



Review

Targeting sexual health services in primary care: A systematic review of the psychosocial correlates of adverse sexual health outcomes reported in probability surveys of women of reproductive age



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ARTICLE INFO

Available online 24 October 2015

Keywords:

Review

Systematic primary health care

Sexually transmitted diseases

Contraception pregnancy

Unplanned psychosocial factors

ABSTRACT

Background. Women using primary care vary in need for sexually transmitted infections (STIs) testing and contraception. Psychosocial correlates of these needs may be useful for targeting services. We undertook a systematic review to identify psychosocial correlates of STI acquisition, unplanned pregnancy (UP), abortion and risky sexual behaviours in general population samples of women of reproductive age.

Methods. We searched bibliographic databases for probability surveys of women aged 16–44 years in the European Union, USA, Canada, Australia, UK or New Zealand undertaken January 1994–January 2014.

Results. Eleven papers were included. Unplanned pregnancy was associated with smoking, depression, being single and sexual debut < 16 years. Abortion was associated with lack of closeness to parents, leaving home at an early age, and relationship break-up. Multiple partnerships were associated with intensity of marijuana and alcohol use, and smoking. STI diagnosis was associated with relationship break-up and younger partners. Non-use of contraception was associated with smoking, obesity, relationship status, sedentary lifestyles, fatalistic pregnancy attitudes and lower alcohol use. Condom non-use was higher (at first sex) with partners 5+ years older and lower (at last sex) in less stable partnerships.

Conclusion. Psychosocial variables, particularly relationship status and smoking, may help identify women in primary care for STI testing and contraception advice and supply.

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Contents

Introduction	346
Methods	346
Definitions and concepts used in searching and selecting the literature	346
Sexual health outcomes	346
Psychosocial factors	346
Eligibility criteria	347
Record retrieval	347
Study selection	347
Data collection and assessment of quality for full text papers	347
Results	347
Overview of papers	347
Quality of papers	347
Key findings of reported studies	348
Unplanned pregnancy and abortion	348

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Unprotected sexual intercourse	351
STIs and multiple sexual partners	355
Differences in types and strengths of psychosocial associations across outcomes	355
Presentation of models and explanations	355
Discussion	355
Inconsistencies in the literature	355
Limitations	355
Conclusions	356
Funding statement	356
Conflict of interest statement	356
Transparency document	356
Acknowledgments	356
References	356

Introduction

Widened availability of STI screening and Contraceptive Advice and Supply (CAS) in primary care settings (DH, 2001) means that individuals with varying levels of risk of poor sexual health outcomes can access these interventions. This creates a need to develop acceptable and efficient means of targeting. In specialist sexual health services recent sexual history is used to assess individual patient need. However, in non-specialised settings such as General Practice, this approach may be inefficient, and may also be unacceptable with some target groups (Define, 2008; Edelman et al., 2013). In addition, as CAS and STI testing are increasingly co-located in both specialist and generalist settings, a single means of targeting both interventions for women in particular would be beneficial.

A substantial evidence base exists for socio-demographic variation in unplanned pregnancy (UP), sexually transmitted infection (STI) acquisition, and sexual risk behaviours such as unprotected intercourse and multiple partners (Mercer et al., 2013). Younger age groups, certain ethnic minorities and people from lower socio-economic groups are known variously to experience disproportionate burden of STI diagnoses and of unplanned pregnancy (Mercer et al., 2013). England's National Chlamydia Screening Programme for young people (aged <25 years and sexually active) is an example of how interventions may be targeted to at-risk sub-populations which are defined on the basis of socio-demographic correlates (DH). Known socio-demographic variation in sexual risk and morbidity is part of a growing social epidemiological evidence base concerning the complex ways in which sexual behaviour, social determinants of health, sexual health outcomes and availability and uptake of interventions are inter-related (Johnson et al., 2006). For example, Wasserheit and Aral (1996) describe the transmission dynamics of infectious diseases and how all three determinants of the basic Reproductive Rate are themselves 'subject to influence by factors external to the system of STD dynamics, such as poverty, marginality, level of education and culture'.

In the broader context of sexual health research and management, identifying 'psychosocial' factors associated with sexual risk behaviours and morbidities—such as substance use, relationship qualities or mental health—maybe of value in identifying at-risk populations for targeted intervention. In addition, they have the potential to enrich our understanding of sexual morbidity and of variation in risk within high-risk populations which are defined socio-demographically or in relation to sexual behaviour (e.g. men who have sex with men). Finally, they may constitute 'wider determinants of sexual health', responses to which may prevent sexual morbidity—a point highlighted by England's Sexual Health Improvement Framework, 2013 (DH, 2013).

Here we present a systematic review, the purpose of which was to underpin the development of a clinical questionnaire tool for sexual risk assessment among women in primary care settings who are of reproductive age (16–44 years). A systematic review of relevant large probability surveys has the potential to uncover psychosocial factors

associated with these outcomes in general populations of women, and so may be useful in identifying and meeting sexual health service need.

Our research questions were:

1. In probability surveys of women aged 16–44 years which psychosocial variables are associated with: unplanned pregnancy, induced abortion, STI acquisition and/or sexual risk behaviour?
2. How do types and strengths of associations with these psychosocial variables differ across STI acquisition; sexual risk behaviours; and unplanned pregnancy and abortion?
3. What models and explanations are presented regarding the relationship between social, psychological and psychosocial variables and sexual health risk behaviours and/or adverse sexual health outcomes?

Methods

Definitions and concepts used in searching and selecting the literature

Sexual health outcomes

For the purposes of this review 'sexual risk behaviour' was treated as an outcome, as STI testing and CAS should be offered to those experiencing sexual risk behaviour. We searched for the key concept of 'sexual risk behaviour' using terms for multiple partnerships and/or unprotected intercourse; the latter comprising non-use and/or inconsistent use of condoms and/or of other contraception among those expressing pregnancy ambivalence or not wanting to become pregnant.

STI acquisition and unplanned pregnancy were also investigated as outcomes in this review. STIs were searched using umbrella terms such as 'sexually transmitted infection' and also by searching for the following specific infections: syphilis, gonorrhoea, Chlamydia, genital warts, genital herpes, trichomoniasis and HIV. Bacterial vaginosis, Hepatitis B and C were excluded as they are also frequently contracted by non-sexual contact. Unplanned pregnancy was searched alongside related terms such as 'unintended' and 'unwanted' and using the proxy of abortion/termination of pregnancy.

Psychosocial factors

The term 'psychosocial' is used with various meanings in social epidemiology, social psychology and related disciplines (Cassel, 1976; Martikainen et al., 2002; Wilkinson, 2006). Within social epidemiology, the term 'psychosocial' has been defined functionally—mapping out possible mechanistic pathways by which our environment impacts on our body through psychology, stress and behaviour. This definition of psychosocial is then fluid and widely encompassing of our experiences as humans and how they impact on health states. Investigation of such factors may shed light on the variation in risk seen with socio-demographically defined 'high-risk' populations for sexual health.

However, preliminary searching revealed that the term 'psychosocial' was rarely used in relevant sexual health studies. Therefore to ensure a comprehensive search of relevant literature we designed a strategy in consultation with an expert librarian, which focused on retrieving records for the outcomes described above, in the population of interest. Records were then reviewed using a working definition of 'psychosocial' as all factors which are not predominantly biological, attitudinal, sexual behavioural or socio-demographic. This definition is broadly congruent with social epidemiological definition of 'psychosocial' (Martikainen et al., 2002).

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