



# In this issue

## Accuracy of a point-of-care test for hCG

Point-of-care testing (POCT), performed at or near the site of patient care, is now available for early quantitative measurement of human chorionic gonadotropin (hCG) levels. Could this help exclude ectopic pregnancy at very early gestations, when ultrasound scanning cannot yet confirm that a pregnancy is intrauterine? For a group of 118 women presenting to an abortion service with pregnancies of unknown location (PUL), a POCT hCG test was performed using either urine or blood, and then compared with the gold standard of laboratory serum hCG levels. While both the blood and urine POCTs had a high level of specificity, Reynolds-Wright and colleagues found that neither POCT test was acceptably sensitive. Regrettably, therefore, these POCTs cannot currently be recommended as replacements for laboratory serum hCG testing as a safe way to exclude ectopic pregnancy.

## Correlates of lifetime number of sexual partners in the over-50s

The number of sexual partners that a person has over their lifetime is an important correlate for sexually transmitted infection (STI) risk, as well as associated long-term health risks. While there are plentiful data on the correlates of younger people's number of sexual partners, few equivalent data have been available for older age groups. Smith and colleagues used data from almost 7000 participants aged  $\geq 50$  years as part of the English Longitudinal Study of Ageing, to find sociodemographic and behavioural factors associated with a higher lifetime number of sexual partners. Understanding such correlates may help health practitioners to identify individuals at greatest risk of STIs across their life course. These findings could benefit practitioners who advise younger adults, and inform educational interventions which encourage safe sex practices among those most likely to have a higher number of sexual partners.

## Age at first sex or age at first competent sex?

Western societies tends to focus on the age at which people 'lose their virginity', with scant attention paid to what makes that experience positive or negative for both participants. Palmer and colleagues studied factors associated with a 'competent' sexual debut in the UK using Natsal-3 survey data, characterising 'competence' as use of contraception, autonomy of consent by both partners, and appropriate timing of occurrence. They found that more than half of women and girls and one-third of men and boys enter their sexual life without the recommended competence. Being 18 years or older at first intercourse increased the likelihood of sexual competence, while young age ( $<16$  years), low socioeconomic status, and sex information obtained from peers were all associated with lower (30%–40%) chances of being sexually competent at first intercourse. Crucially, poor sexual competence at first sex is associated with adversity in later life, but more optimistically, competence can be enhanced by societal interventions such as high-quality sexual health curricula in schools.

## How sexting and pornography is changing sex for young people

Digital technologies across the world are transforming the ways in which young people have sex. This study from Abrra and colleagues is one of few to investigate digital innovation and how it is affecting sexual practices in low-income settings, namely Ethiopia. In school settings, they used a pre-validated, anonymous, self-administered questionnaire to better understand sexual behaviours among 5000 students, both male and female. A quarter (23%) of respondents said they were involved in high-risk sexual behaviour, a third (33%) in sexting, and half (50%) reported that they had ever viewed pornography (of those who had ever viewed, 80% continue to do so). Risky sexual behaviour was three times higher in porn viewers, and 2.5 times higher in sexters. The availability of pornography online and the growing practice of sexting among

young people demands that this be a focus of ongoing research and sexual health policy.

## Demographic correlates of condom use in northern Canada

The prevalence of STIs in Canada's Northwest Territories is high, among other places, and lack of condom use is a known contributor. Using survey data from 607 teenagers living in 17 communities in the Northwest Territories, Logie and colleagues examine factors associated with consistent condom use in the past 3 months. The authors show that less than half (47%) of teens who were sexually active reported consistent condom use. They also found that lesbian, gay, bisexual, queer (LGBQ+) identity was associated with an increased likelihood of condom use, while use of alcohol and drugs was associated with decreased likelihood. Results suggest some initial strategies for programme design to increase awareness of STIs and the role of consistent condom use in the Northwest Territories.

## Past and future contraceptive use among migrant women in Sweden

Migrant women throughout the world may face unique barriers in accessing contraception. Using survey data from 637 women seeking abortion care in a clinic in Stockholm County, Sweden, Iwarsson and colleagues examine contraceptive ever-use, current conception use, and future plans for use, comparing first-generation migrant women, second-generation migrant women, and non-migrant women. The authors find that first- and second-generation migrant women were less likely to have used contraception in the past, or at the time of current conception, and were less likely to have plans for future use. Those who were planning future use, however, were more likely to want to use long-acting reversible contraception (LARC). Results suggest that migrant women in Stockholm County may face greater challenges when accessing contraception, despite preferences to use highly effective methods.

### Trends towards earlier gestation medication abortions in high-income countries

Over the past decade, the delivery of abortion care has changed in many high-income countries. Using official statistics from 24 high-income countries with liberal abortion laws, Popinchalk and Sedgh examine percentage distributions of abortions by gestational age and by method of abortion, and assess trends in these aspects of care over the last 10 years. They report that in the majority of countries, over 90% of abortions were obtained before 13 weeks' gestation, and that at least half were medication abortions. The authors also note that these figures represent upward trends over the past 10 years. Results suggest that abortion care is being obtained increasingly early in gestation in higher-income countries where there are liberal abortion laws, and that medication abortion is being availed of more often. Whether these trends are a function of access, preference or both is a subject for future research.

### Contraception education and uptake among postpartum women

In the early weeks of motherhood, contraception may be low on a new parent's agenda. But postpartum women are at high risk of repeat, unplanned pregnancy, which has adverse outcomes for both mother and baby. Thwaites and colleagues offer a timely analysis of the contraceptive needs of these women, prompting questions about why initiating postnatal contraception is not routine practice. Their cross-sectional survey of 272 women investigated the contraceptive knowledge, intentions and preferences of women on a postnatal ward. Less than a fifth of respondents

(18%) recall a health professional talking to them about future contraception while pregnant, which may explain why 54% of women do not think any form of LARC method is safe immediately postpartum. On the maternity ward before discharge proved a popular (47%) preference for when women want to receive contraception. There is still work to be done to ensure postpartum women have effective, personalised contraceptive choices. Moreover, this conversation must start in pregnancy.

### A provider perspective on establishing an integrated SRH service

Sexual health services are constantly evolving and becoming more integrated. Boog and colleagues' quality improvement project describes one provider's approach to commissioning changes in Leicestershire, UK. They describe three phases to the redesign. First, an initial walk-in only phase was reviewed from both a service user and staff perspective. The service responded to criticism, and reintroduced appointments for specialist care, self-triage which led to appropriate staff allocation, assessment of training needs of registrars and assurance of a balanced skill mix within clinics. This resulted in higher patient and staff satisfaction outcomes, as well as reaching performance targets. The authors claim that three elements made their approach successful – communication, flexibility and staff development – which are pertinent to other providers undergoing development or remodelling.

### Oral contraceptive use among Israeli servicewomen

The sexual health experiences of military servicewomen continue to

be under-researched. This is unfortunate, as Rottenstreich and colleagues describe that in the Israeli army, these women comprise a vulnerable group with a high rate of unintended pregnancy. Their retrospective cohort study addresses the use of no-cost oral contraceptives (OCs) among young, single, female soldiers, and identifies factors associated with adherence. Of 305 923 active servicewomen aged between 15 and 24 years included in the study, just over a quarter were dispensed at least one pack of OCs, and of these only 14% showed good adherence (defined as a medication possession ratio (MPR) of 90% as a useful proxy). Low adherence was associated with being a first-generation immigrant (adjusted OR 1.13), serving in combat-type service (1.66), and having either lower education (1.90) or IQ score (1.28). This study is an invitation for more SRH research to be done on military personnel, and for policymakers to develop strategies for improved contraceptive adherence such as making LARC methods also free of charge.

### Venus

Venus makes her quarterly perusal of the riches of recent SRH literature. Her hot topics include online testing for HIV, racial discrimination and sexual risk behaviours, preparations of combined oral contraceptives and endometriosis recurrence, acupuncture during abortion, pre-exposure prophylaxis (PrEP) beyond traditional healthcare settings, contraceptive guidance for women with learning difficulties, POCT for STIs, and the sexual side effects of the oral contraceptive pill.