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Sexual health promotion for sexual and gender minorities in primary care: a scoping review protocol

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ABSTRACT

Introduction Sexual and gender minorities (SGMs) face health disparities related to systemic discrimination and barriers to sexual health. Sexual health promotion encompasses strategies that enable individuals, groups and communities to make informed decisions regarding their sexual well-being. Our objective is to describe the existing sexual health promotion interventions tailored for SGMs within the primary care context.

Methods and analysis We will conduct a scoping review and search for articles in 12 medical and social science academic databases on interventions that are targeted towards SGMs in the primary care context in industrialised countries. Searches were conducted on 7 July 2020 and 31 May 2022. We defined sexual health interventions in the inclusion framework as: (1) promote positive sexual health, or sex and relationship education; (2) reduce the incidence of sexually transmitted infections; (3) reduce unintended pregnancies; or (4) change prejudice, stigma and discrimination around sexual health, or increase awareness surrounding positive sex. Two independent reviewers will select articles meeting inclusion criteria and extract data. Participant and study characteristics will be summarised using frequencies and proportions. Our primary analysis will include a descriptive summary of key interventional themes from content and thematic analysis. Gender-based Analysis Plus will be used to stratify themes based on gender, race, sexuality and other identities. The secondary analysis will include the use of the Sexual and Gender Minority Disparities Research Framework to analyse the interventions from a socioecological perspective.

Ethics and dissemination No ethical approval is required for a scoping review. The protocol was registered on the Open Science Framework Registries (https://doi.org/10.17605/OSF.IO/X5R47). The intended audiences are primary care providers, public health, researchers and community-based organisations. Results will be communicated through peer-reviewed publication, conferences, rounds and other opportunities to reach primary care providers. Community-based engagement will occur through presentations, guest speakers, community forums and research summary handouts.

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ The research question was kept broad to capture the diversity of sexual health promotion in primary care.
⇒ Focuses on interventions that can inspire and be used by primary care providers for sexual and gender minority patients.
⇒ Includes both peer-reviewed and grey literature, with the intention of keeping the scope broad.
⇒ Narrow definition of sexual health promotion interventions and definition of primary care.
⇒ Focuses on only developed countries according to the United Nations Report 2019, leading to exclusion of studies and may reduce generalisability to other care contexts.

INTRODUCTION

The term 'sexual and gender minorities' encompasses identities such as Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual (2SLGBTQQIA+) individuals that represent a diverse group of people and communities with intersecting identities such as race, socioeconomic status and others.[1] These intersecting identities and backgrounds define unique identity locations that influence experiences of stigma and discrimination in the healthcare system.[2] Sexual and gender minority individuals face health disparities,[3] including access to healthcare, discrimination by health providers, postponing or not attempting to seek care, and access to health insurance.[1 4] Furthermore, minority stress theory suggests that sexual minority individuals face more exposure to social stress related to stigma, prejudice and discrimination and therefore are at greater risk of negative physical and mental health outcomes, compared with their heterosexual counterparts.[5]

Sexual health remains a significant public health challenge around the world and continues to impact Western industrialised countries.[6] Approximately 1 million people around the world acquire a sexually transmitted infection (STI) every day, and the resulting morbidity and mortality

compromise individual quality of life as well as overall sexual and reproductive health.[7 8] Though many definitions of sexual health have been proposed,[9] the most cited and widely accepted is the WHO (World Health Organization) definition: 'a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity'.[10] Sexual and gender minorities face varying sexual health issues. For example, sexual minority women are more likely to report STIs and unintended pregnancies compared with their heterosexual counterparts.[11] Cisgender and transgender gay, bisexual and other men who have sex with men are at particularly high risk of acquiring HIV.[12] Transmasculine individuals have significantly reduced odds of undergoing cervical cancer screening as compared with cis-women.[13 14] To reduce the global burden of STIs, WHO's *Global Health Sector Strategy on Sexually Transmitted Infections* report points to the need to adopt appropriate interventions aimed to promote sexual health.[8]

Sexual health promotion encompasses strategies that enable individuals, groups and communities to make informed decisions regarding their sexual well-being.[10] These strategies often focus on intervening at the individual level, through the provision of educational, peer-based, motivational or skills-based programmes.[15] From socioecological perspective, sexual health and sexual behaviour change takes place within five nested, interacting environmental levels with the individual at the centre.[16–18] The individual and the surrounding microsystem represent the most immediate environment and factors that drive health disparities and unmet care needs.[18] The mesosystem is the relationship between the health provider and patient, and the ecosystem encompasses health system policies, decisions made among health providers and insurance.[18] The macrosystem is the broader cultural environment that influences stigma and discrimination, and the chronosystem describes how location in time and place impacts the individual.[18] It is important to examine sexual health promotion interventions that move beyond the individual level to address multiple domains as they have the potential to further improve sustainable behaviour change and positive sexual health outcomes.[19]

Primary care is uniquely situated to address many environments to positively influence sexual health of sexual and gender minority individuals, ranging from patient-level interaction, community-based interventions to targeted policy changes. Researchers advocate that primary healthcare environments are important settings for delivering routine sexual health promotion services.[20] Yet, though sexual health is recognised as an important topic within primary care, it is often overlooked in practice.[21] Specifically, Khan *et al*[22] reported that many primary care providers do not discuss sexual health with their patients due to challenges integrating sexual health into their practice, citing heavy workloads, lack of time and inadequate training as barriers.[23] In the context of sexual and gender minority patients, lack of knowledge and understanding is cited as a barrier to ask about a patient's gender, sexuality and sexual health.[18]

The objective of this scoping review is to synthesise what evidence currently exists regarding sexual health promotion interventions for sexual and gender minorities in the primary care context, to examine the landscape of the literature and to map out existing and promising areas of priority, improvement and future research.

METHODS AND ANALYSIS

Our scoping review approach is informed by frameworks proposed by Arksey and O'Malley,[24] Levac *et al*[25] and the Joanna Briggs Institute.[26] These researchers outlined six stages involved in conducting a rigorous scoping review: (1) identifying the research question; (2) identifying relevant studies; (3) selecting relevant studies; (4) charting data; (5) summarising and reporting findings; and (6) an optional consultation exercise. In addition, we use the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) extension for Scoping Reviews Checklist in developing this protocol as it is the most used and widely accepted standard of reporting scoping reviews.[27–29] The scoping review protocol was registered on the Open Science Framework Registries (DOI: 10.17605/OSF.IO/X5R47).

Patient and public involvement

No patients were involved in this scoping review.

Eligibility criteria

Participants

Our focus will be on studies involving interventions addressing youth and adult sexual and gender minorities, including but not limited to those who identify as 2SLGBTQQIA+. We will include studies that address sexual and gender minority populations who may also benefit from the intervention. Conversely, we will exclude studies that included sexual and gender minority individuals along with other groups of interest or the general population without clear targeting or intention to focus on sexual and gender minorities. We will exclude interventions addressing children under the age of 12 years.

Concept

This review will be inclusive of studies that examine a wide range of sexual health promotion interventions based in the primary care contexts. For this review, we will adapt the definition of sexual health promotion employed by Thompson *et al*,[23] where the term encompasses, but is not limited to, any activity that: (1) promotes positive sexual health, or sex and relationship education; (2) reduces the incidence of STIs (including HIV); (3) reduces unintended pregnancies; (4) changes prejudice, stigma and discrimination, or increases positive attitudes surroundingsex, often referred to as 'sex positivity', will be defined as 'an ideology that promotes, with respect to gender

and sexuality, being open-minded, non-judgemental and respectful of personal sexual autonomy, when there is consent.'[30] This may be applied to improving well-being and relationships to embracing one's own sexuality.[30]

Context

Our context is the primary care setting, which includes 'first-contact services' such as general practitioners or family medicine clinics, pharmacies, telehealth, outpatient clinics, community or venue-based clinics, sexual health clinics and other clinical settings that do not consider patients as 'inpatients'.[31] We will include research based in both 'general practice' and 'family medicine' since these terms are synonymous with primary care and may be used interchangeably in literature.[32] We will restrict our focus to studies conducted in 'economically developed' nations, as defined by the 2019 United Nations World Economic Situation Prospects report classifications (online supplemental table 1).[33]

Types of studies

Studies using any study design will be eligible, including but not limited to systematic reviews, randomised controlled trials, quasi-experimental trials, cohort studies, case–control studies and cross-sectional studies. Mixed-methods research and qualitative study designs such as phenomenological and ethnographic studies will also be included. For feasibility reasons, only articles published in English were included. We will restrict the review to articles published between the year 2000 and 2022, to maximise relevance to the current healthcare context. We will include conference articles, editorials and commentaries to better capture the scope of health-promoting intervention.

Search strategy and information sources

The search strategies will be developed iteratively by the team and carried out by an experienced medical librarian (CZ), using a comprehensive range of medical subject headings and keywords, each term corresponding to our population (sexual and gender minorities), concept (sexual health promotion) and context (primary care in high-income countries). The search strategies will be adapted for each database and will be limited to English-language articles published from 2000 to the present. In total, 12 databases will be searched for this review: Medline (Ovid), Embase (Ovid), PsycINFO (Ovid), CINAHL (EBSCOhost), the Cochrane Database of Systematic Reviews (Ovid), Cochrane Central Register of Controlled Trials (Ovid), Gender Studies Database (EBSCOhost), LGBTQ+ Source (EBSCOhost), and the following Web of Science databases: Science Citation Index, Social Sciences Citation Index, Conference Proceedings Citation Index - Science, Conference Proceedings Citation Index-Social Science & Humanities. The complete Ovid Medline search strategy is available in online supplemental appendix 2. All search strategies, exactly as run, will be made available upon publication of the final review. Additional search strategy that will be employed is cited reference searching of the systematic reviews that meet inclusion criteria.

Study selection

Search results from each database will be compiled in EndNote and duplicates removed, then subsequently imported into the Covidence software where any additional duplicate citations will be removed. Two reviewers will independently review titles and abstracts of each citation against the inclusion criteria. Conflicts will be resolved through discussion until a consensus is reached or bringing in a third reviewer if necessary. Articles meeting the inclusion criteria will then move on to full-text review by two independent reviewers. We will record reasons for excluding articles. Disagreements between the reviewers at the full-text review process will be resolved through a consensus where possible, or by the decision of a third reviewer if not. Articles that meet inclusion/exclusion criteria upon full-text review will be imported into Covidence. The results of the search and study selection process will be reported using a PRISMA flow diagram.

Data extraction process

One reviewer will independently extract data, including article type, description of intervention, themes and subthemes, and participant descriptors, from the final eligible articles. We will pilot a draft extraction table on the first five eligible articles; table modifications will be made iteratively. A second reviewer will validate the accuracy of data extraction from the entire set of articles extracted by the first reviewer. Discrepancies will be discussed between the two reviewers until a consensus is reached or by arbitration of a third reviewer, if necessary. Reviewers will attempt to contact study authors by email up to three attempts per article, to request missing or additional information if required.

Data analysis and presentation

We will describe key characteristics of the included studies, including participants' gender, sexuality, race/ethnicity, age range and country of study. Results will be summarised as tables and/or figures in the final scoping review article. After data extraction, we will conduct thematic analysis to identify major content area categories, themes and subthemes of the interventions. These results will be quantified and presented in graph and tabular formats in the final review. Themes and subthemes identified will be described in greater detail in narrative summaries.

We will use the Sexual and Gender Minority Disparities Research Framework from the National Institutes of Health[34] to analyse the interventions from a socioecological perspective in terms of individual, community and policy, for example. For our analyses, this framework has been adapted from the National Institute on Minority Health and Health Disparities (NIMHD) framework[35] and is intended to be used for primary research and as

a tool to analyse existing research.[36] It has been adapted to analyse different axes of health disparities including mental health[36] and vaccine hesitancy.[37] A recent study by Chuang *et al*[38] used the NIMHD framework to evaluate the literature on disparities in end-of-life outcomes for black patients and families. To the best of our knowledge, our scoping review represents its first application of the NIMHD framework for sexual health interventions in primary care among sexual and gender minority communities.

We will be using the Gender-based Analysis Plus (GBA+) framework[39] as an intentional approach to investigate differences in primary care according to sex, gender, sexual orientation, race and ethnicity. For articles containing quantitative analyses, we will consider whether analyses were stratified by sex, gender or sexual orientation and if so, recording the results for each group and whether results differ significantly or not between groups. For studies with a qualitative component, we will consider whether themes emerge separately for each group. For all articles, we will examine whether the discussion section includes implications separately for each group. We will use the GBA+ framework to ensure that we discuss the results and implications of our scoping review intentionally incorporating the elements of GBA+ principles. The GBA+ framework has been used in previous studies examining Canadian programmes and policies. To our knowledge, there is one other scoping review by Eichler *et al*[40] who used the GBA+ framework[39] to analyse research and government resources about military to civilian transition.

Planned dates

The initial search was conducted on 7 July 2020 and updated on 31 May 2022; analysis is ongoing and completion of thematic analysis is anticipated for April 2023.

Ethical approval

No ethical approval is required since our scoping review methods do not involve animals or human participants.

DISCUSSION

This is a novel review of sexual health promotion interventions for sexual and gender minorities specifically within primary care settings. This review fits into broader work, including scoping reviews around general healthcare for adolescent sexual and gender minority populations in primary care,[41] integration of sex and gender considerations in health policymaking,[42] care of sexual and gender minority populations in the emergency department[43] and how COVID-19 impacted sexual health for marginalised groups, including sexual and gender minorities.[44] Primary care represents a key setting of inquiry because it captures many socioecological levels of influence for positive and sustainable sexual health outcomes, ranging from individual to relational policy.[16–19] Findings can ground the implementation and scale-up of evidence-based interventions and the development of novel interventions to support and foster positive sexual health in sexual and gender minority communities.

Our scoping review approach has several strengths. Our comprehensive search strategy includes a wide range of primary research modalities using quantitative, qualitative and mixed methods. Studies included in secondary research, for example, systematic reviews, that fit the selection criteria will also be included. Additionally, our search parameters and definitions of primary care and sexual health promotion are broad to better capture the diversity of the literature. Our analysis strategy is similarly comprehensive and multifaceted with analysis of themes and content, the participants, such as gender, sexuality and race/ethnicity as well as socioecological levels. This analysis will offer rich insights into the different dimensions of potential research findings of the content, context and participants.

Nevertheless, there are limitations. Our restriction to studies in economically developed countries may limit generalisability to low-income settings. Similar efforts should be done for low/middle-income countries, such as in India where there is significant work being done to improve care for sexual and general minority communities in primary care. In addition, by restraining the scope to interventions that operate within or in close connection to primary care, we may select for more biomedical interventions such as STI and HIV testing. This may exclude studies that focus on sexuality, relationships and behaviour-based change when these may operate in settings outside of primary care (eg, community-based organisations, bathhousesand private counselling). Furthermore, we acknowledge the contributions of medical fields outside of primary care settings that engage in work with sexual and gender minority communities that are not captured in our review and represent important collective work.

CONCLUSION AND DISSEMINATION

We will publish our results of the review in an open-access journal. The results will be presented at family medicine/health policy conferences at the local, national and international level, as well as community organisations and healthcare provider associations including the undergraduate medical level. Primary healthcare environments are well suited for creative and effective strategies for sexual health promotion that are tailored to sexual and gender minorities. The narrative descriptions, results and findings of this scoping review will help to identify areas of priority, improvement and scale-up. By summarising outcomes and success of interventions across key content themes, results from our scoping review are expected to be of particular interest to primary care providers in high-income country settings. Public health policy experts and practitioners with a public health focus may find the anticipated results relating to the levels of interventions instructive. Community-based organisations that engage in sexual health promotion may benefit from new

ideas suggested by the scoping review, or alternatively confirmation that existing strategies are evidence based. Finally, gaps identified by the scoping review will provide opportunities for further work by researchers in the field, including development and trialling of new interventions within primary care environments for sexual and gender minorities.

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