



CONTRACEPTION; WHY? WHEN? HOW?

**Homeless and Inclusion
Health Conference**

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Overview

- **Case study**
- **Sexual health issues**
- **Contraceptive methods and efficacy**
- **Barriers and facilitators**



AB

- **37yrs old; 9 children; Substance misuse**
- **Works as a SW**
- **Buddied into the service**
- **Flexible timing as will not wait to be seen**
- **PT and implant insertion done.**
- **STI screen done**
- **Declined a smear at this visit**
- **Said of the outreach worker – “she speaks at our level”**

‘Vulnerable and Hard to Reach’

Homeless

Alcohol and drug misuse

Mental health

Asylum seekers and refugees/migrants

Sex workers

Disabled

Young people

Elderly

BME

Vulnerable

Transient

Marginalised

Refusers

Hidden

Forgotten Populations

Underserved

‘Disadvantaged’

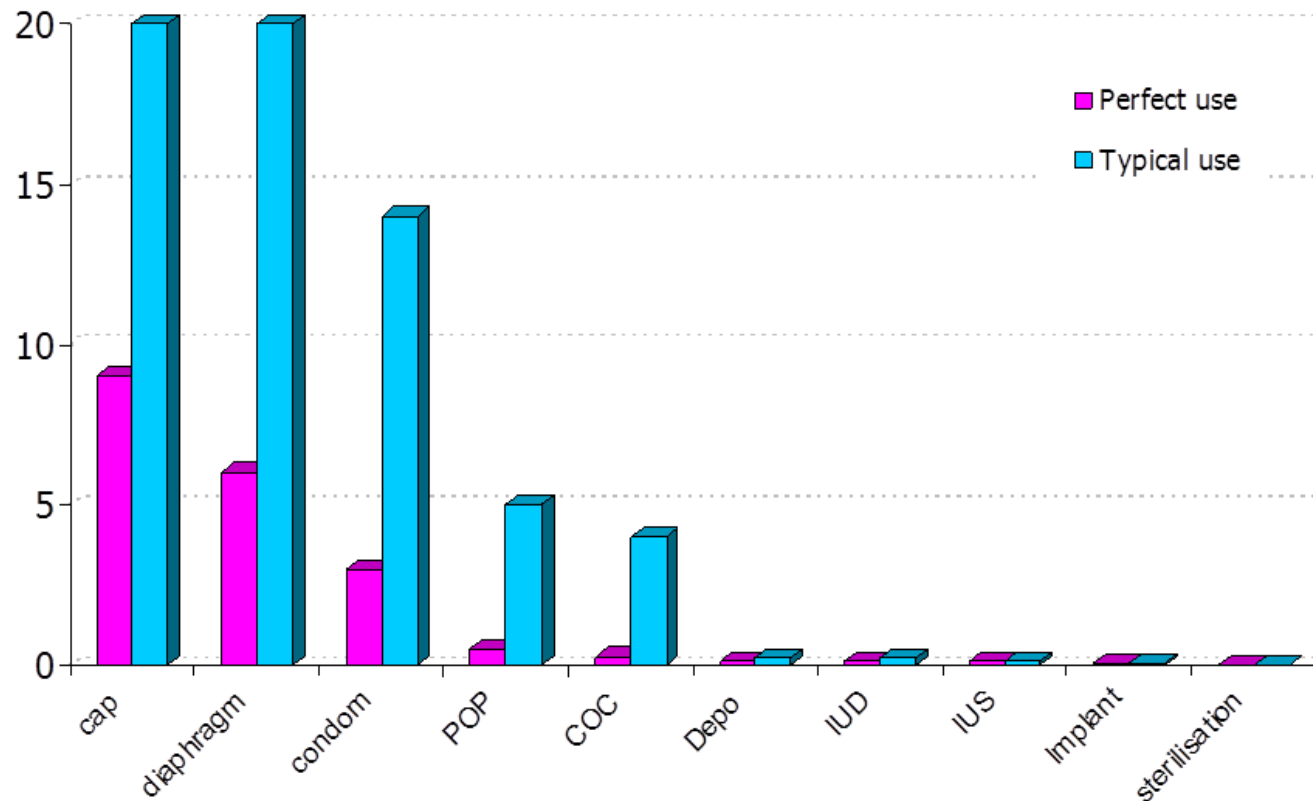
Sexual health Issues

- ▶ **Poorer uptake of contraception/Unintended pregnancy**
- ▶ **Poorer antenatal care and pregnancy outcomes**
- ▶ **Being involved in the sex industry/at risk of sexual exploitation**
- ▶ **Lower rates of screening**
 - **Cervical/breast**
- ▶ **Domestic abuse/Rape**
- ▶ **STIs and HIV/AIDS**
- ▶ **Psychological issues**
 - **Sexual assault, exploitation, violence, rape**

How well do they work?

Method	% Using	Perfect Use	Typical Use	% cont 1 yr
FAB	3	1-9	20-30	63
Withdrawal	3	4	30	43
Diaphragm	1	9-26	15-20	42-56
Condom	22	3	14	61
Oral contraception	27	0.1-0.9	5-9	71
IUCD	4	0.6	0.8	78
Injection	3	0.3	0.3	70
IUS	2	0.1	0.1	75-88
Implanon	1	0.05	0.05	81

Accidental pregnancy in first year of typical use



More effective

Less than 1 pregnancy per 100 women in one year



Implant



Vasectomy



Female Sterilization



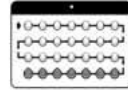
IUD



Injectables



LAM



Pills



Patch



Ring



Male Condoms



Female Condoms



Diaphragm



Sponge



Fertility-Awareness Based Methods



Withdrawal



Spermicide

Less effective

About 30 pregnancies per 100 women in one year

How to make your method most effective

After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months

Injectables: Get repeat injections on time

LAM (for 6 months): Breastfeed often, day and night

Pills: Take a pill each day

Patch, ring: Keep in place, change on time

Condoms, diaphragm, sponge: Use correctly every time you have sex

Fertility-awareness based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use.

Withdrawal, spermicide: Use correctly every time you have sex

Barriers to Accessing Services

- ▶ **Negative attitudes of healthcare professionals**
- ▶ **Location and opening times of services**
- ▶ **Lack of support**
- ▶ **Lack of trust**





Facilitators

- ▶ **respectful** treatment of service users
- ▶ establishing **trust** with service users
- ▶ offering service **flexibility**
- ▶ **partnership** working with other organisations
- ▶ **service user** involvement

Decision Making

- ▶ **Allow time**

- ▶ Decision should not be made for her
 - Women often feel judged

- ▶ Available options
 - same as for every one else
 - support often needed to access services

Assume the
person has
capacity

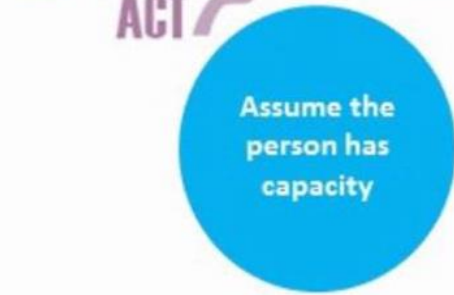
Decision

Information

**Check person
understands**

Consent

Maximise the
person's
capacity



Consultation – Patient Centred

▶ **Good communication**

- Don't make assumptions.
- Be clear and explicit about confidentiality.
- Provide information and choice.

▶ **Provide structure**

▶ **Build relationships**

- Build trust
- Be accessible

Good Practice - Outreach Team

- ▶ **Provide a one stop shop**
 - Accessible locations and flexible hours

- ▶ **Supports reduction of conceptions**
 - to under 18's,
 - vulnerable & higher risk groups

CONCLUSION

“Routine service provision should be able to flex around the expectations, beliefs, needs and resources of intended service users”

