

Data analysis for impact: Harnessing the Irish National Survey of Sexual Health for secondary analysis

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INSPIRING FUTURES



Workshop outline

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Questions to consider throughout workshop

- What research question(s) might you investigate with access to INISH data? Which data sections are you interested in?
- Could you align your work with strategic priorities?
- Who would you collaborate with? Do you have inter/trans-disciplinary collaborators? Do you have inter-institutional collaborators?
- Which funding opportunities might you consider?

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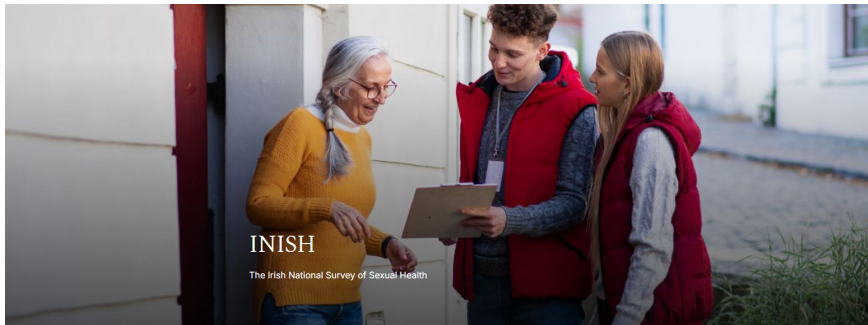
Background to INISH

- Last national survey - Irish Contraception and Crisis Pregnancy Study (ICCP), 2010.
- Substantial changes since 2010:
 - **cultural changes** (e.g. perspective shift from sexual behaviour as a risk to consideration of sexual health and well-being),
 - **medical technological/licensing advancements** (e.g. HSE PrEP Programme, 2019; OTC Emergency Contraception, 2015; Free Contraception Scheme, 2023) and
 - **legislative developments** (e.g. Marriage Equality and Gender Recognition Acts, 2015 & Removal of the 8th Amendment of the Constitution and introducing legal abortion, 2019)
- Survey needed to address **knowledge gaps** outlined in **Sexual Health Strategy 2015-2020**

Benefits of a nationally representative survey

- Provides:
 - cross-sectional, quantitative, comprehensive **baseline information** on sexual behaviours
 - nationally representative statistical data on **sexual and reproductive knowledge, attitudes and behaviours**
- Enables understanding of :
 - **factors influencing** sexual and reproductive behaviour / practices (e.g. sex, area of residence, ethnicity, sexual orientation, socio-economic status)
 - risky and health-promoting **behaviours** and positive / negative **outcomes**
 - how **services** work (client/patient experiences), areas for improvement
- Produces data to inform **policy**
- Allows **international comparisons** with other national surveys, e.g. Natsal (National Surveys of Sexual Attitudes and Lifestyles, first run in UK in 1990)

INISH



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The Irish National Survey of Sexual Health (INISH) is a national study aiming to better understand sexual health in Ireland.
The results will inform decisions on sexual health policy and services in the country.

<https://www.universityofgalway.ie/inish>

- Commissioned by HSE Sexual Health Programme (SHP)
- Led by research team at University of Galway (Prof Saoirse Nic Gabhainn, co-PI, Prof Colette Kelly, co-PI, Dr András Költő, Study Manager, Ruchika Tara Mathur, Research Assistant).
- Addresses knowledge gaps outlined in Sexual Health Strategy 2015-2020 and is informed by recommendations of a 2021 scoping study commissioned by the HSE Sexual Health and Crisis Pregnancy Programme (now SHP).

INISH: Aims

1. To explore which method(s) are the most feasible for a nationally representative survey on sexual health and crisis pregnancy in Ireland and provide a cost estimation for potential method(s).
2. To develop a full study protocol for a nationally representative survey, covering ethics, data collection and management, data analysis, knowledge translation and dissemination.
3. To provide guidance, supervision and assistance to an external contractor carrying out the data collection and preliminary data management.

Study phases & methodology

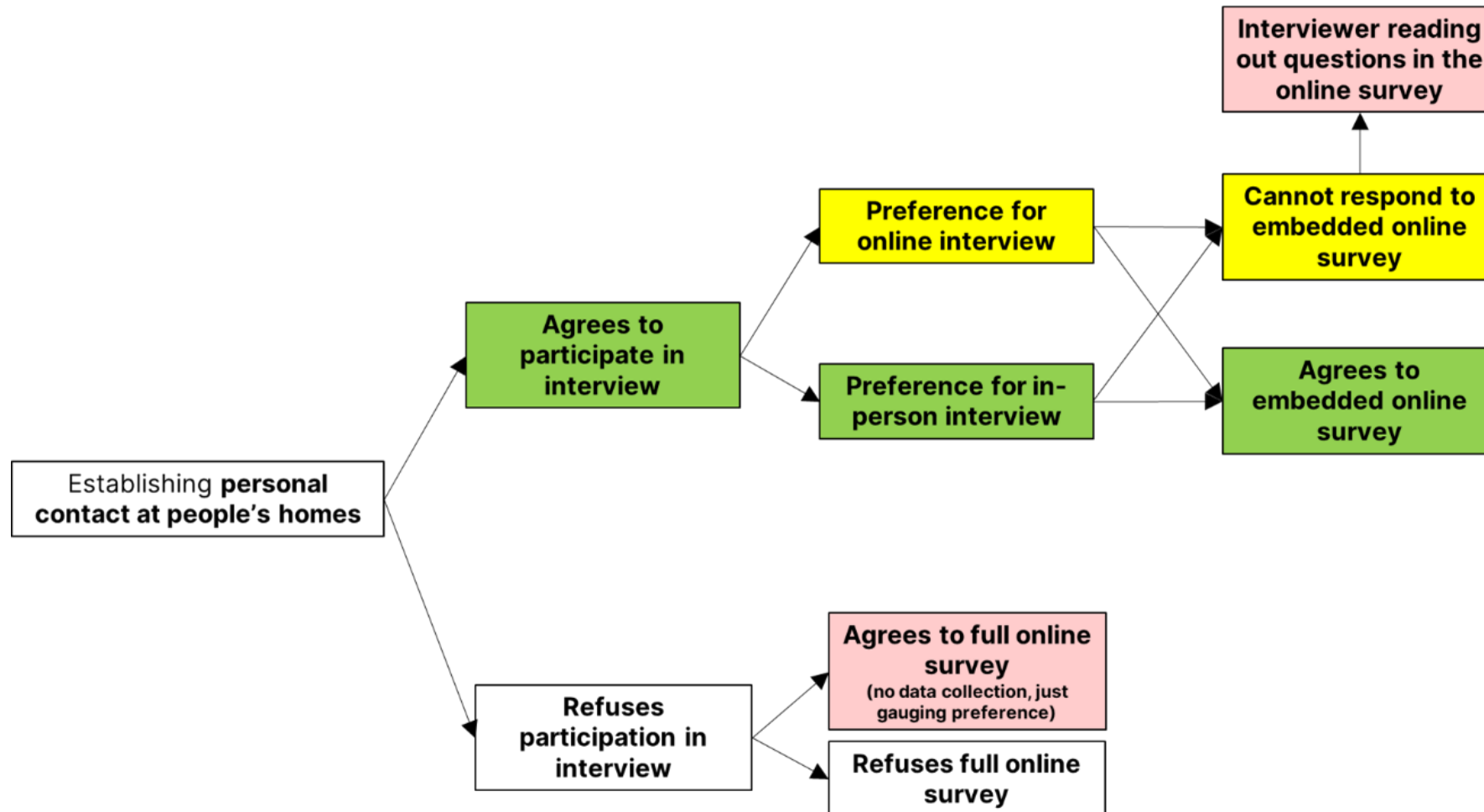
Phase one: Feasibility study (Jun-Sept 2025, approx. 300 participants)

- Performed by data collection company (Ipsos B&A)
- In-person (or online) data collection
- Instrument: Combined computer-assisted personal interviews (CAPI) and self-administered questionnaires (CASI)
- Quota sample, in line with gender, age and regional distribution of ROI population (age 18–79)
- Training provided for data collection personnel
- Data collection company will transfer anonymised datafile to University of Galway

Phase two: Nationally representative study (Jan-Nov 2027, approx. 3,000 participants)

- Methodology will be based on findings of phase one

Feasibility study – participant pathways



Public Patient Involvement (PPI)

INISH is conducted with input from two PPI panels:

(1) General population panel – members of general public representative of the gender, age, educational, social, sexual, racial, and geographical diversity of Ireland

(2) Special populations panel - employees of organisations advocating for and representing marginalised populations.

Regular meetings of both panels take place – panels are involved in all stages of the project.

Work completed to date

- Procedures and systems set up for Feasibility Study
- PPI panels set up
- Ethics approval and data protection approval granted (University of Galway)
- Survey methodology and instrument developed following stakeholder prioritisation process and review of national/international best practices
- In-house pilot performed
- Data collection company identified via public procurement
- Feasibility study data collection initiated (ongoing)

Remaining work – projected timeline

Feasibility study

- Analysis of results (ongoing, Jun-Oct 2025)
- Write-up and dissemination (Aug 2025-Feb 2026)

National survey

- Data collection and analysis protocol development (Dec 2025-Apr 2026)
- Public procurement of data collection company (Mar-May 2026)
- Data protection and ethical clearance (May-Dec 2026)
- Phase two data collection (Jan-Nov 2027)
- Data analysis (Oct 2027-May 2028)
- Dissemination (Dec 2027-May 2028)

INTERVIEW, PART 1 - Section	Sub-sections
1. Preparation	Confirm understanding; intention to participate; timing; safety
2. Introduction and health	Age; gender; self-rated health; disability and chronic conditions; alcohol; tobacco and e-cigarette use; body image; mental wellbeing; family
3. Learning and information	Learning and information seeking about sex; experiences with Relationships and Sexuality Education (RSE)
4. Contraception and STI prevention	Methods used ever and last 12 months; barriers of condom use

SELF-ADMINISTERED SURVEY - Section

Sub-sections

5. Gender identity and sex at birth	Sex at birth; gender identity; transgender/nonbinary status
6. First sexual experiences	Any sexual experience; sex of first partner; sex involving the genitals; age at first sex; oral/vaginal/anal sex; consent; timing of first sex; contraception use; relationship with partner; motivation for sex
7. Numbers of partners	Numbers of opposite- and same-sex partners

SELF-ADMINISTERED SURVEY - Section

Sub-sections

8. Past and most recent partners	Sexual intercourse with opposite- and same sex partners; type of relationship; condom use at most recent occasion
9. Digital technologies	Ever watched porn; circumstances; perceived amount; motivations; problematic porn use; morality; help-seeking; sexting
10. Sexual harassment and abuse	Sexual harassment: unwanted messages, unwanted physical contact; sexual abuse before and since turning 17

SELF-ADMINISTERED SURVEY - Section

Sub-sections

11. Reproductive health

Ever had / conceived a pregnancy; being ever/currently pregnant; live births; abortion; ectopic pregnancy; miscarriage; number of live births; way of delivery; planned/unplanned pregnancies; awareness of MyOptions; periods and menopause; experience with reproductive services

12. Sexual practices

Most recent oral, vaginal, anal intercourse; reasons for having / not having sex recently; interest in erotic choking; mutual consent; ever paid for sex and condom use with paid partner

SELF-ADMINISTERED SURVEY - Section

Sub-sections

13. Sexually transmitted infections

Awareness of sh24.ie; ever using a sexual health service; reason(s); ever diagnosed with STI; Chlamydia, gonorrhoea, syphilis, Trichomonas, genital herpes, public lice, hepatitis, HIV, other STIs: when; treatment for STIs; HPV, Hepatitis and Mpox vaccination; symptoms; circumcision; HIV testing; cervical screening; cons of testing; STI and HIV knowledge

14. Sexual function

Difficulties in sex; sexual distress; interest; relation and sexual satisfaction; frequency, communication and importance of sex; avoiding sex; Disability/medication limiting sex; Seeking support (or not) for sexuality-related problems; Experiences with relevant services, or barriers using them

15. Sexual wellbeing

Pleasure, comfort, worry; Sexual agency; Sexual experiences, including satisfaction with orgasm; Support seeking

Interview Part 2- Section	Sub-sections
16. Sexual attitudes	Same-sex sexual activity; Partner's sexual activity; Number of sex partners; Importance of sex in relationship; Self-perceived HIV risk; U=U (Undetectable = Untransmittable); Consent
17. Demographic questions	Number of people in the household; Characteristics of other people in the household; Partnership and marriage status; Political orientation; Residence owned or rented; Employment status; Balance of unpaid housework; Education; Qualifications; Household income; Ethnic group; Birth country; Age when moved to Ireland; Parents' birth country; Sexual orientation: present and past; Religion

Feasibility study also includes questions for the interviewer regarding their experience of conducting the survey, as well as an opportunity for participants to provide feedback.

Data-sharing & INISH

- Data-sharing is a key principle of open science.
- Sharing research data has many benefits for researchers, participants, and wider society including ensuring reproducibility of results, avoiding duplication of work, reducing participant burden, and maximising the impact of research.
- The INISH research team (and HSE SHP) are agreeable to sharing data (with reasonable conditions applied, e.g. appropriate data storage arrangements, ethics etc).
- Study team are committed to management and storage of INISH data in compliance with FAIR principles (Findable, Accessible, Interoperable, and Re-usable) to maximise the potential for use of data by other researchers.

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National Sexual Health Strategy 2025–2035

Vision

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Overarching goals to support vision

1. Sexual health promotion and education
2. Sexual health services,
3. Contraception and unplanned pregnancy,
4. Sexual health surveillance, monitoring, evaluation and research

Strategy outlines 12 key priorities

Sexual Health Strategy priorities that could be informed by INISH data

Priority	INISH data that <i>could</i> be of use
Extend the provision of information and educational resources to people of all ages, backgrounds and ethnicities , to promote positive sexual health and wellbeing, prevent adverse outcomes and support access to services when needed	Demographic questions, Learning and information about sex, Sexual attitudes, Sexually transmitted infections, Reproductive health, Sexual well-being, Contraception and STI prevention, Sexual function, Digital technologies, Gender identity and sex at birthIntroduction and health
Widen access to equitable sexual health care , across our new Health Regions, with a clear focus on improving prevention, testing, surveillance, early diagnosis and treatment for STIs and HIV and supporting wider public health priorities	Demographic questions, Sexually transmitted infections, Numbers of partners, Past and most recent partners, Sexual experiences, Contraception and STI prevention, Sexual function, Sexual well-being, Sexual attitudes, Gender identity and sex at birth, Introduction and health
Develop a comprehensive Model of Care for Sexual Health to provide an equitable roadmap for sexual health service delivery and improvement, across the lifetime of the Strategy	Demographic questions, Learning and information about sex, Sexual attitudes, Sexually transmitted infections, Sexual experiences, Past and most recent partners, Contraception and STI prevention, Sexual attitudes, Introduction and health
Develop an Action Plan for HIV , to eliminate new HIV transmissions by 2030 , in line with the Programme for Government, 2025 and our international commitments, also providing a Model of Care and additional supports for people living with HIV	Demographic questions, Sexually transmitted infections, Numbers of partners, Past and most recent partners, Sexual experiences, Contraception and STI prevention, Sexual experiences, Sexual attitudes, Introduction and health
Improve access to vaccines supporting sexual health (Human Papilloma Virus, Hepatitis A and B vaccines)	Demographic questions, Sexually transmitted infections, Learning and information about sex, Sexual well-being, Sexual experiences, Sexual attitudes, Gender identity and sex at birth, Introduction and health
Scope the sexual health needs of people living with chronic conditions, disabilities and neurodiversity	Introduction and health, Learning and information, Contraception and STI prevention, Reproductive health, Sexual well-being, Numbers of partners, Past and most recent partners, Sexual experiences, Sexually transmitted infections, Demographic questions, Gender identity and sex at birth

Sexual Health Strategy priorities that could be informed by INISH data

Priority	INISH data that <i>could</i> be of use
Widen access to free sexual health care through primary care, also improving integrated care pathways to link primary care, sexual health services, free contraception and wider reproductive health care, providing services that are both easier for patients to navigate, and more efficient	Demographic questions, Sexually transmitted infections, Reproductive health, Introduction and health, Learning and information, Contraception and STI prevention, Sexual wellbeing, Sexual experiences, Gender identity and sex at birth
Widen access to free contraception , through the Free Contraception Scheme and National Condom Distribution Service	Introduction and health, Learning and information, Contraception and STI prevention, Reproductive health, Sexual wellbeing, Sexual experiences, Numbers of partners, Past and most recent partners, Sexual attitudes, Gender identity and sex at birth
Work in partnership with the Justice sector, Cuan (the national agency dedicated to tackling domestic, sexual and gender-based violence), and the HSE National Social Inclusion Office, to further develop initiatives that improve sexual consent awareness and behaviours, reduce DSGBV incidence, treat victims and support survivors	Learning and information, Sexual wellbeing, Sexual experiences, Numbers of partners, Past and most recent partners, Digital technologies, Demographic questions, Sexual function, Sexual harassment and abuse, Gender identity and sex at birth

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Potential funding opportunities

Opportunity	Key Information	Recurring call?
New Foundations	<ul style="list-style-type: none"> Supports the building of capacity for interdisciplinary collaboration across approx. 7-8 strands. Usually includes a strand for research conducted in partnership with a registered charity. Between €10,000 and €20,000 over 9-12 months Suitable for all career stages. 	Yes – typically opens May/June
Enterprise Partnership Scheme (Postgraduate and Postdoctoral)	<ul style="list-style-type: none"> Broad definition of enterprise partner – can include public bodies, NGOs etc. Co-funding required from enterprise partner. HSE SHP (as HSE SHCPP) has support enterprise partnership applications in past. Postgraduate option supports research master's, doctoral and candidates (postgraduate) pursuing full time research for up to four years working in partnership with enterprise. Postdoctoral option – for 2025, the former IRC Enterprise Partnership Scheme Postdoctoral Programme (now known as Partnership Stream) has been offered alongside the former SFI Industry RD&I Fellowship (now known as Placement Stream) – future calls likely to be one amalgamated version. Partnership stream traditionally provided for up to two years postdoctoral funding. 	Yes – typically opens Q3, however 2024/2025 schedule disrupted due to amalgamation of Irish Research Council and Science Foundation Ireland. Future schedule TBD.
COALESCE (Collaborative Alliances for Social Change)	<ul style="list-style-type: none"> Seeks to fund excellent research addressing national and European/global challenges Various strands available – values and duration range by strand Some strands sponsored by agencies, e.g. 2025 call included a strand sponsored by CUAN (national DSGBV agency) PI-led award 	Yes – typically opens Q3

Above information is based on information available as of June 2025 and is subject to change.

Potential funding opportunities

Opportunity	Key Information	Recurring call?
Summer Student Scholarships	<ul style="list-style-type: none"> Project must be within one of following areas: patient-oriented and clinical research, health services research or population health research Up to €3,200 for 6-8 weeks (over summer) Lead applicants should be current undergrad student (not in final year) studying full-time or part-time in a health/social care-related discipline at a university/third level institute in Ireland Lead applicant must have support of an appropriate, suitably qualified Academic Supervisor who possesses a PhD degree or demonstrates equivalent research experience 	Yes – typically opens Q4
Secondary Data Analysis Projects (SDAP)	<ul style="list-style-type: none"> Up to €350,000 for 36-42 months PI-led award, supported by study team Study team should ideally be composed of researchers, knowledge users (key partners who can translate findings into policy, and/or practice), and data controller(s) of original database Lead applicant must hold a permanent contract or contract of sufficient duration (or will at award commencement), demonstrate evidence of research outputs, independence, and capability and authority to manage a research team PPI is encouraged (expected) Statistical expertise within research team encouraged Agreement for access to dataset must be demonstrated at time of application 	Expected to continue to open.

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Potential funding opportunities

Opportunity	Key Information	Recurring call?
SPHeRE PhD Programme (Structured Population Health, Policy and Health-Services Research Education)	<ul style="list-style-type: none"> PIs based at DCU, MU, RCSI, TUD, TCD, UCC, UCD, University of Galway and UL are eligible to submit projects in areas of health policy and systems research, health service and technology evaluation, or population health research for consideration for four-year full-time PhD Scholar funding (six HRB SPHeRE funded projects per year) Applications from early and mid-career researchers encouraged Also possible for scholars to apply directly to the Programme under the Scholar-led stream PI and primary supervisor must have a contract of employment covering duration of PhD Primarily a structured training programme as there are only six HRB funded projects available per year, other scholars requesting entry to the Programme should have a source of alternative funding or be self-funded Training includes core modules, peer-learning events, compulsory and advanced workshops, placements. Research commences in summer of Year 1. 	Yes

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Consider the below questions and feedback to the group

- What research question(s) might you investigate with access to INISH data? Which data sections are you interested in?
- Could you align your work with strategic priorities?
- Who would you collaborate with? Do you have inter/trans-disciplinary collaborators? Do you have inter-institutional collaborators?
- Which funding opportunities might you consider?

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