

Sexually Transmitted Infections Among Homeless Persons: A Literature Review

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Background

- Homelessness is a considerable social and public health problem in the US
 - National rate of homelessness: 21 per 10,000 (general pop)
 - Odds of homelessness in a given year:
 - 1 in 194 - general U.S. population.
 - 1 in 12 - persons living in "doubled up" conditions
 - 1 in 13 - released prisoners
 - 1 in 11 - young adult who has aged out of foster care
- Over 636,000 were homelessness (2/3 Shelters; 1/3 unsheltered) in the U.S. during the HUD 2011 Point-In-Time Count.
- Over 1/3 were unsheltered (i.e. living on streets, in cars, abandoned buildings) 2/3 were in emergency shelters or transitional housing programs
- Those impacted by homelessness or housing instability often suffer from serious health conditions, including HIV/AIDS and other STIs
 - Poor health is both a cause and a result of homelessness
 - 3% to 14% of homeless persons are living with HIV
 - <1% HIV prevalence rate in US general population
- With irregular access to health care, STIs are likely to go untreated, thus risking more serious health outcomes.
- The implementation of tailored screening programs and safer sex interventions has shown decreases in STI prevalence

Purpose

- The primary goal of this systematic review was to examine:
 - The intersection of homelessness and risk factors associated with sexually transmitted infections
 - Existing evidence on prevention and intervention measures to improve sexual health-related outcomes for people affected by homelessness

Methodology

- Literature search
 - Databases: PubMed, MEDLINE, Ovid, and Google Scholar
 - Peer-reviewed articles between 2000-2011*
- Grey Literature: Publication websites and documents (i.e. fact sheets, reports, and briefs)
 - National Alliance to End Homelessness
 - National Health Care for the Homeless Council
 - U.S. Department of Housing and Urban Development (HUD)
 - National Coalition for the Homeless
- Authors initially identified articles by title and abstract content
- Selection Criteria:
 - English language, peer-reviewed
 - Discuss homeless population within U.S.
 - Sexual risk behaviors and STI rates among the homeless
- Literature with key content, but no STI data included:
 - General information about a specific subgroup
 - Events associated with becoming homeless
 - Screening, prevention, and treatment measures for the homeless

*Literature published as of 4/2011.

Sample

- Preliminary sample: (251) articles were identified
 - 77 articles met the selection criteria for the literature review
 - 43 articles were international studies or did not include data on STI rates of homeless persons within their sample
- Final sample: (N= 34) articles met the selection criteria
 - Adolescents (n=10)
 - Adults (n=9) sample not delineated by gender
 - Women (n=9)
 - LGBT (n=4)
 - Men (n=1)
 - Veterans (n=1)

Themes

- Risks Associated with Homelessness
 - Economic Challenges and Barriers
 - Healthcare Access
 - Substance Use/Abuse
 - Mental Health Issues
 - Physical, Emotional, and Sexual Abuse
 - Domestic Violence
 - HIV/AIDS
- Sexual Risks Associated with Homelessness
 - High Risk Behaviors
 - Transactional sex
 - Multiple sexual partnerships,
 - Incorrect or inconsistent condom use
 - Substance Use/Abuse
- Structural Factors
 - Insufficient Housing
 - Condom Availability
 - Policy/Law/Police Enforcement
 - Healthcare Access



STI Screenings Among Homeless Persons

- Incarceration, HIV, and Homelessness
 - Former prisoners more likely to have HIV infection than those who had never been imprisoned (14.9% versus 10.1%).
- Homeless Shelters and STIs Prevalence Rates
 - 16.4%(GC/CT) – 3 shelters in 2 cities in Alabama
 - 12.3% - 14.9% (GC/CT) – 2 shelters in St. Louis, MS
 - 9.5% (GC/Syphilis) - homeless adults in Baltimore
- Homelessness, HIV and Exchange Sex
 - In a sample of 827 people tested for HIV:
 - 7.3% men HIV+ (28% exchange partner in previous year)
 - 9.1% women HIV+ (41% exchange partner in previous year)

Results

- Youth
 - Studies have found the following prevalence rates:
 - 4.7 to 27% for chlamydia; 1.1 to 4.2% percent for gonorrhea
 - 7.9% for trichomoniasis; 0.5% for syphilis;
 - 5.5% for herpes type-2; 3.6% for HBV; and 5.0% for HCV
 - Annual STI incidence of 11.7%
 - Inconsistent condom use 1^o factor associated with STI incidence
 - Females: higher STD incidence (16.7% vs. 9.8%), more likely to engage in sex with a partner suspected of having an STI
 - Males: higher percentage participate in anal sex, are more likely to have three or more sexual partners and engage in anonymous sex
 - Street-based youth have been found to be 4.5 times more likely to report having had an STI than shelter-based
- LGBT
 - Research and understanding of the health and housing needs of LGBT people is limited
 - Homeless LGBT are more likely to participate in survival sex, more frequently victimized, use highly addictive substances, and have more sexual partners
 - Studies have reported that among women self-identifying as lesbians, 15% reported being diagnosed with an STD at some time
 - STD risks among lesbian women can be exacerbated by a tendency among lesbian women and service providers to assume that they do not require regular screening tests
- Women
 - Homeless women have more psychiatric problems, physical, emotional, and sexual abuse than domiciled women
 - Engage in multiple types of relationships and sexual behaviors; emotion & attachment play critical roles in risky sex choices
 - High levels of unrecognized HIV infection (N= 436; 9%) and recent STD diagnoses (33%) were found among women who had unprotected anal intercourse
 - Unprotected anal intercourse was associated with a large increased risk of STDs
- Men
 - Homeless men have higher rates of alcohol and substance use disorders, injection drug use, and risky sexual behaviors
 - Risky sexual behaviors were more frequent among those living on the street or in abandoned buildings
 - Single homeless men tend to experience homelessness longer than single homeless women and homeless women with children
 - Extended homelessness is associated with more risky sexual behaviors and a greater risk of contracting HIV
- Impact of Housing among PLWHA
 - Homeless persons with AIDS have significantly worse survival than housed persons, and the provision of housing after AIDS diagnosis can improve survival.
 - 9.8% of AIDS cases (N=6558) were homeless at diagnosis. Of these, 67% who remained homeless survived five years compared with 81% of those who were housed after diagnosis.
 - Homelessness increased the risk of death. Those living with AIDS who obtained supportive housing had a lower risk of death than those who did not.



Lessons Learned

- STI prevalence data for homeless persons is limited
- Community-based screening can significantly impact STI risk:
 - Mobile services in areas where homeless persons frequent
 - STI screening in homeless service settings
- Housing is a vital component of STI and HIV prevention
 - Housing stability can contribute to risk reduction
 - Persons whose housing status has improved have been found to reduce their risk of drug use and unprotected sex
 - Supportive housing, can contribute to reducing risks associated with structural factors
 - However, further interventions are needed to address individual/relational risk factors associated with STIs

Implications

- Life stabilization programs are needed to reduce negative health outcomes associated with homelessness
 - Supportive Housing (i.e. Housing First)
 - Skills training & Job placement
 - Mental health services
 - Substance use/abuse treatment and/or harm reduction
- Intensive, skill-focused intervention programs may improve lives and health outcomes
 - Negotiation strategies
 - Consistent condom use
 - Violence prevention
 - Self Valuation and validation (i.e. self esteem)



Conclusions

- STI infection among homeless persons is associated with unstable housing, high risk events, circumstances, and behavior.
- Housing and stability can reduce global risk reduction.
- Sexual health prevention interventions may enhance supportive housing and stabilization efforts.

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