Modelling Sexual Healthcare for Substance Misusing Women

Funding country: United Kingdom
Project starting year: 2009
Project ending year: 2010
Area(s) of research:
- Prevalence, incidence and patterns of drug use
- Prevention responses
- Harm reduction responses
- Consequences of drug use

Objectives:
A study to modelling sexual health services for substance misusing women comprising of 2 stages: 1 Identification of sexual health risks, history and service needs via questionnaire and interview 2. Informal modelling of services using guidelines and stage 1 date, and testing of the model through focus groups

Scientific discipline(s) involved: Epidemiology, Sociology

Initial identified needs:
A study to modelling sexual health services for substance misusing women comprising of 2 stages: 1 Identification of sexual health risks, history and service needs via questionnaire and interview 2. Informal modelling of services using guidelines and stage 1 date, and testing of the model through focus groups.

Performed by: Sussex Partnership NHS Foundation Trust
Funded by: NIHR Research for Patient Benefit (RfPB)

Summary references:
This study had 2 key aims, and corresponding stages. In stage one, the study sought to identify sexual health risks and morbidities, and sexual health service use among substance-misusing women. Women aged 18+, residing in Hastings and Rother and who had used illicit or illegal substances in the previous month were invited to participate. Women were recruited at Hastings NHS Substance Misuse Service and Crime Reduction Initiative, and from Seaview Health and Wellbeing Centre in St. Leonard's on Sea. A combination of survey data and in-depth interview data were collected concerning:
- Type and frequency of sexual health risks and morbidities
- Levels of sexual health service use
- Enablers and barriers to that use among SMW
- User preferences concerning sexual health service delivery

In stage two, the study sought to specify a model for optimal sexual healthcare delivery to substance misusing women. Using stage one findings and relevant policy documents a model was informally developed. This was then tested on two panels of stakeholders to problem-solve difficult elements of the model, and to identify and resolve likely issues of feasibility and implementation.

Website:

Published reference(s):