Evaluation of a young person’s sexual health service in a commercial setting

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Abstract

Objective. To determine the acceptability and accessibility of a sexual health service for young people in a city centre pharmacy.

Design. Prospective qualitative survey of clients attending a new sexual health service, including client characteristics and semi-structured interviews.

Participants. Clients attending the service between January and May 1999.
Main outcome measures. Social demographics, reasons for attendance and consultation outcomes for clients together with their views of the service.

Results. A total of 98 clients (average of three clients per session) attended from January to May 1999, ranging from 14 to 39 years of age. Clients came from 41 postcode areas of the city (which has over 80 postcode areas) and neighbouring districts, covering all social strata. Only four clients had never been sexually active; 53 clients attended for emergency contraception, with 26 attending for hormonal contraception. A total of 93% of those asked were either satisfied or very satisfied with the opening times. All clients were satisfied or very satisfied with the clinic location.

Conclusions. The setting of a sexual health service for young people in a city centre pharmacy allows access from a wide area. The timing and location of the service were the most commonly quoted reasons for attendance. All clients were asked to participate in a semi-structured interview, unless the interviewer was already engaged; results were obtained for 66 clients (67% of attendees).

Key message points
- Sexual health services for young people involving public/private collaboration improve accessibility and acceptability.
- Services outside a traditional medical setting are highly acceptable to young people.
- Alternative service provision for sexual health can attract clients who would not approach routine services.

Introduction
Teenage pregnancy rates in the UK are the highest in Western Europe and have long been recognised as a cause for concern. Scottish conception rates (1988 figures), despite being slightly lower than those in England, are still high at 67.6 per 1000 in 16–19-year-olds and 8.4 per 1000 in 13–15-year-olds. In Glasgow a sexual health service specifically for young people was launched in 1995. Extensive research of this and other young people's services considered and consultation outcome and future anticipated service use.

Independent researchers from the Health Promotion Department of Greater Glasgow Health Board undertook semi-structured interviews between February and April 1999. Clients were approached following their consultation and asked if they would participate. Only one researcher was present at each session therefore clients leaving whilst the researcher was engaged were not approached. Interview results were obtained from 66/98 clients.

Results
All 98 clients were female; many attended with friends or partners. Of these, 19 (20%) were aged 16 years or under, 38 (39%) were age 17 to 20 years old and 22 (22%) were age 21 to 25 years. The age range was 14–39 years with a mean average of 20.5 years.

Clients came from 41 different postcode areas of Glasgow and its surroundings, with an even distribution. There was failure to record the postcode area of one client. Twenty-one clients (21%) were still at school and 22 (22%) were in further education. Forty-nine clients were in employment (50%) and five (5%) were unemployed. Status was not recorded for one client.

Thirty-two clients had previously attended their general practitioner (GP) for contraceptive services, 28 had attended an established family planning clinic and nine clients attended this new service on more than one occasion. For 29 clients (30%) this was the first ever contact with a contraceptive advice service. Clients were asked at the start of their consultation the main reason for attending. These reasons are listed in Table 1, together with the consultation outcome.

Table 1 Summary of the reasons for attending the new sexual health service and the outcome of the consultations

<table>
<thead>
<tr>
<th>Reasons for atteding</th>
<th>Clients (n)</th>
<th>Clients with this outcome (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice only</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Condoms</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Emergency contraception</td>
<td>53</td>
<td>48</td>
</tr>
<tr>
<td>First supply COC</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>First supply POP</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>First supply Depo-Provera</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Repeat supply COC</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Repeat supply POP</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Repeat supply Depo-Provera</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

COC, Combined oral contraceptive; POP, progestogen-only pill.

A total of 94/98 clients (96%) were already sexually active. Condoms were always used by 44 clients, with a further 42 clients using them sometimes and eight never using them.

Clients were asked where they would have attended had this new service not been available; 28 would have attended their GP, 53 an established family planning clinic, three an accident and emergency (A&E) department and 14 none at all. In the future, 37 individuals planned to return to this service, whilst 52 planned to return to their previous service provider. Further referral was necessary for two clients, as there were no facilities for examination in the pharmacy premises.
Semi-structured interviews

Location
Of the 66 clients who were interviewed no one was unhappy with the location of the service; 85% were very satisfied and 15% were satisfied. Some typical responses were: ‘It’s really easy to get to. There is a train station and because it’s the St Enoch’s Centre, everyone knows where it is.’ and ‘It’s central. It’s easier transport-wise’.

Service timing
Most clients were satisfied (49%) or very satisfied (44%) with the opening times. Clients were also asked if they would have preferred an alternative service time. Of the 7% dissatisfied with the current opening times, Saturday afternoon was the most popular alternative (4/6 respondents). Typical responses were: ‘It’s the only one open on a Sunday and I think a lot of people would be frantic if this wasn’t open.’ ‘Good to keep the Thursday and Sunday opening times but it would be good to have one on Saturday.’

Future service requirements
Thirty-seven (38%) clients planned to use this service in future, with 23 (23%) returning to their GP, 23 (23%) to the central family planning service and six (6%) to local clinics. Nine clients (9%) were unsure. However, all 66 clients interviewed would be happy to return to the new clinic if necessary.

Overall impressions
All clients found the service to be similar or better than existing alternatives with a more relaxed and informal atmosphere. It was pleasing to note that they acknowledged the standard of care and professionalism of staff was not compromised by this informality. ‘Very good, professional, open-minded, non-judgmental’ and ‘relaxed and easy to talk to’ were typical of the comments made.

Clients were asked whether they would recommend this service to any friends and all but one stated that they would. This client felt that she could not discuss the topic with friends. Reasons such as ‘handy in town, people are not afraid to go into a chemist’, ‘reliable, in confidence, not intimidating’ were given for this recommendation. Overall, perhaps the most significant factor influencing the use of this service is the greater anonymity afforded. As one client remarked: ‘You could be coming here for anything’.

Discussion
The need for separate sexual health services has been highlighted by many government reports over the past 5 years, such as the Scottish Needs Assessment Programme and Towards a healthier Scotland.11,12

The Social Exclusion Unit for England and Wales in its report on teenage pregnancies has specifically mentioned the need for services that are more accessible to teenagers and those of school age in particular.13 It has also been suggested that teenagers are more likely to access services if they are within a short bus ride or walk away.14,15 Using a busy, well-known, city centre premises close to bus and train stations was felt to be more easily accessible than existing clinic premises7 and, due to the alternative nature of the premises, would offer more anonymity for the clients. This was borne out by the higher proportion of under 16-year-olds attending this service compared to the young people’s service at the central clinic (11.5% vs 20%). These points were spontaneously mentioned to the researchers by many of the clients. Although overall numbers in the present study are small, the study findings suggest that any new service, which manages to reach young people and make contraception, safer sex and health education freely available in an inner city area, must break down barriers, lessen restrictive practices and improve health.

Providing a service on Sundays will certainly improve access, extending the hours available that are suitable for young people. Those at school often have difficulty accessing evening services when some explanation to their parents for their absence is required. Many young people in full-time education undertake Saturday employment making attendance on this particular day difficult. The initial number of clients attending the service was perhaps lower than we would have liked. However, these numbers are probably typical for the inception of such a service and may be because young people discover the existence of services through chatting to friends rather than through formal advertising.8,16,17 Over the same 5-month period a year later, 405 people accessed the service, demonstrating the time it takes for such a service to become established. Client attendance has stabilised at this level since then. Much of the adverse publicity and demonstrations from pressure groups would suggest that provision of sexual health services to young people encourages promiscuity. It is therefore interesting to note that in the present study almost all the clients were sexually active prior to their attendance (94/98). Only 13 clients were commenced on regular hormonal contraception with almost half given emergency contraception (48/98). Fourteen clients would not have accessed any other existing service and it is perhaps these young women who are most at risk of an unwanted pregnancy.18 Now that emergency contraception is available as an ‘over the counter’ preparation, the service may see more clients who have received emergency contraception from the pharmacy and subsequently require long-term contraception. The inevitable cost of this from pharmacies may be prohibitive for many young people, who will continue to access this service for free medication.

Over the period of the research the only males seen by medical staff were those accompanying their partner. It may be because young men often view sexual health services are being specifically for women.19 It was encouraging to note that men did stop at the information point before entering the store. This confirms our need to find different approaches for young men who wish to obtain advice, e.g. more male staff on duty or different venues for men such as football or rugby grounds.

This project has proven to be a positive step towards the provision of young people’s sexual health care. Hopefully, further projects similar to this, taking sexual health care ‘to the high street’, will help to reduce the number of unplanned pregnancies in teenagers.

References

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The Janssen-Cilag Travelling Scholarship

This scholarship, established in memory of Dr Ann Horler, continues to be sponsored by Janssen-Cilag. The purpose of the scholarship is to enable the successful candidate to travel to any country, subject to approval by the selection committee, in order to gain experience that will be applicable to his or her daily work. Those eligible to apply are current Diplomates and Members of the Faculty of Family Planning and Reproductive Health Care of the Royal College of Obstetricians and Gynaecologists, who are based in the British Isles and currently working in family planning.

Once the successful scholar is announced at the AGM usually held in May, Janssen-Cilag will arrange presentation of the sponsorship, which will be applicable to his or her daily work. Those eligible to apply are current Diplomates and Members of the Faculty of Family Planning and Reproductive Health Care of the Royal College of Obstetricians and Gynaecologists, who are based in the British Isles and currently working in family planning.

The David Bromham Annual Memorial Award

**DYNAMIC DOCTORS DESERVE RECOGNITION**

David Bromham was the first Chairman of The Faculty of Family Planning and Reproductive Health Care. Sadly, halfway through his second term of office he became ill and in 1996 he died. His loss was tragic, not only for the Faculty, but for the family planning movement in Britain and worldwide.

Through his life David was an energetic and inspirational man. Whilst in Leeds he set up an assisted conception programme which was and is one of the most successful in the world. In 1991 he set up a fertility control unit designed to provide a more accessible service for the termination of pregnancy. He also carried out an extensive programme of research and was closely involved with the Brook Advisory Centre in Scotland.

The Award is not intended to be a prize for a long and distinguished service, rather for a piece of work which through inspiration, innovation or energy has furtherted the practice of family planning and reproductive health care in any way and any setting. It is not a research grant. Younger health professionals sometimes undervalue their achievements but they are exactly the people that David Bromham would have wished to see encouraged as this award now acknowledges.

**Award Criteria**

The David Bromham Memorial Award is in remembrance of a man who was happiest when deeply immersed in all that was happening within his fields of interest and who never wasted any time.

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**Nominations**

The award will be made either to an individual (who must be a current Diplomate or Member of the Faculty), or to a team that could be multidisciplinary. In the latter case the lead doctor should be a current member of the Faculty. You may nominate yourself or your team or be nominated by someone else.

**Award**

The award itself, which will be presented at each year's AGM, will comprise a monetary sum and inscribed memento.

**Sponsors**

The award is sponsored by the Pharmaceutical Contraceptive Group and its member companies: Hoechst Marion Roussel, Janssen-Cilag, Organon Laboratories, Pharmacia & Upjohn, Schering Health Care and Wyeth Laboratories, with contributions from the members of the Faculty, affiliated groups and other organisations with which David had links.

**Nomination process**

Nomination is by completion of a form that can be downloaded from the Faculty website at www.ffprhc.org.uk. Completed submissions must be received at the Faculty office by 10 April annually.
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