health outcomes, accounting for 80% of overall health outcomes (County Health Rankings & Roadmaps, 2021). CSE addresses these nonclinical factors by providing students with essential knowledge and skills related to sexual health, contraception, prevention of STIs, and healthy relationships. By promoting health literacy and empowering students to make informed choices about their sexual health, community college CSE programs can help mitigate social determinants' impact on health outcomes.

Existing research on the impact of CSE in community colleges has offered valuable insight into its potential benefits. Studies have found that CSE programs lead to improved knowledge about sexual health, increased contraceptive use, and lowered rates of STIs and unintended birth among college students (Eisenberg et al., 2013; Goldrick-Rab & Sorensen, 2010). Moreover, CSE can foster a supportive campus environment in which students feel comfortable seeking reproductive

health services and accessing resources (Santelli et al., 2018).

Despite these promising findings, several challenges and gaps in scholarship remain. Community college practitioners face limited funding, lack of institutional support, and the challenge of developing cultural sensitivity when implementing CSE programs (Eisenberg et al., 2013). Additionally, more research is needed on the effectiveness of CSE interventions tailored to meet the specific requirements of rural and underserved populations in Arkansas. Future studies should explore innovative strategies for delivering CSE in the community college setting and evaluate the long-term impact of CSE on student's academic performance and health.

Past studies have explored the effectiveness of various approaches to sexual health education (also referred to as sex education) in the community college setting (Eisenberg et al., 2013; Goldrick-Rab & Sorensen, 2010; Tolman et al., 2003). Research has highlighted the importance of culturally competent programming (Hall et al., 2019; Liang et al., 2019), peer education models (Liang et al., 2019; Santelli et al., 2018), and partnerships with local health organizations to enhance students' knowledge of, attitudes about, and behaviors related to sexual health (Goldrick-Rab & Sorensen, 2010). Additionally, studies have identified barriers, such as limited funding, lack of institutional support, and ensuring cultural sensitivity in implementing CSE programs in community colleges (Hall et al., 2019). Developing cultural

sensitivity is crucial for ensuring that CSE programs are inclusive and effectively address the diverse needs of the student population, particularly in rural and underserved communities (Hall et al., 2019).

CSE holds great potential to improve health outcomes and reduce disparities in Arkansas's community colleges. By addressing the complex interplay of social, economic, and environmental factors that influence health, CSE programs seek to empower students to make healthy choices and lead fulfilling lives. However, continued research, advocacy, and investment in evidence-based interventions are essential to ensure equitable access to sexual health education for all community college students in Arkansas and beyond.

### **Theoretical Framework**

The theoretical framework for advancing sexual health education in Arkansas's community colleges has drawn upon several established theories and concepts from public health, education, and sociology (Braveman & Gottlieb 2014; Marmot & Allen 2020; Tolman et al., 2003). At its core, this framework addresses the complex interplay of social determinants, educational barriers, and health care disparities that shape individuals' access to sexual health information and services (Eisenberg et al., 2013). One foundational theory informing this framework is the social determinants of health model, which has posited that various social, economic, and environmental factors influence

health outcomes (Marmot & Allen, 2020; World Health Organization, 2008). In the context of sexual health education, social determinants of health theory has underscored the importance of addressing structural inequalities such as poverty, lack of access to health care, and limited educational opportunities, all of which disproportionately affect rural and underserved communities in Arkansas. By recognizing these systemic barriers, interventions can be designed to target the root causes of health disparities and promote health equity.

Building upon the social determinants of health model, the health belief model has offered insight into individuals' perceptions and behaviors related to health (Braveman & Gottlieb, 2014; Rosenstock, 1974). According to the health belief model, individuals' decisions to engage in health-promoting behaviors, such as seeking sexual health education and accessing reproductive health care services, are influenced by their perception of their own susceptibility to health risks, the severity of health consequences, and the benefits of and barriers to action (Rosenstock, 1974). In the context of CSE, this model has suggested that interventions should aim to increase individuals' perceived benefits of obtaining sexual health information while addressing barriers. These barriers include stigma, cultural norms, and lack of knowledge. By leveraging the health belief model, educators and health professionals can more effectively tailor CSE programs to motivate individuals to prioritize their sexual

health through informed and proactive behaviors.

Furthermore, ecological systems theory has provided a holistic framework for understanding the multifaceted influences of individuals' social environments on their health behaviors (Bronfenbrenner, 1979). Ecological systems theory has posited that individuals are nested within multiple interconnected systems, including the microsystem (individual), mesosystem (interactions with peers and family), exosystem (community and institutional factors), and macrosystem (cultural and societal norms). In the context of community colleges, ecological systems theory highlights the importance of considering not only the individual-level factors but also the broader social and institutional contexts that shape students' access to sexual health education and support services (Bronfenbrenner 1979; Tolman et al., 2003). By taking a systems-level approach, interventions can target multiple levels of influence to create supportive environments that facilitate positive health behaviors.

By synthesizing these theoretical perspectives, the theoretical framework for advancing sexual health education in Arkansas's community colleges emphasizes the need for a comprehensive, multilevel intervention that addresses social determinants, individual beliefs, and institutional contexts. By integrating these theories into program development and implementation, community colleges can create inclusive, empowering environments that promote

health equity and support students' sexual and reproductive health needs.

Moving forward, community college practitioners face the challenge of addressing these barriers while leveraging the theoretical frameworks and empirical evidence to design effective sexual health education initiatives. By synthesizing the main findings associated with past studies and illuminating the issues that face community college practitioners, this theoretical framework has provided a roadmap for advancing sexual health education in Arkansas's community colleges. By embracing evidence-based interventions grounded in established theories, practitioners can create supportive environments that empower students to make informed decisions about their sexual health and well-being.

### **Implications/Recommendations**

CSE can significantly benefit Arkansas's community colleges, particularly in addressing the complex health and social challenges rural and underserved communities face. Given the high rates of low health literacy, disparities in health care access, and significant gaps in health outcomes, community colleges have a vital role to play in promoting sexual health education and empowering students with the knowledge and skills needed to make informed decisions about their health.

Community colleges should prioritize integrating CSE into their curriculum, considering their student population's unique needs and challenges. This step

may involve developing new courses or modules within existing health education programs. In Arkansas, several community colleges offer health education programs to promote student well-being and address public health needs. These programs cover varied topics, including nutrition, physical fitness, mental health, and substance abuse prevention, to equip students with the knowledge and skills needed to lead healthy lifestyles. However, to ensure comprehensive sexual health education, it is imperative to integrate sexual health education into varied disciplines and departments at community colleges. Beyond dedicated health education programs, sexual health-related content can be infused into the curriculum of diverse academic fields, including psychology, sociology, biology, and public health. For example, psychology courses can incorporate discussions of human sexuality and relationships, while biology classes can explore reproductive anatomy and physiology. Additionally, interdisciplinary approaches, such as service-learning projects and community-based research initiatives, can provide practical opportunities for students to apply health education principles in real-world contexts. By incorporating sexual health education into multiple facets of the curriculum, community colleges can foster a campus culture that prioritizes holistic well-being and equips students with essential skills to navigate health-related challenges in their lives.

Collaboration with local health departments, community organizations, and health care providers can enrich

curriculum content and ensure its relevance to the community. For example, community colleges can offer courses on sexual health literacy, covering contraception methods, STI prevention, healthy relationships, and navigating health care systems. These courses should be culturally sensitive and inclusive, addressing the specific needs of rural and underserved populations in Arkansas. Additionally, community colleges can provide training opportunities for faculty and staff to enhance their capacity to deliver effective sexual health education programming.

Student support services are crucial for promoting student well-being and academic success. Community colleges should offer comprehensive sexual health resources and support services to students, including access to contraception, STI testing, and reproductive health care referrals. Campus health centers can serve as trusted sources of information and confidential support for students seeking guidance on sexual health matters. For instance, community colleges can implement peer-education programs in which trained student leaders provide workshops, outreach events, and one-on-one support sessions on sexual health topics. These peer educators can help bridge the gap in health literacy and facilitate open conversations about sensitive issues among students.

Collaboration with community stakeholders is essential for successful CSE initiatives. Community colleges should engage with local health departments, nonprofit organizations, faith-based groups, and health care providers to



effectively coordinate efforts and leverage resources. For example, community colleges can host community health fairs or workshops focused on sexual health education, inviting guest speakers and experts to share information and resources. By partnering with local clinics or mobile health units, community colleges can also facilitate students' and community members' access to sexual health services.

CSE has the potential to address health disparities, promote health literacy, and improve overall well-being in Arkansas's community colleges and surrounding communities. By taking a proactive approach and collaborating with stakeholders, community colleges can play a pivotal role in advancing sexual health education and empowering individuals to make informed decisions about their health and relationships, ultimately contributing to a healthier, more equitable future for all residents of Arkansas. However, without explicitly mentioning the inclusion of sex education in extracurricular activities, workshops, and seminars or collaboration with academic affairs staff and faculty to develop sex education curricula, vital avenues for providing CSE may be overlooked. Collaboration with academic affairs and faculty members is essential for developing, improving, and implementing sex education curricula. Involving faculty members in the design and delivery of sex education courses can ensure that content is relevant, evidence-based, and effectively integrated into existing academic programs. Research has shown that faculty involvement enhances the

quality and effectiveness of sex education initiatives in educational settings (Schneider et al., 2020). Thus, fostering collaboration with academic affairs and faculty will be critical for advancing sex education efforts in Arkansas's community colleges.

## Conclusion

This practice brief has explored the potential benefits of implementing CSE programs at Arkansas's community colleges. Against the backdrop of significant disparities in health care access, health outcomes, and health literacy, particularly in rural and underserved communities, the importance of equipping young adults with accurate information about sexual and reproductive health cannot be overstated. By addressing gaps in knowledge and promoting informed decision-making among college students, CSE initiatives can mitigate health disparities, reduce rates of unintended pregnancy and STIs, and foster a culture of health and well-being.

This practice brief has provided implications and recommendations for distinct stakeholder groups, including community college administrators and educators, student support services, and community partners. These recommendations underscore the importance of integrating CSE into the curriculum, providing comprehensive student support services, and fostering collaborative partnerships with local health departments and organizations.

Advancing sexual health education in Arkansas's community colleges holds significant promise for improving individual health outcomes, reducing disparities, and promoting overall well-being. By embracing evidence-based interventions and fostering collaborative partnerships, community colleges can play a vital role in empowering students to make informed decisions about their sexual health and relationships, ultimately contributing to a healthier, more equitable future for all residents of Arkansas.

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## References

- Agency for Healthcare Research and Quality. (2022). National healthcare quality and disparities reports (NHQDR). <https://datatools.ahrq.gov/nhqdr/>
- Arkansas Department of Health. (2020). State health assessment report. <https://www.healthy.arkansas.gov/programs-services/topics/state-health-assessment-book>
- Arkansas Department of Health. (2023). Arkansas state health assessment 2023 scorecard. <https://www.healthy.arkansas.gov/programs-services/topics/state-health-assessment>
- Braveman, P., & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports* (1974), 129(Suppl 2), 19–31. <https://doi.org/10.1177/00333549141291s206>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- County Health Rankings & Roadmaps. (2021). Key findings: Rankings data & documentation. <https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation>
- Eisenberg, M. E., Bernat, D. H., Bearinger, L. H., & Resnick, M. D. (2013). Support for comprehensive sexuality education: Perspectives from parents of school-age youth. *Journal of Adolescent Health*, 42(4), 352–359. <https://doi.org/10.1016/j.jadohealth.2007.09.019>
- Goldrick-Rab, S., & Sorensen, K. (2010). Unmarried parents in college. *The Future of Children*, 20(2), 179–203. <https://doi.org/10.1353/foc.2010.0008>
- Guttman Institute. (2024). Interactive map: US abortion policies and access after Roe. <https://states.guttman.org/policies/arkansas/abortion-policies>
- Hall, W. J., Jones, B. L., Witkemper, K. D., Collins, T. L., & Rodgers, G. K. (2019). State policy on school-based sex education: A content analysis focused on sexual behaviors, relationships, and identities. *American Journal of Health Behavior*, 43(3), 506–519.
- Jones, R. K., Witwer, E., & Jerman, J. (2019). Abortion incidence and service availability in the United States, 2017. *Perspectives on Sexual and Reproductive Health*, 51(1), 17–27.
- Liang, M., Simelane, S., Fortuny Fillo, G., Chalasani, S., Wen, K., Salazar Canelos, P., Jenkins, L., Moller, A.-B., Chandra-Mouli, V., Say, L., Michielsen, K., Engel, D. M. C., & Snow, R. (2019). The state of adolescent sexual and reproductive health. *Journal of Adolescent Health*, 65(6), S3–S15. <https://doi.org/10.1016/j.jadohealth.2019.09.015>
- Marmot, M., & Allen, J. (2020). Social determinants of health equity. *American Journal of Public Health*, 110(S1), S4–S5.

- Mumford, Q., Miller, W., Wheeler, E., & Christenberry, P. (2020). Primary care needs assessment of Arkansas. [https://www.healthy.arkansas.gov/images/uploads/pdf/Office\\_of\\_Rural\\_Health\\_and\\_Primary\\_Care\\_Primary\\_Care\\_Needs\\_Assessment.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/Office_of_Rural_Health_and_Primary_Care_Primary_Care_Needs_Assessment.pdf)
- Rosenstock, I. M. (1974). The health belief model and preventive health behavior. *Health Education Monographs*, 2(4), 354–386.
- Santelli, J. S., Grilo, S. A., Choo, T.-H., Diaz, G., Walsh, K., Wall, M., Hirsch, J. S., Wilson, P. A., Gilbert, L., Khan, S., & Mellins, C. A. (2018). Does sex education before college protect students from sexual assault in college? *PloS One*, 13(11), e0205951–e0205951. <https://doi.org/10.1371/journal.pone.0205951>
- Schneider, M., & Hirsch, J. S. (2020). Comprehensive sexuality education as a primary prevention strategy for sexual violence perpetration. *Trauma, Violence, & Abuse*, 21(3), 439–455. <https://doi.org/10.1177/1524838018772855>
- Tolman, D. L., Striepe, M. I., & Harmon, T. (2003). Gender matters: Constructing a model of adolescent sexual health. *The Journal of Sex Research*, 40(1), 4–12. <https://doi.org/10.1080/00224490309552162>
- U.S. Centers for Disease Control and Prevention. (2023). Socioeconomic factors. [https://www.cdc.gov/dhdsp/health\\_equity/socioeconomic.htm#:~:text=Socioeconomic%20factors%20affect%20one's%20ability,health%20differently%20across%20different%20groups](https://www.cdc.gov/dhdsp/health_equity/socioeconomic.htm#:~:text=Socioeconomic%20factors%20affect%20one's%20ability,health%20differently%20across%20different%20groups)
- World Health Organization. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. World Health Organization.