Developing a psychosocial index of women's sexual health risk for use in community settings: building on evidence from large probability surveys

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BIOGRAPHY (200 WORDS): Natalie has worked in academic health research since 1999 having previously trained as a nurse. She initially held research assistant posts in complementary medicine and health psychology before becoming Research Fellow on the Brighton Syphilis Outbreak Project. From 2006-2013 she worked for the NIHR Research Design Service – South East as methodologist and Lead for Public Involvement and CPD; and as a senior research fellow in Centre for Health Research. She has held three NIHR Research for Patient Benefit (RfPB) grants, including as chief investigator on a study of sexual health needs among substance-misusing women. In 2013 Natalie was awarded a NIHR Doctoral Research Fellowship to develop a psychosocial index of women's sexual health risk for use in community settings, hosted by BSMS with co-supervision from the University of Sussex and UCL. Natalie's research interests include: the relationship between mental and sexual health; public involvement in research; social epidemiology; and the interplay between risk taking and service engagement. She is a fellow of the Royal Statistical Society and continues her role as senior research fellow in CHR during her doctoral studies.

ABSTRACT

BACKGROUND: The availability of sexually transmitted infection (STI) screening and contraceptive advice and supply (CAS) has been widened into general practice settings. However, there exists no complementary means of identifying women to whom these interventions should be targeted.

PURPOSE: To develop a psychosocial index of women's sexual health risk that would identify women in community settings who would benefit from CAS and STI screening

METHODS: Following a systematic review of large probability surveys and analysis of the National Sexual Attitudes and Lifestyles Survey, a multi-site quantitative survey is planned to identify questions which are most strongly associated with sexual risk behaviour.

RESULTS: The planned survey will identify the questions which will comprise the psychosocial index. Analysis will incorporate acceptability and validity of question responses, and will examine whether different questions predict different sexual risk profiles.

CONCLUSIONS: The planned statistical approach, questionnaire content and data collection strategy will each affect the results of this study; as well as reflecting particular epistemological and disciplinary positions and assumptions.

IMPLICATIONS: This study will be followed by further work, incorporating cognitive interviewing and piloting, to ascertain the likely utility of the index in clinical practice.

KEYWORDS: Sexual health, primary care, targeting