



# YOUTH ON THE MARGINS

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**UTS:HEALTH**

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## LEGAL AND POLICY CONTEXT

Mature minor principle applies throughout Australia with regard to all forms of prescription contraception except sterilization

This also include the emergency (oral) contraception available via pharmacists

No legal restrictions on condom purchase

Specific policies for professional bodies and services...

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## **MEDICAL TECHNOLOGY CONTEXT**

All hormonal and non-hormonal contraceptive options are safe and efficacious for young women

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## **ISSUES FOR YOUNG AUSTRALIAN WOMEN ACCESSING CONTRACEPTION**

Awareness, knowledge about rights – young woman (+ providers)

Cost

Physical access and availability of services

Provider-limited communication about options and full discussion (Temple-Smith 2017 citing CUPID, CHOICE, ACCORd)

Stigma, discrimination

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## JESS, 15 YEAR OLD GIRL

Out of home care since age 10, several foster care placements

Sexually active for 12 months

Jess had a termination of pregnancy six months ago

Community Services (legal guardian) organized for Implanon insertion six months ago

Jess would now like the implant removed due to irregular bleeding pattern

Jess presents to a new GP asking whether she can have the implant removed, stating that Community Services has told her they must give consent for the removal and she cannot consent herself

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## HOMELESS YOUNG WOMEN

Health literacy and education

Ambivalence about pregnancy

Barriers to contraception access – not homelessness *per se*, however young women felt that providers did not provide sufficient information about options and/ or felt they were being coerced into accepting LARC

- Dasari 2016

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## **SARA, 16 YEAR OLD GIRL**

Taken to the GP by her mother

Painful periods, requesting the oral contraceptive pill

GP refuses, saying she is too young to be on the Pill

GP is from same cultural background as Sara (Middle-Eastern)

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## **REFUGEE AND CULTURALLY DIVERSE YOUNG WOMEN**

Health literacy and education

Language barriers

Awareness of services

Confidentiality

Cultural norms and tensions

Discrimination and stigma

- Botfield 2016; Robards 2017, Liew (unpublished)

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## **MARGINALISED YOUNG PEOPLE'S ACCESS TO HEALTH CARE GENERALLY**

Homeless – cost, lack of awareness of services, judgmental attitudes of providers, trust, respect

Refugee/ vulnerable migrant – language, culture, confidentiality, lack of awareness/ understanding of services/ health system

Sexuality and/ or gender diverse – discrimination, judgmental attitudes of providers, service availability, cost

Rural/ remote – confidentiality, transport, service availability

Indigenous – transport, service location, confidentiality, culturally sensitive services

(Robards et al *in press*)

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## **ACCESS 3 – EXPLORING HEALTH SYSTEM NAVIGATION, ACCESS AND ENGAGEMENT WITH MARGINALISED YOUNG PEOPLE 12 – 24 YEARS**

Four separate inter-related studies:

1. Cross-sectional survey
2. Longitudinal qualitative study of marginalised young people over 12 months
3. Qualitative study of professionals' perspectives
4. Policy-translation forum

(Kang 2017; Robards 2017)

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## ACCESS 3 SURVEY 2016 – 2017 (N=1,416)

Would prevent me from visiting a health service:	%
Cost	45.6
Opening hours mean I need time off study or work	31.7
I would feel embarrassed	27.6
Difficulty getting there	22.8
I would have to ask my parents/ carers to take me	22.0
I would feel judged	20.1
The gender of the doctor/ health professional	18.8
I worry about confidentiality	16.2
I don't have my own Medicare card	12.2
I don't know which service/s to go to	11.7
Language or cultural reasons	5.9

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## ACCESS 3 STUDY – 21 YEAR OLD WOMAN OF REFUGEE BACKGROUND

*I've had like very, very terrible experiences of GPs in general...with [the] pill and everything like it's usually to do contraception, you know, and it's – it's something that you need, but it's not something that you want to go to the GP for all the time because, you know, you're afraid of judgement and everything, right? ...I remember asking him to get like the implants. Instead of the pill. And then he's like, "No. No. No. You don't need that. No. Just like try the pill." And I'm like, "Well, I keep forgetting to take the stupid pill."*

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## ACCESS 3 STUDY – 18 YEAR OLD WOMAN OF REFUGEE BACKGROUND

*But maybe not much in my culture because there are not many girls that would do these things [have sex]. But ..even ...if a girl, who's not in my culture, goes to a doctor that is from my culture, I think they should be more open-up ...And maybe girls from our culture don't do these things, which I'm sure there is, okay, so they can't just be so judgemental about it, yeah, 'cause everyone has different values.*

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## REFLECTIONS

The gatekeeping of young women's sexuality looks different among different populations of marginalized young women

The purpose and function remains the same: to stigmatise (and control) (young) female sexuality

What does 'safe sex' really mean for marginalized young women?

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## SUGGESTIONS

Widely, freely available condoms (see Brakman et al 2017)

Expedited, prioritized access to contraception everywhere (?Emergency Departments, Practice Nurses in general practice, emergency contraception in schools)

Online engagement with health providers

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## REFERENCE LIST

Botfield JR, Newman CE, Zwi AB. Young people from culturally diverse backgrounds and their use of services for sexual and reproductive health needs: a structured scoping review. *Sexual Health* 2016; 13:1-9.

Brakman AJ, Borzutzky C, Carey S, Kang M, Mullins TK, Peter N, Shafi T, Straub DM of the authoring STI Subcommittee. Condom Availability in Schools: A Practical Approach to the Prevention of STI/HIV and Unintended Pregnancy. A Position Paper of the Society for Adolescent Health and Medicine, *J Adolesc Health* 2017; 60:754-757.

Dasari M, et al. Barriers to long-acting reversible contraceptive uptake among homeless young women. *J Pediatric and Adolescent Gynecology* 2016; 29:104-110.

Kang M, Robards F, Sanci L, et al. Access 3 project protocol: young people and health system navigation in the digital age: a multifaceted, mixed methods study. *BMJ Open* 2017;7:e017047. doi:10.1136/bmjopen-2017-017047

Robards F, Kang M, Sanci L, Steinbeck K, Jan S, Hawke C, Kong M, Usherwood T (2017). *Access 3: young people's healthcare journeys, Preliminary Report*. Department of General Practice, Sydney Medical School Westmead, The University of Sydney in partnership with the Australian Centre for Public and Population Health Research, Faculty of Health, The University of Technology Sydney, Sydney, Australia.

Robards F, Kang M, Sanci LA, Usherwood T. How marginalized young people access, engage with and navigate healthcare systems in the digital age: systematic review. *J Adolescent Health, in press*.

Temple-Smith M, Sanci L. LARCs as first-line contraception: what can general practitioners advise young women? *Australian Family Physician* 2017; 46(10):710-715.

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