

The sexual health and wellbeing of **vulnerable groups in Scotland**:
a scoping review of research literature

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Wellbeing in Sexual Health ●

The sexual health and wellbeing needs of vulnerable groups in Scotland

A scoping review of research literature (Main Report)

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Technical Reports
(available
separately)

Selected population groups:

- Homelessness
- Prisoners including young offenders
- Looked after and accommodated children and young people
- Refugees and asylum seekers
- Transgender/trans-sexual
- Women experiencing gender based violence
- People with learning disabilities
- Women involved in sex work
- Men involved in sex work
- Gypsy/travellers
- HIV positive UK African populations
- Women who have sex with women
- Minority ethnic communities
- Men who have sex with men

*Health Scotland & Medical Research Council SPHSU
Sexual Health and Wellbeing Research Scoping – Main Report*

FOREWORD

This review is the culmination of joint efforts between NHS Health Scotland and the MRC Social and Public Health Sciences Unit. It represents the first of its kind in Scotland: that is a view of current research and gaps across key populations who may experience sexual ill health due to their lifestyles and their limited access to services.

Particular thanks are due to Stephanie Church, Judith Sim and Phil Eaglesham who all played their part in bringing the review together and to those researchers and interested parties who commented on the various draft iterations. Without them, it would not have been possible to bring this review to fruition.

Presented at the December meeting of the National Sexual Health and HIV Advisory Committee chaired by the Minister for Public Health and Sport, the report, together with the technical reports, was accepted as useful in determining the future sexual health and wellbeing research agenda for Scotland. The recommendation to establish a standing advisory group to take forward the report's findings was accepted and we look forward to seeing the results from this work.

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RECOMMENDATIONS

The recommendations arising from this review centre around three main areas:

1. the need to provide leadership and direction for research on sexual health inequalities
2. improved targeting of limited research resources; and
3. better dissemination, understanding and use of evidence

Adoption of the first underpins subsequent actions arising from the other two.

Providing Leadership to the Research Agenda

Currently there is no single agency or forum which can oversee the depth and breadth of research activity on sexual health and wellbeing issues in Scotland. This means that particular issues or populations can easily be under-researched, research can duplicate previous work, or research can be undertaken in narrow silos (which might ignore wider issues such as sexual wellbeing). Moreover, there is a wealth of research which is underway or has been completed but which is likely to only appear in narrowly circulated reports, greatly increasing the potential for duplication of effort. To redress this:

- *Under the aegis of the National Sexual Health and HIV Advisory Committee, the Scottish Government should establish a standing sexual health and HIV research panel who can provide guidance and direction to funding agencies (such as the Chief Scientist's Office and the Medical Research Council), academic/research institutions (e.g. Clinical Effectiveness Unit) and commissioning agencies (such as NHS Boards and NHS Health Scotland) on:*
 - *The proportion of global funding allocated to sexual health and wellbeing research as per Table 2*
 - *the focus of future research areas for the next 3 years (taking account of the findings of Table 1); and*
 - *the level/depth of research required at national, regional and local levels*

And if the Panel is constituted, it should consider the following:

Targeting Limited Research Resources

Given that resources are likely to be limited for undertaking research on sexual health and wellbeing, these should be appropriately targeted in order to get the greatest return.

- *Proposals for new research on sexual health and wellbeing should:*
 - *Reflect which groups suffer the worst sexual ill health*
 - *Demonstrate how findings would contribute towards reducing the burden of sexual ill health*
 - *Demonstrably add to the existing evidence base (either Scottish or UK wide)*
 - *Not duplicate other efforts*

Where there is sufficient high quality descriptive/explanatory research, efforts should be made to encourage applied research so that evidence into practice can be effectively implemented.

- *Active encouragement/efforts made to ensure that sexual health issues are included in research on mainstream health and wellbeing of the population groups identified in this report*
- *Exploring more effective links between research on clinical and health improvement issues to facilitate evidence into practice and more effective interventions around sexual health and wellbeing.*
- *The potential of future funding on sexual health and wellbeing research globally in Scotland being allocated as follows:*

Table 2: Suggested Research Funding Allocation

<u>Research Focus</u>	<u>Percentage allocation</u>
<i>Surveillance/monitoring (e.g. national/local surveys)</i>	10%
<i>Evaluation of services/interventions</i>	50%
<i>Applied descriptive research focused on those issues imposing the greatest burden on the NHS</i>	20%
<i>Building research knowledge capacity through partnerships between service providers, researchers and policymakers</i>	10%
<i>Non disease sexual health issues</i>	10%

Striving towards Improved Research Utilisation

The Research Unit for Research Utilisation (RURU) at the University of St Andrews has highlighted the need to promote complementary actions around planning, undertaking and using research. To improve the knowledge base on sexual health and wellbeing research and to provide more integrated support for those commissioning or undertaking research:

- *NHS Health Scotland, through its WISH Network and other activities, should actively support the translation of evidence into practice and facilitate the process whereby practice continues to inform the ongoing policy and research agenda.*
- *As part of its central functionality, the NHS E-Library should be asked to develop an accessible central research depository to improve knowledge sharing around sexual health and wellbeing research.*
- *The Medical Research Council and NHS Health Scotland should make the scoping reviews contained within this report widely available to reduce the potential for duplication but also to encourage responses to research gaps.*

1. Introduction

This report describes the findings of a scoping exercise to review completed and current research, and research gaps, relevant to the sexual wellbeing of defined vulnerable and hard-to-reach groups in Scotland. It is intended to inform the identification of priorities for future sexual health research in Scotland.

This review, undertaken by NHS Health Scotland in partnership with the Social and Public Health Sciences Unit of the Medical Research Council, addresses major issues arising from *Respect and Responsibility*, the national sexual health strategy and action plan.¹ First, the National Sexual Health Advisory Committee (NSHAC) was asked to offer advice to the Minister for Public Health on a sexual health research programme for Scotland, having developed this in partnership with key policy, research and practice stakeholders in Scotland and elsewhere. Second, the evidence papers which informed *Respect and Responsibility*, while comprehensive, were unable to review in detail research findings on groups likely to be particularly vulnerable to sexual ill health, partly due to time limitations. This scoping exercise builds on separate initiatives that identify the sexual health and wellbeing of young people with learning disabilities and those from minority ethnic groups. Together they will help ensure that the ongoing implementation of *Respect and Responsibility* is informed by research findings on a wider range of groups adversely affected by different forms of inequality.

No equivalent exercise appears to have been carried out across these groups, although two projects with overlapping aims were identified and have been drawn on. The first was the establishment, by the Child Health Research and Policy Unit, City University, London, of a database of UK-based research projects on sexual health and HIV funded from 2000-2005, commissioned by the Medical Research Council Sexual Health and HIV Research Strategy Committee in 2005.² This was searched for this scoping exercise. A report on the database and its limits is available.³ Second, the Department of Health funded London's City University to conduct a mapping exercise to identify recent trends and gaps in research on sexualities and sexual health in the United Kingdom. This involved searching for sexual health-related studies on the National Research Register and the websites of universities and charitable trusts. A brief report on the process, and on substantive priorities derived from the exercise, has been produced.⁴ These have been incorporated where relevant into this report.

Process

The overall direction for bringing this Scottish research review together was undertaken by an ad hoc subgroup established by the previous National Sexual Health Advisory Committee: Appendix 1 gives the membership. Day to day management was delegated to a smaller review team comprising Dr Daniel Wight, as

¹ Scottish Executive (2005), *Respect and Responsibility: A strategy and action plan for improving sexual health in Scotland*. 2005: Edinburgh.

² MRC mapping and scoping exercise of UK-based sexual health research. 2005: <http://eppi.ioe.ac.uk/webdatabases/Intro.aspx?ID=3>.

³ <http://eppi.ioe.ac.uk/projects/CHRP/WWW.CITY.AC.UK/CHRP/PROJECTS/MRC.HTML>

⁴ Pryce, A. and E. Stewart. *Sexual health mapping exercise*. <http://www.city.ac.uk/sonm/research/projects/Sexualities%20and%20sexual%20health/2.html>.

subgroup chair, Shirley Fraser and the key researchers (consecutively Dr Stephanie Church, Judith Sim and Phil Eaglesham). In addition, at key points throughout the process, the NSHAC considered the proposed steps with the views of key researchers and stakeholders, both within and outwith Scotland, sought on the integrity of emerging findings. Whilst challenging at times, these efforts have informed the review's contents.

The review itself is split into 2 parts: the first contains a summary of the methods used to identify those populations to be reviewed together with suggestions for enhancing our knowledge about sexual health inequalities in Scotland and key learning points for others wishing to embark on a similar exercise. The second part is a series of technical reports which comprise the depth reviews of individual population groups, together with references and search strategies.

2. Population Groups included

The NSHAC sub-group agreed to focus on those groups that were likely to experience sexual health inequalities rather than broader cross-cutting topics such as sex education, contraception, partner notification and diagnostic testing (some of which had already been covered in the original supporting papers for *Respect and Responsibility*).

The population groups selected for inclusion were:

- **Homeless people**
- **Male and female prisoners and young offenders**
- **Looked-after and accommodated children and young people**
- **Refugees/Asylum seekers**
- **Transgender/trans-sexual people**
- **Women experiencing gender-based violence**
- **People with learning disabilities**
- **Women involved in sex work**
- **Men involved in sex work**
- **Gypsy/Travellers**
- **HIV positive UK African populations**
- **Women who have sex with women**
- **Minority ethnic communities**
- **Men who have sex with men**

These were selected from a wider range of 24 groups originally identified by the NSHAC sub-group and which had also been identified in the draft consultation report on which *Respect and Responsibility* is based. The process of selection, and refining definitions of the groups to be included, took place in three stages. Details are described in Appendix 3.

3. Methods

The methods developed for scoping the literature were appropriate for its aims: to gauge systematically the amount and level of research for each population group, and to assess whether this group had been, or was currently being researched within Scotland and/or the rest of the UK. The exercise aimed simply to scope the material

available for each of the groups using a systematic approach but not to systematically review the substantive findings of the research. Whilst all reviews⁵ and abstracts were read and appraised, no further attempt was made to filter or to critically appraise the quality of the wide expanse of material uncovered. At significant points in collating material, key researchers were asked to assess whether the findings of each population review reflected their knowledge of current research and gaps, and whether the conclusions drawn about the strengths, weaknesses and overall direction of research in each area were trustworthy. Their feedback was overwhelmingly positive in relation to the depth, scope and usefulness of these reviews. Their suggested amendments to the commentaries and additional research materials, as well as feedback from the subsequent scoping event on 12 September 2008, have been incorporated in the relevant sections. (See Appendix 2 for the list of those consulted.)

A wide range of research findings and research in progress relating to the included population groups was identified. Published material included review-level data, randomised controlled trials, peer-reviewed publications encompassing a spectrum of research designs, and 'grey' literature.⁶ Details of the databases and websites used for the searches are provided in Appendix 4.

A core set of search terms for sexual health and wellbeing was identified by Stephanie Church (then employed at the MRC SPHSU) and added to for specific groups (see Appendix 2, Part Two). These were combined with search terms for specific groups, which are included in the details of searches appended to the individual population group reviews in subsequent work undertaken by Judith Sim (then employed by NHS Health Scotland and thereafter as an independent researcher).

The initial aim was to identify research undertaken from January 2000 to November 2007 for each population group. However, it soon became obvious that, where there was very little recent material, searches should be extended to include a longer time frame. Earlier material has also been referenced, for example, in relation to men involved in sex work, where the small amount of recent research contrasted with a spate of highly productive research in the period immediately before 2000.

The scoping of material for three groups, men who have sex with men (undertaken by Phil Eaglesham⁷), people with learning disabilities and minority ethnic people, was commissioned in mid-2008 and the timescale for these reviews was therefore

⁵ All reviews, both overall reviews in relation to sexual health of respective population groups if available and more specific reviews of particular issues in relation to population groups were read. This applied to both published peer reviews and those in the grey literature. All abstracts were read and papers obtained where it was unclear from the abstracts what type of research was being reported, whether it pertained to the UK or where other issues required clarification. Where abstracts were not available, as for most grey literature, executive summaries were read on line.

⁶ Defined as including internal reports, government documents, theses and briefing papers, as well as reports by academic institutions such as the Medical Research Council and the Eppi-Centre.

⁷ Public Health Advisor (Sexual Health and Wellbeing, NHS Health Scotland)

January 2000 – July 2008. Where up-to-date references pertinent to other population groups were identified, these were inserted into the respective sections.

Searches were restricted to material from the UK. This was because scoping worldwide material would have entailed more time than was available for this work; and because the nature of the population groups on whom material was scoped, and the legislative and policy contexts relevant to them, was likely to vary to such an extent between different countries or regions that relevance to UK populations is likely to be limited. However, where Scottish or UK material was very restricted for particular groups and robust material was available from elsewhere, this is referenced. For example, there is very little work available for the UK on the sexual health and wellbeing of women subject to gender-based violence. However, work carried out elsewhere by the World Health Organisation is referenced because it points to key issues which could be explored in a Scottish or UK context.

Material has been separately identified for Scotland and the UK. This is because, whilst much material generated elsewhere in the UK is likely to be relevant to the Scottish context, findings are not necessarily transferable. In addition, there are some distinctive issues in Scotland which could affect relevance of research findings drawn from elsewhere. For example, the ethnic mix of Scotland's population is distinct. A significantly larger proportion of Scotland is classed as remote and/or rural compared to the rest of the UK, which shapes health experiences and access to services in ways which may not be addressed in research elsewhere. Finally, the policy and legislative context differs from that in the rest of the UK.

The extent to which wider material on health and wellbeing, not specific to sexual health, is cited also varies between population groups. Where very little dedicated sexual health material is available, wider material on health which suggests issues potentially relevant for sexual health is referenced. For example, very little dedicated material on sexual health has been identified for Gypsy/Travellers. That section therefore includes a greater amount of generic health material than sections on other groups. This helps frame the sexual health and wellbeing of Gypsy/Travellers and ways of working with them.

Routine data on the size and nature of the population groups (where it was available), and sexual health and contextual material (for example on relevant Scottish policy or legislation) was also identified for each population review.

4. Data Presentation

Each review describes the available routine and contextual data with a commentary summarising the material identified and highlighting the extent or absence of research and its main foci. Comments are often limited to reflect the presence, absence or direction of research rather than reporting on substantive findings or quality of research, although the latter is noted where it is strikingly good or limited. Links to other vulnerable groups are then highlighted, where issues or the groups themselves may overlap and details of publications cited are provided.

In the Technical Reports, the material identified for each group is divided between that based in, or including Scotland, and that relating to the rest of the UK but not Scotland. This material is tabulated by research design or type, and by whether it is

peer-reviewed material, 'grey' literature, or recently-funded research or research in progress. It should be noted that reviews were read in full but, given the limited resources available, for non review literature abstracts or executive summaries were read, being scanned for general content and research direction. Records of searching have also been included for each group, including the search terms and databases used and additional notes relating to searching.

5. Key Research Issues from Scoping Reviews and Potential Priorities

Other than for a few population groups, there is limited or no publicly available sexual health research that has currency either in Scotland or on a UK basis on the groups identified. In addition, where there was research of significant quality, there are gaps in the current knowledge base around such issues as the impact of sexual ill health on mental wellbeing (for example, in relation to men who have sex with men). However, it is recognised that for some, it may be more appropriate to ensure that their sexual health needs are assimilated into wider research on health inequalities rather than are addressed separately. This is particularly the case where populations are small in number, or have low sexual ill health needs (as currently identified), or where cultural issues may make specific sexual health research problematic, as would apply to Gypsy/Travellers and some minority ethnic communities.

Whilst there is limited research on these populations, this does not mean that there have been no interventions with them, or that they are necessarily ineffective. Rather, they need to be evaluated and documented.

Summarised below is the state of research and identified research issues.⁸

Men involved in sex work

There has been little Scottish work on male sex work, and limited work elsewhere in the UK. HIV and other sexually transmitted infections remain a focus rather than wider sexual health and wellbeing. This is despite research findings that suggest whilst men who sell sex are at risk of HIV and other STIs, these risks do not appear to be directly linked to sex work. The changing demographics of these men are associated with different patterns of infection and as such require further investigation. There are crossovers between this group and those who are homeless or who have been looked after or accommodated.

Women involved in sex work

Prior to 2000, there was a wealth of research on this group: since then the focus has been mainly around HIV and injecting drug use. In the context of the changing profile of women involved in sex work elsewhere, Scottish research findings from the 1990s cannot be assumed to still hold. There is a need to consider the relationship between ethnicity, migration and trafficking in addition to considering connections with gender based violence.

HIV positive Africans

⁸ The full reviews, references and searches strategies are provided in the Technical Reports.

Little robust work evaluating the effectiveness of interventions to promote and maintain the sexual health and wellbeing of HIV positive Africans exists. Descriptive research highlights the low uptake of HIV testing leading to late presentation and diagnosis with barriers created by stigma, lack of information and linguistic and immigration problems. Amongst Africans living with HIV, three groups have received particularly little attention: young people; African men who have sex with men; and heterosexual African men.

Men who have sex with men

The volume and quality of research in Scotland on MSM compares favourably with that across the UK, with a strong focus on epidemiology and the use of surveys to capture information on HIV prevalence and health behaviours. While there is some evaluation and needs assessment work carried out, there is little focus on the effectiveness of interventions which target MSM in Scotland. The literature could benefit from inclusion of issues around ethnicity and stigma in Scottish research. Limited sexual health focused evidence on the associated mental health of MSM or the relationship with problematic substance use appears in the UK or Scottish research.

Prisoners and Young Offenders

There are no UK-based evaluations of interventions to improve sexual health and few recent Scottish/UK descriptive studies on sexual practices and condom use, including data on HIV risk, stigma, abuse or forced sex. There is little robust material on equity of provision of sexual health services in prison in comparison with general provision. Earlier research identified that male prisoners and young offenders were more susceptible to blood-borne viruses and demonstrated high risk taking behaviour compared with the general population. Compared to their male counterparts, young women are better served by prison sexual health services mainly because more are located adult women's prisons. Work is beginning to address broader issues in relation to sex and relationships education and wider assessment of the sexual health needs of prisoners in Scotland.

Looked After and Accommodation Children and Young People

Wider research suggests that those young people who are looked after or accommodated are likely to be particularly at risk of poor sexual health and exploitation. Isolation, stigma and lack of trust are significant predictors of early parenthood. However little is known about the long term needs of these young people, either for their sexual health or for their wider health needs. Understanding by foster carers and others supporting this population of sexuality and sexual abuse/exploitation are key evidence gaps as are the needs of specific groups, such as young gay and lesbian people who are looked after and accommodated.

Gypsy/Travellers

Generally there is little research on the health needs of Gypsy/Travellers and even less on their sexual health needs. More general findings on health consistently highlight poor health status and access to health services, suggesting that access to sexual health information and services is likely to be poor. However, fragments embedded in more generic material as well as material from outside the UK suggest the possibility of specific and culturally-linked sensitivities around sexual health

matters. Moreover, sexual health needs are not viewed as a high priority compared with other needs.

Homelessness

Data and evaluations relating specifically to the sexual health of homeless Scottish or other UK populations is almost non-existent. There has been no analysis of the influence of recent Scottish homeless and health policy and initiatives on sexual health. Whilst this is a population whose sexual health needs can be engulfed by their wider health needs, it is nevertheless an area that would merit further examination particularly where there is crossover with other groupings.

Refugees and Asylum Seekers

Most research (limited) has concentrated on HIV and Hep B issues, sexual abuse including rape and torture rather than wider sexual health issues. Interventions to support those with female genital mutilation are the exception. Patchy access to sex and relationships education and the desire to access mainstream sexual health services rather than those dedicated to asylum seekers highlights the need for further research. There are links between this group and wider minority ethnic communities.

Women who have experienced gender based violence

Despite the demonstrated value of sexual health services as being opportune points of intervention for women, there is very little Scottish or UK material which addresses the sexual health needs of women who have experienced abuse. The substantial body of international work, particularly on how HIV infection intersects with violence, should be examined in an UK context. The significant UK research on tackling domestic abuse through health settings highlights the paucity of published material on tackling the consequences of violence through sexual health services. Research on interventions tends to focus on discrete aspects of violence against women, reflecting the general way in which people's experiences are compartmentalised by service providers and policy makers.

Minority Ethnic Communities

Ethnicity in relation to sexual health is an expanding field of research. To date, research has focussed predominantly on the epidemiology of sexually transmitted infections, and connections between sexual health and different aspects of ethnicity focus on young populations (for example on young Asian men or Black Africans). In Scotland, the focus has mainly been around HIV and African communities.

Minority ethnic communities cannot be viewed as a heterogeneous group and research needs to be conducted on specific populations to understand their sexual health needs: this particularly applies to the resident populations from the newer European Union accession states. The draft consultation report from the Scottish Ethnicity and Health Research Strategy Working Group highlights the need for co-ordinated research on major health topics but sexual health was not mentioned.

People with Learning Disabilities

Despite significant developments in wider policy and practice, what research exists concentrates on sexual offending and the exhibition of sexually challenging

behaviours amongst men with learning disabilities. This results in a skewing towards the pathological elements of the sexual health of people with learning disabilities, and towards men within this population. Little is known about the needs of those with learning disabilities who wish to have same sex relationships or those who are also from specific minority ethnic or faith communities.

People who are transgender or trans-sexual

Almost nothing is known about the sexual health and wellbeing needs of those people who either awaiting or have undergone gender reassignment. Studies on sexual orientation fail to address these needs. Assumptions about needs are often based on perceptions of what is required of the different genders. Notwithstanding this, research generally on the health needs of people who are transgender/trans-sexual is required.

Women who have sex with women

Most research is dispersed throughout reports which focus either on the general health of women who self-identify as lesbian or bisexual; or in reports on the general or sexual health needs of LGBT people (latter tends to ignore their needs). These find that women who have sex with women experience adverse sexual, reproductive and general health outcomes compared with the heterosexual counterparts. They are less likely to practice safer sex with partners of high HIV prevalence areas as they do not consider themselves at risk. Identified research gaps include the impact of stigma and heterosexism.

In addition to the above, some **cross-cutting themes** emerged:

- The impact of identity versus risk behaviour/risk factors
- The context of human rights
- Perspectives and influences of faith/cultural issues
- The impact of stigma/shame in relation to sexual ill health

Potential priorities

Given the unevenness of research identified, and the likelihood that there will be limited resources (research staff and funds) available for future research on sexual health and wellbeing, the review team devised a method to clarify which groups were of highest priority for research.

The steps set out to determine the relative ranking of groups were as follows, for each group:

1. Determine the severity of sexual ill health
2. Establish its distinctiveness, or the distinctiveness of its problems, to Scotland versus the rest of the UK
3. Judge the adequacy of the relevant existing literature and current research:
 - if distinctive to Scotland, judge adequacy of Scotland-specific literature
 - if not distinctive to Scotland, judge adequacy of literature for the whole of the UK.

The literature and current research were divided into three categories of research⁹:

- a. 'descriptive', which includes descriptive and explanatory research, classified in tables in Section 8 as: 'epidemiological/surveillance studies', 'other descriptive studies' and 'other reviews'
- b. 'applied', classified in tables in Section 8 as: 'applied research', 'needs assessment', 'good practice guides', 'policy documents', and 'policy analysis'
- c. 'intervention', classified in tables in Section 8 as: 'Intervention studies' (all).

The priority ranking based on severity of sexual ill health alone would be modified according to the quality of the relevant literature.

4. Within these rankings make further distinctions according to estimated size of population.

Subsequently, in September 2008, NHS Health Scotland hosted a meeting of key researchers working with these vulnerable groups to seek wider views on the prioritisation suggestions. Although there was general agreement on the size of populations, the severity of their sexual ill health, and their distinctiveness to Scotland, participants were divided on the need for prioritisation and argued that if it was to be done, it would require thorough systematic reviews for each group – a task that would require substantially more funding and time available. However, feedback both at the meeting and subsequently indicated that prioritisation, together with possible global funding allocations, should be developed as options for consideration by NSHHAC. Accordingly, Table 1 presents the key information arising from this scoping review that might be used to prioritise the different population groups for further research. No overall rank is given, so it is left open how much weight should be attached to each criterion. Table 2 provides options for targeting future research funding.

Table 2: Suggested Research Funding Allocation

<u>Research Focus</u>	<u>Percentage allocation</u>
<i>Surveillance/monitoring (e.g. national/local surveys)</i>	10%
<i>Evaluation of services/interventions</i>	50%
<i>Applied descriptive research focused on those issues imposing the greatest burden on the NHS</i>	20%
<i>Building research knowledge capacity through partnerships between service providers, researchers and policymakers</i>	10%
<i>Non disease sexual health issues</i>	10%

⁹ There was some literature, e.g. editorial, that could not be categorised and has therefore not been included in Table 1.

TABLE 1: POTENTIAL PRIORITISATION OF RESEARCH ON SEXUAL HEALTH INEQUALITIES

Criteria	Men involvd in sex work	Women involved in sex work	HIV+ African	Men who have sex with men	Prisoners	LAAC	Gypsy/ Traveller	Homeless	Refugees & asylum seekers	Women exp. gender violence.	Min. ethnic communities	People with learning disability	Trans gender/trans sexual	Women who have sex with women
Size of vulnerable group in Scotland	Small? c. 400?	1,400 street work trafficked	<500? <1000? Diagnosed	200,000?	7,200	14,000	1,650 – 23,000	c. 56,000	c. 20,000?	c. 2m 1:3/1:5	Under-estimated	c120,000 Under-recorded	c. 400?	c. 200.000
Severity of sexual ill health	Very high HIV STIs violence stigma	Very high STIs violence HIV?	Very high HIV STIs stigma testing services education	Very High HIV STIs network Mental health Stigma	High STIs rape IDU	High abuse CSW rape	Medium services women’s status	Medium gay/ lesbian CSW services	Medium prior violence services education women’s status	Low -ve sexual R’ships High Sexual abuse Low self esteem	Low (if not included in other categories) High (in some groups)	Low -education services	Low - sexual stereotypes	Low - STIs?
Distinctiveness of the group or its problems to Scotland	Not Distinct?	Not Distinct?	Distinct	Not distinct	Not distinct	Not distinct	Distinct	Not distinct	Distinct	Not distinct	Not distinct	Not distinct	Not distinct	Not distinct

Criteria	Men involved in sex work	Women involved in sex work	HIV+ Africans	Men who have sex with men	Prisoners	LAAC	Gypsy/' Travellers	Homeless	Refugees & asylum seekers	Women exp. gender violence	Min. ethnic communities	People with learning disability	Trans gender/trans sexual ¹⁰	Women who have sex with women
<i>Extensiveness of existing literature and current research¹¹</i>														
Scotland: descriptive	2	8	2	30	4	12	0	0	3	5	2	5	Poor	6
Scotland: applied	0	0	3	7	5	1	0	0	3	0	2	3	Poor	2
Scotland: intervention	0	0	1	8	1	2	0		0	0	1	1	Poor	0
UK (not Scotland): descriptive	6	15	37	94	13	29	3	5	6	3	63	35	Poor	18
UK (not Scotland): applied	0	3	7	19	3	3	1	2	2	0	2	11	Poor	0
UK (not Scotland): intervention	2	0	5	14	0	3	0	1	1	4	3	9	Poor	0

¹⁰ There is very limited/almost non-existent literature on the sexual health needs of trans-gender/trans-sexual people for all categories both in and outwith Scotland.

¹¹ It should be noted that the quantity of papers cited does not equate to quality

6. Comments on the scoping exercise: some learning

In terms of population groups and research topics

- Across the groups included, systematic scoping, in the context of population data, has revealed that some groups in a global sense have had more research done on them than others; and that within groups, research has focused on some topics or areas to the neglect of others. Additional groups not originally selected for prioritisation were uncovered during the course of the scoping exercise: for example, children and young people abused through prostitution.
- Whilst this exercise has helped to identify priorities for research by population group, it has not done so by process or topic. It may be possible to identify themes for topic-based research by further analysis across the groups. Pryce and Stewart (20??) drew such themes from across the groups included in their mapping exercise, recommending research on the multiple determinants of sexual health through an exploration of knowledge, attitudes, beliefs and behaviour both with acknowledged high-risk groups (for example, young people and MSM) and with previously neglected sub-groups (for example, prisoners, older people, or lesbian women). They also highlight the importance of cross-cutting work on the influence of the media on knowledge attitudes, beliefs and behaviour; the stigma attached to sexually transmitted Infections and sexual health services; and the Internet as a medium in the formation of sexual identity and career, and how this and other media can be used in health promotion with young people and MSM.

In terms of the process

- It proved very difficult to identify the 'grey' literature, as other researchers have found. This was highlighted by the fact that a final sweep through the Google search engine using a variety of terms for the respective population groups identified research reports which had not been located through other commonly-used and systematically-searched sources.
- Although 'grey literature' is often assumed, within conventional hierarchies of evidence, to be of a lower order of evidence than academic journal articles and reviews because of its non peer-reviewed status, many examples of 'grey' literature were reports of good primary research, literature reviews and syntheses of research findings. Although not formally peer-reviewed, many have been produced with the guidance of expert working groups. Many examples are available – for example the major multi-country report on trafficking and sex work produced by the London School of Hygiene and Tropical Medicine (LHSTM).¹² This makes systematic notification of 'grey' literature reports the more imperative in order to inform priorities for future research which avoid duplication of previous initiatives. A further problem with grey literature is the fact that most is not accompanied by abstracts or

¹² Zimmerman, C., et al. (2003). The health risks and consequences of trafficking in women and adolescents findings from a European study. London: London School of Hygiene & Tropical Medicine (LSHTM).

keywords. Relevant material for specific population groups within more generic reports is therefore very difficult to identify.

- It is worth drawing attention to Pryce and Stewart's comments on the difficulties of identifying current research projects on sexual health. They found, in the course of their mapping exercise, that only 58% (205) of the 346 research projects they identified were recorded on the National Research Register (NRR).¹³ They concluded that this highlighted the problem of defining what constitutes sexual health-related research which may be of interest to, or funded by, the National Health Service (NHS), and also a lack of knowledge of the NRR. They also found very significant inconsistencies in the range and type of information about research projects submitted to the NRR and that on university and charity websites.
- A significant number of projects identified through the NRR could not be subsequently traced, begging the question as to whether they constitute tangible and wider contributions to the body of research-based knowledge.
- A number of initiatives identified in the course of searches for 'grey' literature directly addressed areas in which no research has been carried out but which were not formal research projects. This highlights the extent to which practice-based knowledge has not, in many areas, been adequately captured through the literature.

In terms of achieving a consensus on priority areas

- An attempt was made to prioritise areas for future research by bringing key researchers together. However, given that most researchers specialise in specific areas or population groups, it proved difficult for them to "step out of the box" and agree collectively on potential key research priorities. This points to the need for explicit criteria on which to base decisions on the focus of future research.

¹³ The NRR ceased to exist in September 2007, although its archives remain searchable. Some functions of the NRR have been incorporated into the United Kingdom Clinical Research Network (UKCRN)

7. Directions for Future Research on Sexual Health and Wellbeing in Scotland

This exercise has usefully brought together the existing research literature and current research projects concerning selected vulnerable population groups, and provides a good narrative overview of current activity and the issues associated with key population groups. We acknowledge several limitations to the process followed and three in particular. First, it was impossible, given time and resource constraints, to read all the literature and comprehensively review the substantive themes addressed. Second, for similar reasons, it was not possible for all judgements on inclusion, exclusion, or categorisation of literature to be confirmed by a second researcher. Third, for some populations it has been difficult to estimate the burden of sexual ill health because it has never been monitored and, in some instances, there are no obvious academic or other well-organised advocates for them. Nevertheless, this scoping review meets the two main criteria of a systematic review, namely that it is systematic and the processes followed are, we hope, transparent (Petticrew and Roberts, 2006). The review has identified significant research gaps and what actions need to be taken to pursue an evidence-informed research agenda for sexual health and wellbeing in Scotland.

Providing Leadership to the Research Agenda

Currently there is no single agency or forum which can oversee the depth and breadth of research activity on sexual health and wellbeing issues in Scotland. This means that particular issues or populations can easily be under-researched, research can duplicate previous work, or research can be undertaken in narrow silos (which might ignore wider issues such as sexual wellbeing). Moreover, there is a wealth of research which is underway or has been completed but which is likely to only appear in narrowly circulated reports, greatly increasing the potential for duplication of effort. To redress this:

- *Under the aegis of the National Sexual Health and HIV Advisory Committee, the Scottish Government should establish a standing sexual health and HIV research panel who can provide guidance and direction to funding agencies (such as the Chief Scientist's Office and the Medical Research Council), academic/research institutions (e.g. Clinical Effectiveness Unit) and commissioning agencies (such as NHS Boards and NHS Health Scotland) on:*
 - *The proportion of global funding allocated to sexual health and wellbeing research as per Table 2*
 - *the focus of future research areas for the next 3 years (taking account of the findings of Table 1); and*
 - *the level/depth of research required at national, regional and local levels*

Striving towards Improved Research Utilisation

The Research Unit for Research Utilisation (RURU) at the University of St Andrews has highlighted the need to promote complementary actions around planning, undertaking and using research. To improve the knowledge base on sexual health and wellbeing research and to provide more integrated support for those commissioning or undertaking research:

- *NHS Health Scotland, through its WISH Network and other activities, should actively support the translation of evidence into practice and facilitate the process whereby practice continues to inform the ongoing policy and research agenda.*
- *NHS E-library should develop an accessible central research depository on sexual health research to improve knowledge sharing.*
- *NHS Health Scotland and the Medical Research Council should make the scoping reviews contained within this report widely available to reduce the potential for duplication but also to encourage responses to research gaps.*

Targeting Limited Research Resources

Given that resources are likely to be limited for undertaking research on sexual health and wellbeing, these should be appropriately targeted in order to get the greatest return.

- *Proposals for new research on sexual health and wellbeing should:*
 - *Reflect which groups suffer the worst sexual ill health*
 - *Demonstrate how findings would contribute towards reducing the burden of sexual ill health*
 - *Demonstrably add to the existing evidence base (either Scottish or UK wide)*
 - *Not duplicate other efforts*

Where there is sufficient high quality descriptive/explanatory research, efforts should be made to encourage applied research so that evidence into practice can be effectively implemented with practical solutions to capacity building identified.

- *Active encouragement/effort is made to ensure that sexual health issues are included in research on mainstream health and wellbeing of the population groups identified in this report*
- *Exploration of more effective links between research on clinical and health improvement issues to facilitate evidence into practice and more effective interventions around sexual health and wellbeing.*
- *Future funding on sexual health and wellbeing research globally in Scotland should be allocated as follows:*

Table 2: Suggested Research Funding Allocation

<u>Research Focus</u>	<u>Percentage allocation</u>
<i>Surveillance/monitoring (e.g. national/local surveys)</i>	10%
<i>Evaluation of services/interventions</i>	50%
<i>Applied descriptive research focused on those issues imposing the greatest burden on the NHS</i>	20%
<i>Building research knowledge capacity through partnerships between service providers, researchers and policymakers</i>	10%
<i>Non disease sexual health issues</i>	10%

Achieving these actions will require:

- Support from the Scottish Government
- A mutual commitment from academic and research institutions, statutory commissioning agents and voluntary/community sectors to work in collaboration so that their key strengths can be maximised
- Improved efforts by research stakeholders to translate their research in ways that are easy to interpret and allow robust findings to be applied to targeted and wider populations as appropriate
- Greater collaborative efforts to include relevant/appropriate Scottish samples in UK-wide research (where appropriate).

Appendix 1: NSHAC Research Subgroup

Chair

Dr Daniel Wight, MRC Social and Public Health Sciences Unit, Glasgow

Members

Dr Alison Bigrigg, Lead Clinician for Sexual Health, NHS Greater Glasgow and Clyde

Professor Anna Glasier, Lead Clinician for Sexual Health, NHS Lothian

Professor David Goldberg, Health Protection Scotland

Hawys Kilday, Chief Executive, Caledonia Youth

Roy Kilpatrick, Chief Executive, HIV Scotland

Heinrich Volmink, Reach Community Project, Glasgow (until December 2007)

Dr Lesley McDonald, Director of Public Health, NHS Fife (until June 2007)

Shirley Fraser, Health Improvement Programme Manager, NHS Health Scotland

Judith Sim, formerly NHS Health Scotland and now independent researcher

Dr Stephanie Church, formerly MRC and now independent researcher

Phil Eaglesham, Public Health Advisor, NHS Health Scotland

**Appendix 2:
Researchers and others consulted (electronically and face to face)**

Robert Aldridge, Scottish Council for Single Homeless (Homelessness)
Paul Barton, NHS Health Scotland (Transgender)
David Bingham, THT Scotland (LGBT and HIV)
Katie Buston, Medical Research Council (Prisoners)
Susan Carr, NHS Greater Glasgow and Clyde (Women and Transgender))
Louise Carroll, NHS Greater Glasgow and Clyde (Equalities)
Katie Cosgrove, NHS Greater Glasgow and Clyde (Women experiencing gender violence)
Julie Craik, NHS Greater Glasgow and Clyde (Refugees and Asylum seekers)
Liz Curran, NHS Greater Glasgow and Clyde (Women/Gender violence)
Lisa Curtice, Scottish Consortium for Learning Disabilities (Learning Disabilities)
Susan Elsley, Centre for Families and Relationships, University of Edinburgh (LAAC)
Paul Flowers, Glasgow Caledonian University (HIV and MSM)
Heather Gourlay, Scottish Prison Service (Prisoners and Young Offenders)
Liz Grant, University of Edinburgh (Minority Ethnic Communities)
Tamsin Groom, NHS Greater Glasgow and Clyde (Women/Refugees/Asylum Seekers)
Julien Heng (Women/Men who are involved in sex work)
Michelle Lloyd/Donna Lawrie, Save the Children Fund (Gypsy/Travellers)
Fergus McMillan/Sara O'Loan, LGBT Youth Scotland (LGBT)
Colin Morrison, TASC Agency (Learning Disabilities/Young People)
James Morton, Equality Network (Transgender)
Stephen McCluskey, Scottish Healthy Care Network (LA & A children)
Colin McKillop, NHS Greater Glasgow and Clyde (women who have sex with women)
Eunice Sinyemu, HIV Scotland (HIV Positive African Communities)
Bertha Yakubu, University of Aberdeen (Minority ethnic communities)
Lisa Williamson, Medical Research Council (HIV and MSM)
Julia Quickfall, Queens Nursing Institute (Refugees/Asylum Seekers)
Sharon Cameron, NHS Lothian
Lesley Wallace, Health Protection Scotland

Appendix 3

Selecting population groups – process

Due to pragmatic limitations, this scoping review focussed on key target groups identified by the National Sexual Health Advisory Group subgroup rather than on broader topics such as sex education, contraception, partner notification and diagnostic testing. The process of selection took place effectively in three stages.

Stage One

Twenty three population groups were suggested for inclusion by NSHAC subgroup and these reflect those groups suggested during the draft sexual health and relationships strategy consultation. These groups included those with specific sexual and reproductive health needs, with particular problems regarding accessing services or those for which there is a lack of evidence regarding their needs. The groups suggested for inclusion were:

- HIV positive Black Africans
- Men who have sex with men
- HIV positive gay men
- Homeless people
- Male and female sex workers
- Young people excluded from school
- Looked after' and accommodated young people (in or leaving care)
- Male and female prisoners
- Students or those in further education
- Drug Users
- Those subjected to gendered violence
- Teenage mothers
- Teenage fathers
- Refugees and asylum seekers
- Young offenders
- Black and Minority Ethnic groups
- People with disabilities
- Gypsies / Travellers / Seasonal workers Newly single
- Lesbians
- Children of teenage parents
- Older people
- Transgender/Trans-sexual people

Stage Two

The NSHAC subgroup then rated the list of 23 groups by priority for inclusion in the scoping exercise (as high, medium or low priority), and selected 15. This rating was based on their expert opinion about which:

- groups were numerically the largest in Scotland;
- had the potential to make the greatest demands on resources in the future; had been previously been excluded from reviews;
- had already been the subject of publications
- had been neglected in the literature, and
- could be reviewed in the time available for this scoping review.

These groups were:

- HIV positive Black Africans
- HIV positive gay men
- Homeless people
- Male and female sex workers
- Young people excluded from school
- Looked after' and accommodated young people (in or leaving care)
- Male and female prisoners
- Refugees and asylum seekers
- Young offenders
- Gypsies / Travellers / Seasonal workers
- The newly single
- Lesbians
- Transgender/Trans-sexual people
- Drug Users
- Those subjected to gendered violence

Stage 3

Finally, a smaller group of the subgroup further narrowed and redefined the groups to be included in the exercise. Exclusion was for a range of reasons, including judgements about the amount of material already available for particular groups, overlaps between these groups and those already included, and insufficient time available to scope this (for example, in relation to drug users). Initial attempts were made to search for material in some areas (for example, on the sexual health of the newly single and young people excluded from school), but search terms were difficult to define, and no relevant material was identified. It is likely that material in both these areas may be embedded in wider literatures, for example in relation to the newly-single, on health in the middle years or later life. Similarly, there is likely to be substantial overlap between issues for young people excluded from school and looked after and accommodated young people, who are disproportionately likely to be excluded from school, and who are included in this report.

So, based on pragmatic considerations and the contours of the existing literature (and had this narrowing ratified by the wider subgroup membership). Eleven groups were then included for the first phase of scoping:

- Homeless people
- Male and female prisoners and young offenders
- Looked-after children
- Refugees/Asylum seekers
- Transgender people
- Women subjected to gender-based violence
- Female sex workers
- Male sex workers
- Gypsy/Travellers
- HIV positive UK African populations
- Women who have sex with women

A second phase of scoping took place during mid-2008. This comprised men who have sex with men, people with learning disabilities and minority ethnic communities. The latter two built on earlier work on the sexual health and wellbeing of young people from these respective population groups.

Drug users were excluded because the time available did not allow scoping of the very extensive literature available, which in itself was indicative of the fact that more material is available for this population than for more neglected groups.

Further refinements to categories were also made:

- Young offenders were included with male and female prisoners, with the commentary on the groups making clear where there were specific issues.
- Male and female sex workers were separated into two distinct groups, given that the respective literatures are quite distinct. Children and young people abused through prostitution were not included with adult sex workers. There is no specific category on children and young people abused through prostitution, although the material recovered during searches on other groups suggests that this is an important area for further review. In order to capture the material which was recovered in the area, it is included in the section on looked after and accommodated young people. This is not intended in any sense to imply that involvement in sex work is a common corollary of being looked after and accommodated, but that many young people abused through prostitution have a history of being in care.
- The category originally named 'lesbian women' was re-named 'women who have sex with women' in order to attempt to capture material which reflected sexual health and wellbeing in relation to behaviour rather than sexual identity. As the commentary for this group suggests, however, it clearly proved problematic for researchers to identify research participants in this group by behaviour rather than self-identification as lesbian.
- The section on Gypsy/Travellers was confined to this group rather than seasonal workers, where issues may overlap but are not identical.

Appendix 4 Databases and Search Terms used - overview

1.1. Searches for review level material

To gather good quality meta and systematic reviews, searching was conducted through the Evidence Based Medicine Reviews databases via Ovid. “A definitive resource for electronic information in the evidence based medicine (EBM) movement that combines 4 of the most trusted EBM resources into a single, fully-searchable database”. The two review databases used for this level were:

- **Cochrane Database of Systematic Reviews** managed by the Cochrane Collaboration
The Cochrane Collaboration consists of groups of experts in over 40 clinical specialties who authoritatively review hundreds of studies on topics in their specialty; select those that meet strict EBM criteria; perform "meta-analyses" when possible on all the included studies; and then write detailed, structured reviews of the topic and the findings. These reviews allow clinicians to get fast, "bottom line" answers to their most commonly-asked questions, based on a comprehensive and expert analysis of the available medical literature.
- **The Database of Abstracts of Reviews of Effectiveness (DARE)** managed by the NHS Centre for Reviews and Dissemination. DARE provides access to selected systematic reviews on the effectiveness of clinical interventions and policies from databases such as MEDLINE and through manual review of the primary literature. DARE researchers trained in critical appraisal select only high quality reviews based on evaluation of literature searching, inclusion criteria, study assessment, and synthesis. Systematic review articles that are selected are summarized and evaluated in full text reports that describe the interventions and outcomes studied; the conclusions drawn; strengths and weaknesses of the review; and implications for practice.

The publications of the Eppi-Centre were searched via their website. This site lists systematic, scoping and synthesis reviews. Many Eppi-Centre reports are held within the Cochrane Database of Systematic Reviews.

1.2. Randomised Controlled Trials

In order to gather references of randomised controlled trials (RCTs) searching was conducted through the Evidence Based Medicine Reviews databases via Ovid. The Cochrane Central Register of Controlled Trails (CCTR) was searched.

- **Cochrane Central Register of Controlled Trials** contains references to randomized controlled trials (RCTs) identified through hand searching of journals and databases. CCTR (formerly Cochrane Controlled Trials Register) is a bibliographic database of definitive controlled trials. These controlled trials have been identified by the distinguished contributors to the Cochrane Collaboration. Aims to be

unbiased source of data for systematic reviews. Contains over 300,000 bibliographic references to controlled trials in health care. Only reports of definite randomized controlled trials or controlled clinical trials are included.

1.3. Peer reviewed journal articles

In order to find other peer reviewed journal articles searching was conducted within Ovid/Embase. Initial searches carried out by Stephanie Church included the Web of Science, but Judith Sim and Phil Eaglesham carrying out subsequent searches did not have access to the Web of Science. This highlights a limitation to subsequent searching, as Stephanie Church found that the different search engines provided access to different databases and journals: Ovid/Embase had greater clinical and European focus and the Web of Science linked to larger social sciences databases with a stronger UK focus. Different articles were frequently found in each.

1.3.1. Ovid

Accessed via Glasgow University library and the NHS e-library, the following databases were selected via Ovid and then EMBASE to find peer reviewed journal articles:

- British Nursing Index
- EMBASE 1996-present
- International Bibliography of the Social Sciences 1951- 2007
- Ovid Medline ® 1996-present
- Ovid Medline ® In process
- PsychInfo 1996- 2007
- Social Work Abstracts 1997- 2007
- HMIC from 1983,
- CINAHL from 1982.

Date limits were placed on most searches for articles published between 2000 and 2007. Field limits were set to restrict searches within title or keywords or abstract only.

1.3.2. Searching within the ISI Web of Knowledge

Where initial searches were conducted using the Web of Science, the following databases were selected to find peer reviewed journal articles:

- Social Science Citation Index (SSCI) 1956-present
- Arts & Humanities Citation Index (A&HCI) 1975-present

Date limits were placed on most searches for articles published between 2000 and 2007. Search terms were sought within the TS (topic) function in advanced searching.

1.3.3 Restricting searches by location

In order to separate references by whether they were conducted in Scotland or other parts of the UK, additional searching was conducted and combined into searches.

Within Ovid/Embase 'location' was selected in 'more fields' and searching was conducted for articles tagged as location 'Scotland' and separate searches were conducted for articles tagged 'England', 'Ireland' or 'Wales'. These were combined to create a 'Rest of UK' category.

Within Web of Science searching for location was conducted by using the CU (country) field using CU=Scotland or CU = (England or Wales or Ireland). This is a tagged field within Web Of Science and mainly referred to location of author. Searches also thus found articles by UK based authors who were writing about topics in other countries. Only studies on UK populations were included in final selections.

1.4. Grey literature

This level includes all non-conventional literature such as internal reports, government documents, theses and briefing papers, as well as reports by academic institutions such as the Medical Research Council and the Eppi-Centre.

There are few databases which store grey literature references. Social Care Online was used for some searching (but had problems with download capability for much of the time as this facility is in development stages). The research and/or publications pages of individual websites were also searched as well as e-library and IDOX. Capacity to download grey literature was very limited and many had to be typed into Reference Manager manually.

Social Care Online stores grey literature such as government documents, reports, white papers, current news, policy documents, and documents from NGOs etc. Search can be limited by 'government publication', 'practice', 'guidance', 'statistics', 'research', 'research reviews'. Its remit is to store references for topics relating to social care therefore finds were limited for some areas.

The publications sections of several individual websites were searched including:-

- The Scottish Executive/Scottish Government,
- The Department of Health
- The Health Development Agency including NICE guidelines.

For some topics other appropriate sites were also searched, for example:-

- The World Health Organisation
- The Teenage Pregnancy Unit
- The Scottish Refugee Council
- Mediawise
- Family Planning Association
- LGBT database
- The Joseph Rowntree Trust

1.5. Recently funded research on sexual & reproductive health

In order to identify recently funded or ongoing research in the UK which may not yet have reached publication, the MRC Eppi-Centre Database of funded research was

searched. This database stores details of UK based research grants including those housed in National Research Register, NHS R&D funding, MRC grants and others. We were allowed early access to the database (then in development) for this review. There is no facility to download from this database and no formal facility to search by location.

The MRC database does not store all grant awards, especially those from smaller charities and agencies.

Search terms used

A core set of search terms was developed for sexual health and wellbeing, for use in databases which permitted detailed searching. These were combined with search terms designed to capture the respective groups in searches, detailed in the relevant sections. The core set of search terms for sexual health and wellbeing was also extended where relevant for particular groups.

The core set of search terms used was:

sexual health or condom\$ or chlamydia or hepatitis or gonorrh* or herpes or syphilis or sexually adj1 transmitted or sexual adj1 infection\$ or sexual adj1 behaviour or termination\$ or abortion\$ or sexual risk\$ or hiv adj1 risk\$ or hiv adj1 test\$ or hiv adj1 positive or hiv adj1 intervention\$ or hiv adj1 status or hiv adj1 prevention or hiv adj1 risk or herpes or cervical adj1 cancer or family adj1 planning or reproducti\$ or pregnan\$ GUM or genito\$ or contracept\$ or HPV or human adj1 papilloma\$ or pelvic adj1 inflam\$ or birth adj1 control or emergency adj1 contra\$ or hiv adj1 prev or sex education

For further information on the research scoping process and next steps, contact

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