

Improving the sexual health and contraceptive use of homeless young people

Fiona McGregor, PhD;

Registered Specialist Community Public Health Nurse

Copyright Fiona McGregor

(do not reproduce material without permission of author)

www.surrey.ac.uk



Introduction



- Purpose of presentation
- My profile and background
- Context
 - Overview of young people's sexual health/vulnerability
 - Homelessness, young people, health and sexual health
 - The is overall lack of research
 - Ethical considerations

Overview of sexual health



- WHO definition
- YP definition (various)
- SH in Public health context
- High rates STIs and unplanned pregnancy in YP overall
- Legal situation (Fraser competency, consent, assessments)
- Attendance at clinics Girls Vs Boys
- Boys sexual health

WHO 2006 p5



- *“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”*

Definition: young person/youth

- “...those persons between the ages of 15 and 24 as youth without prejudice to other definitions by Member States.”

UN General Assembly, (2001 p2)

- “young people between the ages of 10 and 19 years”

WHO (2015 p1)

- “...every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.

UNICEF (1989 p4)

- Consider the legal requirements for local authorities to house young people

- (UK Statute)

Public health in context



Individual, organisational, societal level

Focus: (promotional)

- Young people, sexual health and sexual health education
- Sexually Transmitted Infections (STIs)
- Unintended pregnancy and safe abortion
- The promotion of safe and satisfying sexual relations

(WHO) (2010),

Young male and female heterosexuals (16-24 years) STI diagnosis: England

- 63% of chlamydia cases
- 55% of gonorrhoea cases
- 52% of genital warts cases
- 42% of herpes cases

NB no stats available for homeless YP

- Source: Public Health England 2016

Use of sexual health services by young people: England (2016/17)

Young people using sexual health services England 2016/17 by gender and age (in thousands)

	16-17 years	18-19 years	20-24 years	Total
Females	77.9	115.4	286.3	479.6
Males	7.6	11.6	32.7	51.9

Source: Health and Social Care Information Centre (2017)

STIs/Screening YP UNIVERSITY OF SURREY

- Visits to GUM involve
- Legal aspects of SI with YP
- Assessment of risk/include exploitation and DV/
<13/ <16/ <18
- Consent/privacy/confidentiality
- Pregnancy
- Window 2/52 & 3/12 (consider local policy)
- Chlamydia
- Gonorrhoea
- Syphilis
- HIV/hepatitis
- Herpes/TV/candida [if indicated]

Homelessness Background



- Government improvement strategies suggest targeted healthcare for homeless population
- Health outcomes are priority, average life expectancy 47
- Multiple co-morbidities
- Don't attend services (e.g. stigma, lack of awareness, learning difficulties attendance at A&E twice as high as general population)
- Drug alcohol substance misuse, mental health
- Stigma
- Street sex work
- Vulnerability to STIs and unplanned pregnancy
- Downward spiral

Young people



(Sexual health/homelessness relevance)

- Definition of homelessness and lack of accuracy of counts
- 86,000 YP homeless or at risk of in UK (2016/17)
- YP overall highest rates of STIs and unplanned preg
- Lack of data for homeless YP attendance at services
- HYP History of 'in care' background, grooming & abuse
- Vulnerable to consequent spiral of unemployment, sex work, drugs, alcohol, vulnerability, mental health, poor health outcomes, STIs and unplanned pregnancy

Young BME populations and sexual health



- Prior work 2:
- Leadership award (Mary Seacole 2012/13)
- Improving outcomes for BME groups
- Focus group work with 2 groups of BME under 18 years olds to design suitable sexual health risk assessments recruited in inner London deprived borough youth centre
- Conclusions drawn – people centred care with relationship building and compassion between HCP and client at the heart

- McGregor, F. and Cannon, E. (2016) Assessing Sexual Health Risk for young Black and Minority Ethnic people. *Primary Health Care*. 26(2) pp.18-23
- McGregor, F. and Cannon, E. (2017) 'Designing a sexual health risk assessment for young people'. *Nursing Children and Young People*. 29(1) p.18. doi: 10.7748/ncyp.29.1.18.s19

Street Stories

<http://rebuildingshatteredlives.org/streetstories/>



Real stories

Read how, through working together, we are helping young people.



<http://rebuildingshatteredlives.org/streetstories/>

Images downloaded from
<http://centrepoint.org.uk/about-us>



D... is the eldest of four children. His mother and father married when they were young and made it clear that he wasn't wanted, abusing him both verbally and physically



PhD Thesis

(brief overview)



- Title:

Improving the sexual health of homeless young people in hostels

Problem and main factors:

- Policy
- Inverse care law Hart (1972)
- Young people and sexual health
- Homelessness and health outcomes

Research

- Research concern was to improve the sexual health of homeless young people and covered a large urban area



Methodology

- Qualitative
 - Rich examination, depth description
 - Non numerical
 - Depth rather than breadth
 - Personal thoughts, perspectives, experiences
 - Reflexivity
 - Conducted using Ethnographic case study method which followed Burrawoy (1998) extended case method)

Ethics

- Human subjects
- Sexual health is sensitive topic
- YP people/those at risk of homelessness are vulnerable population
 - Principles – autonomy, beneficence, justice, (Beauchamp)
 - Mindfulness of memories/triggers/safeguarding
- Ethical considerations necessary
 - Informed consent
 - Confidentiality/anonymity
 - Risk assessments
 - Data protection
 - Insurance
 - Unbiased information
- University ethics/IRAS –reviews and audit

Findings



1. Demographic
2. Thematic (adds considerable detail to the lives, thoughts, experiences of homeless young people)
3. Consequent models of care built to improve the sexual health of homeless young people
4. For queries and questions concerning findings please contact Dr. Fiona McGregor f.mcgregor@surrey.ac.uk

Evaluation, questions and feedback

- Feedback form

Summary, conclusion



- Special issues for young people's sexual health and for homeless people
- Gap in knowledge/evidence led to undertaking qualitative research
- Qualitative methodology to understand this populations sexual health needs
- Specialist interventions, new models of care aims to identify needs, reduce shame enhance relationships with eachother and HCPs
- Increases screening, uptake of contraception and self care

Acknowledgements UNIVERSITY OF SURREY

- Assistance with funding for the doctorate was provided through the following awards:
- Mary Seacole leadership Scholarship to undertake Department of health/NHS Employers project to improve health outcomes.(2012/13)
- Florence Nightingale Research Scholarship to undertake PhD second d year fees (2015/16)
- RCN Foundation Worshipful Company of Needle makers Educational Bursaries to undertake PhD (2016 educational fees and research expenses)
- RCN Foundation Worshipful Company of Needle makers Educational Bursaries to undertake to undertake PhD (2017 educational fees)