

# UC Davis

## UC Davis Previously Published Works

### Title

Abortion and student health services expanding the conversation with student perspectives

### Permalink

<https://escholarship.org/uc/item/29t031n8>

### Journal

Contraception, 98(4)

### ISSN

0010-7824

### Authors

Jaime, Maria Catrina  
Yakzan, Abeer  
Lewis, Carrie  
et al.

### Publication Date

2018-10-01

### DOI

10.1016/j.contraception.2018.05.019

Peer reviewed

1

1

## **Abortion and Student Health Services**

2

### **Expanding the conversation with Student Perspectives**

3

Maria Catrina Jaime, PhD, MPH<sup>a,b</sup>, Abeer Yakzan<sup>c</sup>, Carrie Lewis, MPH<sup>a</sup>

4

Eleanor Bimla Schwarz, MD, MS<sup>a,b</sup>

5

6<sup>a</sup> Center for Healthcare Policy and Research, University of California, Davis School of Medicine,  
72103 Stockton Blvd, Sacramento, California 95817

8<sup>b</sup> Division of General Internal Medicine, University of California, Davis School of Medicine,  
94150 V Street, Suite 3100, Sacramento, California 95817

10<sup>c</sup> University of California Davis, College of Agricultural and Environmental Sciences, Global  
11Disease Biology program

12

13

14**Running title:** Abortion and Student health

15

#### **16Corresponding Author:**

17Eleanor Bimla Schwarz, MD, MS

18Professor of Medicine, UC Davis

19Division of General Internal Medicine

204150 V Street, PSSB 2400 [room 2506]

21Sacramento, CA 95817

22916-734-5453 (Office phone)

23916-734-2732 (Fax)

24[eschwarz@ucdavis.edu](mailto:eschwarz@ucdavis.edu)

26Word count, abstract: 249

27Word count, manuscript text: 1887

2

1

3

**28Abstract**

29**Objective:** College students are known to experience unintended pregnancy and seek abortions.  
30However, few student health centers currently offer abortion services. In this exploratory study,  
31we aimed to expand understanding of student perspectives regarding on-campus abortion  
32services.

33**Study Design:** We invited UC Davis students to complete an anonymous web-based survey,  
34using 16 campus listservs and in-person recruitment. We elicited student knowledge of and  
35opinions about on-campus Student Health and Counseling Services (SHCS) with 29 questions.

36**Results:** The 502 participating students primarily identified as female (80%) and heterosexual  
37(86%); most (90%) were undergraduates. In the past year, 9% of female respondents had used  
38emergency contraception (EC), and 9% had sought clinic-based pregnancy testing. Only 68% of  
39respondents were aware that SHCS provides EC. Although SHCS has not yet offered abortions,  
4024% of respondents believed that SHCS currently offers medication abortion and 13% believed  
41SHCS clinicians perform abortion procedures. Most respondents (64%) believed that SHCS  
42should offer abortion services; 12% of respondents felt SHCS should not. Reasons for support of  
43on-campus abortion services included the need to compassionately care for campus survivors of  
44sexual assault and abortion's role in allowing students facing undesired pregnancy to complete  
45their education. Reasons for opposition included concerns regarding SHCS's ability to offer high  
46quality abortion services, the potential for controversy related to on-campus abortion services,  
47and personal opposition to abortion.

48**Conclusion:** Most responding students favor on-campus abortion services and a number of  
49students incorrectly believe abortion services are currently offered on the UC Davis campus.

50**Keywords:** Student Health; Abortion; Emergency Contraception; California

51**Implications:** Student health centers should offer medication abortion on campus.

## 52Introduction

53 Unintended pregnancies are most common among women between the ages of 18 and 24  
54[1], when many US women are college students [2]. Nationally, it is estimated that over 2% of  
55college students experience an unintended pregnancy each year and approximately 50% of  
56students have had sexual intercourse 1 or more times [3]. Thus, many student health centers  
57strive to provide sexual and reproductive health education and counseling, and ensure access to  
58contraception. Research has shown student health centers can safely provide both emergency  
59contraception (EC) [4] and medication abortion [5]. Although on-campus access to EC has  
60grown, [4] with some campuses now offering EC in vending machines,[6] provision of abortion  
61care is still limited on most campuses.

62 The University of California (UC)'s 10 campuses annually serve over 264,000 students  
63[7], over half (53%) of whom are female [8]. All UC students are required to participate in the  
64UC Student Health Insurance Plan (SHIP), a not-for-profit, self-funded student health benefit  
65plan administered by UC Office of the President, unless they have other health insurance. UC  
66SHIP was created with a student shared governance model to meet a mandate from the UC  
67Regents that all registered students have health coverage as a non-academic condition of  
68enrollment. UC SHIP covers a wide range of health services, including abortion. Each UC  
69campus has a student health center which offers immunizations, and other preventive health care,  
70including sexual and reproductive health services [9]. For example, the UC Davis (UCD)  
71Student Health and Counseling Services (SHCS) currently offers STI testing, contraception and  
72pregnancy testing [10] to more than 36,000 students, of whom 58% are female and 81% are  
73undergraduate students [7]. When abortion services are needed, students are currently referred  
74off campus for care.

75 In 2017, California Senator Connie M. Leyva (Democrat) introduced Senate Bill 320  
76[11], which would require student health centers on the campuses of UC and California State  
77University (CSU) schools to provide medication abortion services. To understand students'  
78perspectives related to this bill, we surveyed UC Davis students to assess their utilization of  
79reproductive health services on campus and their attitudes toward the current availability of  
80abortion services at SHCS.

### 81**Methods**

82 We distributed an anonymous web-based survey to current UCD students during the  
832016-2017 academic year. We approached seventy-two academic listserv administrators at UCD,  
84representing all four colleges on campus (i.e. the College of Agricultural and Environmental  
85Sciences, the College of Letters and Science, the College of Biological Sciences, and the College  
86of Engineering [12]). Sixteen listserv administrators agreed to distribute (on a single occasion) an  
87email inviting students on their listserv to complete the survey. Listserv administrators emailed  
88approximately 10,000 students an electronic request to complete a survey titled, Reproductive  
89Health Services survey. We also recruited individuals walking through the UC Davis Quad  
90during the summer of 2017. We asked individuals who expressed interest in participating if they  
91were a UC Davis student but did not require they show a student ID. We did not compensate  
92students for their participation. We collected all survey data using REDCap (Research Electronic  
93Data Capture, Vanderbilt University, Nashville, Tenn.), a secure web application for building and  
94managing online surveys and databases [13].

### 95*Measures*

96 We distributed a survey that contained 29-items, with skip-patterns based on participant  
97responses resulting in a shorter survey for some. We collected information on students'

98demographic characteristics (age, gender and sexual identity), academic degree status, health  
99insurance coverage, and pregnancy history. In addition, we assessed knowledge and use of health  
100services offered by the UCD SHCS. Open-ended free-text responses were used to collect  
101students' perspectives on why abortion services should or should not be offered on campus.

## 102*Analysis*

103 We tabulated respondents' demographic characteristics and used chi-square tests, and  
104Fisher's exact tests when needed, to examine the significance of differences in responses  
105provided by students who had used SHCS. We had two investigators code the open-ended  
106responses using an iterative process, and tabulate statements representative of each theme using  
107Excel. Quantitative analyses were conducted using SAS statistical software 9.4 (Cary, NC). The  
108UCD Institutional Review Board reviewed this study (number 1065458-1) and determined it to  
109be exempt.

## 110**Results**

111 Between June and August 2017, a convenience sample of 502 individuals completed the  
112survey (estimated response rate, 5%). We recruited most participants (92%) by email; 42 (8%)  
113were recruited in-person. Participants primarily identified as female (80%) and heterosexual  
114(86%) (Table 1). Participants ranged in age from 18 to 44, with an average age of 22. Most  
115(90%) were pursuing a Bachelor's degree. Only 27% were participating in the SHIP; 73% of  
116students had other health insurance coverage. Students were more likely to participate in SHIP if  
117they were over 25 years of age, or graduate students (data not shown). Older students were also  
118more likely to have visited the on-campus SHCS (Table 1).

119 Over half the participants (53%) reported receiving reproductive health services in the  
120past year, such as prescriptions for hormonal contraception (received by 36% of female  
121respondents), condoms (21% of female participants and 27% of male participants,  $p=0.17$ )  
122and/or STI testing (20% of female participants; 16% of male participants,  $p=0.31$ ). Emergency  
123contraceptive pills were used by 9% of female respondents in the past year. Clinic-based  
124pregnancy testing was reported by 9% of in the past year. The majority of respondents (62%)  
125reported receiving health care from UCD SHCS in the past year. Respondents who utilized  
126SHCS services reported higher rates of hormonal contraception, condom use, STI and pregnancy  
127testing in the past year than those who did not (Table 2).

128 Most respondents knew there was a SHCS on campus (98%), and the large majority knew  
129SHCS offers STI testing (89%), condoms (85%), and hormonal contraception (80%) (Table 3).  
130Most participants knew the SHCS offers pregnancy testing (88%), pregnancy counseling (77%)  
131and emergency contraception (68%). Although SHCS does not currently offer abortion services,  
13224% of respondents believed SHCS provides abortion pills and 13% believed SHCS offers  
133abortion procedures (Table 3). Respondents who had utilized SHCS services had a greater level  
134of awareness about the reproductive health services offered by SHCS than those who did not  
135(Table 3). The majority of respondents (64%) were in favor of SHCS offering abortion services;  
13612% were opposed to on-campus abortion services, while 24% were unsure about whether the  
137SHCS should provide abortion services (Table 3). Respondents' support for on-campus abortion  
138services did not vary by demographic characteristics (data not shown).

139 Among those students who favored on-campus abortion services ( $n=322$ ), reasons given  
140for this support included the role of abortion services in allowing students facing undesired  
141pregnancy to complete their education, and issues related to the need for timely access to health



142services, convenience, and safety (Table 4); many respondents expressed an assumption that  
143medication abortion should be available on-campus by simply countering, “Why not?” Students  
144also framed access to abortion services as fundamental to addressing students’ risks of being a  
145survivor of sexual assault. Among the minority of students who opposed on campus abortion  
146(n=59), reasons given ranged from a personal opposition to abortion to concerns regarding  
147SHCS’s ability to offer high quality abortion services, and the potential for controversy related to  
148funding and offering abortion services on campus (Table 5).

### 149Discussion

150 In this convenience sample of over 500 University of California students, we found that  
151the majority of responding students supported expanding on-campus reproductive health services  
152to include abortion services. Surprisingly, a quarter of respondents incorrectly believed that  
153abortion services are currently offered on campus by their student health center. This confusion  
154may contribute to delays in students accessing care when abortion services are needed [14].  
155Many participants recognized undesired pregnancy as a common student concern, with 9% of  
156female respondents reporting they visited a clinic for pregnancy testing in the past year.  
157Interestingly, a number of respondents highlighted the university’s moral responsibility to  
158facilitate access to abortion services if the university is unable to reliably protect students from  
159sexual assault.

160 According to recent Bureau of Justice Statistics, one of every five female college students  
161in the US experiences a sexual assault during her college years [15]. Nationally, it is estimated  
162that over 2% of college students experience an unintended pregnancy each year [3]. This implies  
163that hundreds of UCD’s 21,000 female students may need abortion services each year, and could  
164benefit from an expansion of the health services offered on campus. UC Davis currently has a

165campus vending machine offering emergency contraceptive pills, as well as condoms, tampons  
166and pregnancy tests,[6] demonstrating community support for facilitating access to reproductive  
167health services on campus. Nonetheless, every month, an estimated 519 UC and CSU students  
168must currently travel off-campus every month for medication abortions [16]. In 2014, over 50%  
169of all US abortion patients were in their 20s, with rates of abortion being highest among women  
170aged 20–24 [17]. Other studies have also found rates of unintended pregnancy to be highest  
171among women younger than 24 years [18], during which time US women are often college  
172students. Prior work has shown student health centers to be a well-accepted setting for  
173medication abortion [5]. Further, medication abortion can be safely and legally provided by  
174general practitioners and advance practice nurses in California [19]. As timely access to abortion  
175services increases the number of women able to achieve their educational and employment goals  
176[20], on-campus abortion services align with the larger goals of public education as a means to  
177social equity and justice.

178       Although this exploratory study provides new insights into Californian students’  
179perspectives regarding on-campus abortion services, there are limitations that must be  
180acknowledged. First, despite collecting data from over 500 students, this convenience sample  
181cannot be assumed to represent the views of all 36,000 UCD students. Specifically, graduate  
182students were less likely to participate than undergraduates, and male students were much less  
183likely to participate in this study than female students. In 2016, graduate students comprised 19%  
184of the UC Davis student population, compared to 11% of study participants, and 42% of UCD  
185students, compared to 19% of study participants, are male[7]. Although we collected responses  
186from students studying in a wide range of campus departments, some listserv administrators  
187refused to distribute surveys. Given the overall low response rate, these data should not be

188construed as representative of all UCD students. It is likely students with strong feelings about  
189reproductive health issues or about the services offered by the SHCS are over-represented. This  
190sample may also include more students who have recently sought reproductive health services.  
191Further, self-reported data may be subject to recall bias and social-desirability bias. Although  
192survey response options distinguished between emergency contraception and abortion pills, we  
193did not explicitly define these terms and some respondents may have confused the two. Finally,  
194data were not collected on participants' race/ethnicity, and the perspectives of these University of  
195California students may differ from those of students at other publicly-funded Californian post-  
196secondary schools, and college students in other states.

197       In conclusion, most responding students favored provision of on-campus abortion  
198services, and surprisingly, a quarter of respondents believed that medication abortion services are  
199already available from their on-campus student health center. These exploratory findings offer  
200support for Senate Bill 320 [11], which would require student health centers on the campuses of  
201publicly funded institutions of postsecondary education in California to provide medication  
202abortion services. Consideration of similar legislation in other states is warranted.

203

**204 Acknowledgements**

205 This research did not receive any specific funding from agencies in the public, commercial, or  
206 not-for-profit sectors. Dr. Jaime is supported by grant number T32HS022236 from the Agency  
207 for Healthcare Research and Quality (AHRQ) through the Quality, Safety, and Comparative  
208 Effectiveness Research Training (QSCERT) Program.

209

**210REFERENCES**

- 211[1] Finer LB, Zolna MR. Declines in Unintended Pregnancy in the United States, 2008-2011. N  
212Engl J Med 2016;374:843-52.
- 213[2] Downing A. University Students' Knowledge and Attitudes Toward Emergency  
214Contraception Pills. J Community Health Nurs 2014;31:75-89.
- 215[3] American College Health Association-National College Health Assessment Spring 2008  
216Reference Group Data Report (abridged): the American College Health Association. J Am Coll  
217Health 2009;57:477-88.
- 218[4] Trieu SL, Shenoy DP, Bratton S, Marshak HH. Provision of emergency contraception at  
219student health centers in California community colleges. J Womens Health Issues 2011;21:431-7.
- 220[5] Godfrey EM, Bordoloi A, Moorthie M, Pela E. Medication abortion within a student health  
221care clinic: A review of the first 46 consecutive cases. J Am Coll Health 2012;60:178-83.
- 222[6] Sacramento Bee Staff. UC Davis campus vending machine now selling Plan B contraceptive.  
223Sacramento Bee. Sacramento, CA, April 21 2017. Available from  
224<http://www.sacbee.com/news/local/article145953979.html> [accessed 27 April 2018].
- 225[7] University of California. The University of California at a Glance. 2017.  
226<https://universityofcalifornia.edu/sites/default/files/uc-at-a-glance-apr-2017.pdf> [accessed  
22718 December 2017]
- 228[8] University of California. Fall Enrollment at a Glance. 2017.  
229<https://www.universityofcalifornia.edu/infocenter/fall-enrollment-glance> [accessed 18  
230December 2017].
- 231[9] Regents of the University of California. Student Health Insurance Plan. 2017.  
232<http://ucop.edu/ucship/faqs/index.html> [accessed 18 December 2017].

- 233[10] University of California Davis. Student Health Counseling Services. 2017.
- 234<https://shcs.ucdavis.edu/topics/birth-control-contraception> [accessed 18 December 2017].
- 235[11] SB-320 Public health: public postsecondary education: on-campus student health centers:  
 236abortion by medication techniques. 2017-2018 ed2017. p. 95.
- 237[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201720180SB320](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB320); [accessed  
 23817 January 2018]
- 239[12] University of California Davis. Majors by College. 2017.
- 240<https://www.ucdavis.edu/majors/college> [accessed 18 December 2017].
- 241[13] Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, Conde JG. Research electronic data  
 242capture (REDCap)--a metadata-driven methodology and workflow process for providing  
 243translational research informatics support. *J Biomed Inform* 2009;42:377-81.
- 244[14] Fuentes L, Lebenkoff S, White K, et al. Women's experiences seeking abortion care shortly  
 245after the closure of clinics due to a restrictive law in Texas. *Contraception* 2016;93:292-7.
- 246[15] Krebs CP, Lindquist CH, Berzofsky M, et al. Campus climate survey validation study final  
 247technical report. In: Bureau of Justice Statistics Research and Development Series, editor.  
 248Research Triangle Park, NC: Bureau of Justice Statistics; 2016.
- 249[16] Upadhyay U, Johns N, Cartwright A, Edwards A, Soyemi A. Assessing barriers to  
 250medication abortion among California's public university students. *Advancing New Standards in*  
 251*Reproductive Health (ANSIRH)*; 2017. p. 1-6. Available from  
 252<https://www.ansirh.org/sites/default/files/publications/files/sb320barriers12-20-17.pdf> [Accessed  
 25327 April 2018]
- 254[17] Jerman J, Jones R, Onda T. Characteristics of US Abortion Patients in 2014 and Changes  
 255Since 2008. New York, NY: Guttmacher Institute; 2016.

256[18] Jatlaoui TC, Shah J, Mandel MG, et al. Abortion Surveillance - United States, 2014.

257MMWR Surveill Summ 2017;66:1-48.

258[19] Weitz TA, Taylor D, Upadhyay UD, Desai S, Battistelli M. Research informs abortion care

259policy change in California. *Am J Public Health* 2014;104:e3-4.

260[20] Upadhyay UD, Biggs MA, Foster DG. The effect of abortion on having and achieving

261aspirational one-year plans. *BMC Womens Health* 2015;15:102.

**Table 1 Participating student characteristics by use of on-campus student health and counseling services (SHCS), N=502**

Student characteristics	Yes, used SHCS n=312 % (n)	No SHCS* n=190 % (n)	Chi-square p-value
Age (years)			
18-19	14% (45)	28% (53)	<0.001
20-21	40% (125)	38% (70)	
22-23	29% (89)	23% (43)	
24-25	6% (18)	8% (15)	
26-44	11% (35)	4% (8)	
Gender Identity			
Female	81% (253)	77% (148)	0.14**
Male	19% (58)	20% (38)	
Other	0.3% (1)	2% (4)	
Sexual Identity			
Heterosexual	85% (265)	86% (163)	0.92
Sexual Minority	15% (45)	14% (27)	
Anticipated Degree			
Bachelors	89% (278)	93% (176)	0.43
Masters	3% (10)	2% (4)	
Doctoral	8% (24)	5% (10)	

281

282\* Students responding "I don't know" (n=4) were categorized as not having used SHCS

283\*\* Fishers exact-test

284



285 **Table 2 Receipt of reproductive healthcare in the past year by utilization of on-campus**  
 286 **student health and counseling services (SHCS), N=502**

287

	Yes, SHCS n=312 % (n)	No, SHCS* n=190 % (n)	Chi-square p-value
Prescription for birth control pills, patch, or ring	33% (102)	23% (43)	0.01
Contraceptive injection	0.3% (1)	1% (2)	0.30
Condoms	26% (82)	15% (29)	<0.01
Emergency contraception pills	8% (24)	8% (15)	0.93
IUD placement or removal	9% (29)	6% (12)	0.24
Contraceptive arm implant placement or removal	4% (11)	2% (4)	0.36
Sexually transmitted infections testing	27% (83)	7% (14)	<0.001
Pregnancy testing	9% (28)	4% (7)	<0.01
Abortion pills	0% (0)	0.5% (1)	0.37**
Preconception care	0.3% (1)	0% (0)	1.0**
Prenatal care	0.6% (2)	0% (0)	0.53**
I did not utilize any of these services	39% (123)	58% (111)	<0.001

288

289\* Students responding "I don't know" (n=4) were categorized as not having used SHCS

290\*\* Fishers exact-test

291

**Table 3 Student's knowledge of and beliefs about healthcare services offered on campus at UC Davis Student Health and Counseling Services, N=502**

294

	Total % (n)	Yes, SHCS n=312 % (n)	No, SHCS* n=190 % (n)	Chi- square p-value
Awareness of health services offered at UCD SHCS (check all that apply)				
Sexually transmitted infections testing	89% (448)	91% (284)	86% (164)	0.10
Prescriptions for contraceptive pills, patch, ring	80% (401)	84% (261)	74% (140)	0.007
Contraceptive injections (depo shots)	50% (250)	55% (172)	41% (78)	0.002
Placement of intrauterine contraceptives and subdermal contraceptive implants	40% (201)	47% (147)	28% (54)	<0.001
Other contraception (i.e., condoms, diaphragms, spermicide, sponges, cervical caps)	85% (426)	88% (276)	79% (150)	0.004
Emergency contraception	68% (341)	70% (218)	65% (123)	0.23
Pregnancy testing	88% (444)	89% (277)	88% (167)	0.76
Pregnancy counseling	77% (385)	78% (242)	75% (143)	0.55
Abortion pills	24% (119)	25% (79)	21% (40)	0.28
Abortion procedures	13% (63)	12% (38)	13% (25)	0.75
Preconception care	39% (195)	41% (129)	35% (66)	0.14
Prenatal care	41% (204)	43% (135)	36% (69)	0.12
Should UCD SHCS offer abortion services				
Yes	64% (322)	66% (205)	62% (117)	0.27
No	12% (59)	10% (31)	15% (28)	
I am not sure	24% (120)	24% (75)	24% (45)	

295

\* Students responding "I don't know" (n=4) were categorized as not having used SHCS

297

298

299Table 4 Reasons students favor on-campus abortion services, N=336

Themes	Representative quotes*
Allow students to complete their education	<ul style="list-style-type: none"> <li>• Unintended pregnancies sometimes need to be taken care of and women need that to be an option, if they are trying to focus on their education and future career. (Female, age 19, heterosexual, undergraduate)</li> <li>• Help students focus on school instead of worrying about accidental pregnancy. (Male, age 22, heterosexual, undergraduate)</li> <li>• It is very beneficial to students that do not want a child, are already in a ton of debt, and want to focus on their academics. (Female, age 25, heterosexual, undergraduate)</li> </ul>
Need to address sexual assault on campus	<ul style="list-style-type: none"> <li>• Rape culture is more prevalent than it should be, and if schools are not focusing on cracking down on this issue, they should at least give more options for those affected. There are also many other reasons as to why having a child is not possible and should be helped. (Male, age 23, homosexual, undergraduate)</li> <li>• Abortion services would be useful in a college environment where young adults are prone to make mistakes when it comes to sex and contraception. Sexual assaults on campus can also lead to unwanted pregnancies, and abortion services at SHCS (Female, age 24, heterosexual, undergraduate )</li> </ul>
Accessible abortion services are needed	<ul style="list-style-type: none"> <li>• Women should have a place, even on campus, to receive any service they require in order to keep themselves safe and healthy. (Female, age 23, heterosexual, undergraduate)</li> <li>• Because it is expensive and a waste of time to have to travel, especially as a student. It is hard enough to make that decision without figuring out how to pay for a clinic in the city. (Female, age 26, heterosexual, undergraduate)</li> <li>• It is a service that could be very hard to obtain elsewhere for a student on SHIP, and particularly a student without access to a car or time and resources to travel to another location to have it done. (Female, age 31, heterosexual, undergraduate)</li> </ul>
Women's right	<ul style="list-style-type: none"> <li>• Abortion is a fundamental human right (Female, age 29, heterosexual, undergraduate)</li> <li>• It is the right of every woman to be able to plan her life, including control her fertility. (Female, age 31, heterosexual, doctoral student)</li> </ul>
SHCS needs to provide comprehensive reproductive health services	<ul style="list-style-type: none"> <li>• As being part of a college institution, I believe it should be able to provide all care that students need, as many use this as their health insurance. This should include having the option to terminate any unwanted or dangerous pregnancies (Female, age 22, heterosexual, undergraduate)</li> <li>• SHCS is a healthcare provider. Abortion services are an important aspect of healthcare. (Female, age 22, bisexual, undergraduate)</li> <li>• It's [abortion services] important for the mental and emotional health of people who are sexually active. (Female, age 21, heterosexual, undergraduate)</li> </ul>

SHCS is conveniently located and trusted	<ul style="list-style-type: none"> <li>• It would be the most convenient and effective for students if SHCS provided that service, I don't know what the next closest location is but it's certainly further away and I don't know if SHIP would cover it (Male, age 21, heterosexual, undergraduate)</li> <li>• So that this emotional procedure is conveniently located on campus so it doesn't have to be harder than it already is. (Male, age 25, heterosexual, undergraduate)</li> <li>• Because for students with SHIP and college students in general it would be easier and probably more comfortable for them to get it done at the facility they are close too and familiar with, and with college being such a critical time (Female, age 20, heterosexual, undergraduate)</li> </ul>
Student safety and protection	<ul style="list-style-type: none"> <li>• Ultimately, the university must provide this service for the health and safety of the women who attend the university, especially as many people may not readily have access to abortion services and may not know of ways to get their needs met. (Female, age 22, heterosexual, undergraduate)</li> <li>• I would prefer that people be offered a safe place to receive abortion services rather than being forced to turn to 'sketchy' means and probably hurting themselves. (Female, age 21, heterosexual, undergraduate)</li> <li>• If a woman decides she wants to have an abortion then it is best she is able to do it in a safe and protected environment. If we don't offer these services it will not make her not have an abortion it will just make it harder for her to do so and why make an already difficult situation harder (Female, age 20, bisexual, undergraduate)</li> </ul>
Students need support and secure resources	<ul style="list-style-type: none"> <li>• Because the want/need for abortion is present in the lives of university students, the university should offer these resources to support students and protect our health. (Male, age 22, heterosexual, undergraduate)</li> <li>• As a student, especially one who is not originally from Davis, I would be very unsure of where to go. Also, I have never done anything like this before, so I would be very scared and</li> <li>• unsure of where to go. (Female, age 19, bisexual, undergraduate)</li> <li>• It [abortion services] allows UC Davis students to feel more secure (Gender questioning, age 18, attracted to females, undergraduate)</li> </ul>

300

301\*Responses presented with original spelling, grammar, and syntax.

302

303

304 **Table 5 Reasons students opposed to on-campus abortion services, N=57**

Themes	Representative quotes*
Opposed to abortion	<ul style="list-style-type: none"> <li>• I do not believe that abortion is an ethically sound choice (Female, age 21, heterosexual, undergraduate)</li> <li>• unless the pregnancy is a result of rape or incest or brings the life of the mother into danger, it [abortion] shouldn't ever be performed. (Female, age 24, heterosexual, undergraduate)</li> </ul>
Public funds should not be used for abortion	<ul style="list-style-type: none"> <li>• "I do not think that tuition and other funds should support abortion services on a college campus." (Female, age 19, heterosexual, undergraduate)</li> <li>• Since student fees go towards supporting SHCS, it would be immoral to have students who disagree with abortion on moral and/or religious grounds pay for abortions. (Female, age 20, heterosexual, undergraduate)</li> <li>• While I see abortion access is an absolute right, we need to be mindful that many who pay taxes to the State (and therefore UC) are morally opposed to abortion, in the strongest of terms. (Male, age 28, heterosexual, doctoral student)</li> </ul>
SHCS staff lack training related to abortion	<ul style="list-style-type: none"> <li>• I'd rather have the SHCS refer students to a larger medical institution (a local hospital, for example) for abortion procedures. (Female, age 21, heterosexual, undergraduate)</li> <li>• it seems like a very specialized procedure and should be administered off campus (Female, age 28, heterosexual, doctoral student)</li> </ul>
Concern about potential for controversy	<ul style="list-style-type: none"> <li>• People that are against abortion might make it an unsafe environment for women that are hoping to take advantage of the service (Female, age 21, heterosexual, undergraduate)</li> <li>• I believe that abortion is a very controversial issue and I don't think that abortion services should be offered on campus at a public university because so many students are against abortion and it would create problems. (Female, age 19, heterosexual, undergraduate)</li> </ul>

305

307\*Responses presented with original spelling, grammar, and syntax.

308

309

310