

ADDRESSING DETERMINANTS OF SEXUALLY TRANSMITTED AND BLOOD BORNE INFECTIONS AMONG STREET-INVOLVED YOUTH: EDUCATION AND EMPLOYMENT

BACKGROUND

This fact sheet examines education and employment as determinants of sexually transmitted and blood borne infection (STBBI) vulnerability among street-involved youth in Canada. It is one in a series based on an analysis of current literature and findings from Cycle 6 of the Enhanced Street Youth Surveillance system.¹ Others address mental health and mental illness; unstable housing and homelessness; experiences with the criminal justice system; and access to health services.

These fact sheets provide considerations for community organizations, public health professionals and federal, provincial and territorial governments of ways to address determinants of vulnerability to and resilience against STBBIs among street-involved youth. Street-involved youth are defined as youth aged 15 to 24 who have no permanent home and spend significant time on the street.²

Quick facts from Enhanced Street Youth Surveillance System (E-SYS) Cycle 6:

- Between 2009–12 the most common laboratory confirmed STBBIs among Canadian street-involved youth included: herpes simplex virus -2 (“genital herpes”) (14%), *Chlamydia trachomatis* (9%) and hepatitis C seropositivity (6%).
- Less than one-third of street-involved youth aged 18 to 24 had completed high school (30.9%); 71.7% had dropped out of school in the past; 41.8% had been expelled at least once; and 42.4% reported being two or more years behind in their schooling.
- The most commonly reported source of income in the past three months included: government and social services (35.7%); illegal or unconventional income sources (15.1%); full-time, part-time or casual work (19.7%); and family or friends (12.5%).
- 16.1% of street-involved youth reported engaging in sex work, most of whom did so for money.

WHAT IS THE LINK BETWEEN EDUCATION, EMPLOYMENT AND STBBI VULNERABILITY AMONG STREET-INVOLVED YOUTH IN CANADA?

- Many street-involved youth drop out of school because they have experienced significant disruptions in their life, have limited funds or resources, are expelled from school, or have mental health challenges that limit them from participating in or continuing their formal education.³ Having no permanent address or place to rest and study, as well as other competing priorities such as inadequate food and housing can also have an impact on attending school regularly and academic performance.⁴ Lack of education can increase vulnerability to homelessness and affect their employment prospects, socioeconomic status, and health outcomes in adulthood.⁵



- Dropping out of school can lead to missed opportunities for street-involved youth to receive sexual health education and improve their health literacy, including the information, motivation and behavioural skills to make healthy decisions about sex and adopt healthy sexual behaviours. A lack of sexual health education can play a role in developing sexual risk behaviours, such as inconsistent condom use, which increase vulnerability to STBBIs.⁶
- A lower level of education and lack of skills or previous work experience, combined with housing and health challenges, can make it difficult for street-involved youth to find stable employment.⁷ Street-involved youth may face additional challenges in maintaining a job when they do manage to find one, such as having a safe space to eat, rest, wash, and prepare for work.⁸
- Low health literacy has an impact on the ability of street-involved youth to access, understand and apply health information such as STBBI test results, treatment options, or instructions for taking medications and communicating their personal health needs.⁹
- Socioeconomic conditions can force street-involved youth to seek marginal sources of income (e.g., panhandling) or to engage in high risk (e.g., sex work) and/or illegal activities (e.g., selling drugs) to obtain money, shelter and other basic necessities for survival. Due to a number of social and behavioural factors, those who engage in sex work are at increased risk of STBBIs.¹⁰

WHAT CAN BE DONE TO ADDRESS EDUCATION AND EMPLOYMENT AS DETERMINANTS OF STBBI VULNERABILITY AMONG STREET-INVOLVED YOUTH?

- Develop skills-building programs that offer alternative learning approaches to education in out-of-school settings, such as drop-in centres. For example, integrate comprehensive sexual health education with hands-on learning opportunities such as arts-based and recreational programs. These programs can help address STBBIs and the factors associated with good health by building interpersonal skills, social connections, trust, and self-esteem. Engaging street-involved youth in their environment and providing support and skills development can help them become independent and enable them to stay in or return to school, enter the labour force, and exit street-involvement.
- Partner with schools and shelters to provide sexual health literacy workshops for street-involved youth. Topics can include STBBIs and related health factors such as mental health or mental illness and substance use. Improving the ability of street-involved youth to obtain, understand, communicate and assess health information can help them make informed decisions related to their health.
- Increase access to comprehensive sexual health education for street-involved youth in a variety of settings. For example, establish sexual health resource centres or health information desks in youth shelters and local community centres. Having sexual health information and programs in multiple locations and formats can increase street-involved youth's access to them.
- Develop health interventions that address the factors in and out of school that may be influencing youth from dropping out or being expelled. For example, engage street-involved youth, their family, public health, and school guidance counsellors in violence and substance abuse prevention, and mental health programs to address factors that influence youth to stay in or return to school.
- Use peer-based approaches that highlight the experiences and realities of street-involved youth. For example, recruit street-involved youth as peer educators to identify priority issues and run interactive workshops on STBBI vulnerability, diversity and inclusion, leadership and team building. These opportunities can increase engagement of street-involved youth in the local community and a sense of belonging.

- Establish street outreach and mentorship opportunities for nurses and health care workers to offer basic clinical care, education and training to street-involved youth. For example, partner with community service and health care providers to organize educational workshops and STBBI testing, treatment and other prevention services in community-based outreach settings.
- Engage street-involved youth in the planning and implementation of programs that address STBBIs and related health issues. For example, provide street-involved youth with opportunities to sit on local health boards, advisory councils, or to serve as youth ambassadors within organizations. Such programs can increase knowledge of health issues, build capacity and develop transferrable skills such as leadership, communication and public speaking.

PROMISING PRACTICES IN SUPPORTING THE EDUCATION AND EMPLOYMENT NEEDS OF STREET-INVOLVED YOUTH

The following are examples of programs and resources which show promise in addressing determinants of STBBI vulnerability and building resilience among street-involved youth.

SEXUAL HEALTH TOOLKIT, NATIONAL ABORIGINAL HEALTH ORGANIZATION

www.catie.ca/en/resources/sexual-health-toolkit-sexuality-and-relationships

www.catie.ca/en/resources/sexual-health-toolkit-sexually-transmitted-infections

The National Aboriginal Health Organization (NAHO) collaborated with the Native Youth Sexual Health Network (NYSHN) to create a sexual health toolkit. The toolkit provides basic information on sexually transmitted infections, sexuality and relationships, and offers links to additional resources.

SPREAD THE WORD, NOT THE VIRUS, HEPATITIS OUTREACH SOCIETY OF NOVA SCOTIA (HALIFAX, NOVA SCOTIA)

www.hepns.ca/Education_Programs.htm

The Hepatitis Outreach Society of Nova Scotia hosts a series of presentations in venues outside of the formal school setting, including youth shelters, on hepatitis C awareness and prevention. The interactive Spread the Word workshop examines hepatitis A, B, and C, and HIV/AIDS including transmission routes, testing and treatment options, and common issues related to infection.

STAY IN SCHOOL PROGRAM, YOUTH WITHOUT SHELTER (TORONTO, ONTARIO)

www.yws.on.ca/services/stay-in-school-program

Youth Without Shelter (YWS) is an emergency residence and referral agency serving homeless youth aged 16 to 24. The 20-bed Stay in School program removes the barriers that homeless youth face in completing their education by providing a safe and stable environment to live in, as well as support and guidance from qualified staff. Students receive tutoring, school supplies, transit passes, nutritious snacks and other necessities that enable them to succeed in school.

TALKING ABOUT SEXUALITY IN CALGARY COMMUNITIES (CALGARY, ALBERTA)

www.tascc.ca

The purpose of Talking about Sexuality in Calgary Communities (TASCC.ca) is to provide Calgary area service providers working with high risk and street-involved youth with access to current resources and information that reflect best practices in sexual health education and promotion. The aim is to build capacity among service providers by providing tools for networking and promoting workshops and education opportunities.

YOUTH AT PROMISE PROGRAM, THRIVE YOUTH COMMUNITY NETWORK (ST. JOHN'S, NEWFOUNDLAND)

www.thrivecyn.ca/what-do-we-do/educational-initiatives/

This basic literacy program helps youth aged 16 to 24, including homeless and at-risk youth, who face significant barriers to education. The program re-introduces learning to youth who have dropped out of school, teaches them practical skills, and increases their confidence and self-esteem. The program focuses on individualized learning, collaboration among agencies that serve youth and outreach to engage and motivate attendance.

YOUTHCO (VANCOUVER, BRITISH COLUMBIA)

www.youthco.org

YouthCO employs highly trained youth to lead innovative activities and discussions about HIV, hepatitis, safer sex, self-esteem, drug use, social justice, personal values, and healthy relationships. Workshops are developed by youth and for youth, and are accessible, engaging and encourage participation.

YOUTH SUCCEEDING IN EMPLOYMENT PROGRAM, EVA'S INITIATIVES (TORONTO, ONTARIO)

www.evasinitiatives.com/2011/12/16/youth-succeeding-in-employment-program/

This program provides employment opportunities for at-risk youth through workshops that focus on skills development and on-the-job training. In this 17 week program, youth earn minimum wage by participating in a five week series of workshops that prepare them for a paid 12 week work placement. Workshop topics include budgeting, team work, communication and networking. Program staff members help youth to connect to other community supports and resources once they leave the program.

CONTACT

Centre for Communicable Diseases and Infection Control
Public Health Agency of Canada
Ottawa, ON K1A 0K9
Email: ccd-ic-clmti@phac-aspc.gc.ca

ENDNOTES

- Public Health Agency of Canada. (2013). Enhanced Street Youth Surveillance in Canada (E-SYS). Cycle 6: Unpublished data. Ottawa, ON: Public Health Agency of Canada.
- Karabanow, J. (2004). Being young and homeless: Understanding how youth enter and exit street life. New York: Peter Lang.
- Finley, S., & Barton, A. (2003). The power of space: constructing a dialog of resistance, transformation, and homelessness. *International Journal Of Qualitative Studies In Education*, 16(4), 483.
- Ashiabi, G. (2005). Household food insecurity and children's school engagement. *Journal of Children and Poverty*, 11(1), 3–17; Finley, S., & Barton, A. (2003). The power of space: constructing a dialog of resistance, transformation, and homelessness. *International Journal Of Qualitative Studies In Education*, 16(4), 483; Raising the Roof. (2009). Youth Homelessness in Canada: The Road to Solutions. Retrieved from: www.raisingtheroof.org/RaisingTheRoof/media/RaisingTheRoofMedia/Documents/RoadtoSolutions_fullrept_english.pdf. Retrieved on 15 Feb 2013.
- Walsh, C., Newman, J., Spencer, B., Doucette, K., Jamilah, J., Classens, M., et al. (2011). Towards Resiliency for Vulnerable Youth. Calgary United Way. Retrieved from: www.calgaryunitedway.org/main/sites/default/files/vy_fullreport.pdf. Retrieved on 7 Mar 2013.
- Kirby, D., Laris, B.A., & Rolleri, L. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40, 206–217.
- Dachner, N., & Tarasuk, V. (2002). Homeless squeegee kids': Food insecurity and daily survival. *Social Science & Medicine*, 54, 1039–1049; Gaetz, S., O'Grady, B., Buccieri, K., Karabanow, J. & Marsolais, A. (Eds.). (2013). *Youth Homelessness in Canada: Implications for Policy and Practice*. Toronto: Canadian Homelessness Research Network Press.
- Karabanow, J., Hughes, J., Ticknor, J., Kidd, S., Patterson, D. (2010). The Economics of Being Young and Poor: How Homeless Youth Survive in Neo-liberal Times. *Journal of Sociology & Social Welfare*, 37(4):39–63.
- Hayos, J., Riley, M., Hense, J., Wiechmann, J. (2008). Youth Homelessness in Canada, Germany, and the United States: A Cross Cultural Comparison and Exploration of Health Literacy as a Means of Prevention. *Umwelt und Gesundheit*; 1, 54–59.
- Kelly, K. & Caputo, T. (2007). Health and Street/ Homeless Youth. *J Health Psychol*, 12:726; Willis, B.M., Levy, B.S. (2002). Child prostitution: global health burden, research needs, and interventions. *Lancet*, 359:1417–1422.