A Coding Structure to Analyze Women's Reactions to a Sexual Health Assessment

Shannon Appelfeller

The Ohio State University

College of Nursing

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Abstract

Sexually transmitted infections (STIs) are a major health concern among young women. Assessing women's risk behaviors is paramount in educating women in order to prevent transmission of STIs. In the past, women have not been willing to disclose their risk behaviors due to fear of stigmatization by health professionals. Understanding how young women feel about sexual health questions today is paramount in developing a rapport in which to educate young women about sexual health. The purpose of this project was to set up a coding structure for one of the questions assessing women's reactions to a sexual health questionnaire. Methods: The parent study examined the psychometric properties of the sexual health assessment, called the *Heterosexual Women's Sexual Risk Assessment*. Sample: A subset of the original sample responded to open-ended questions regarding their reactions to the assessment. Responses from 30 undergraduate women were used to establish a coding structure for one of the open-ended questions. Data analysis: The question used to develop this coding structure was, "What did women find helpful about the questionnaire?" Data from the thirty women were content analyzed using McLaughlin and Marascuilo's three-phase technique for open-ended questions. Preliminary findings: The majority of participants found the questionnaire helpful. The most often cited theme was that there was a new realization of risk. With this, researchers will be able to code the rest of the data to see the magnitude of responses.

Sexually transmitted infections (STIs) are increasingly on the rise and affect women differently than they do men (Centers for Disease Control and Prevention Department of Health and Human Services (CDC), 2013). A woman's level of embarrassment regarding any sexual topic is often a barrier to receiving care (Nusbaum, et al., 2004). Although much research has been done on a healthcare professional's embarrassment level, more information is needed from the female patients' perspective. One of the purposes of the larger study was to examine women's reactions to sexual health questions. The purpose here was to establish a coding structure for one of the open-ended questions of the larger study ascertaining what women found helpful about the questionnaire.

Literature Review

There are almost 20 million new sexually transmitted infections each year and amongst that total, 51% of those are among women (CDC, 2013). The most common STIs include chlamydia, gonorrhea, hepatitis B virus, herpes simplex virus type 2, human immunodeficiency virus, and more (CDC, 2013). If an STI goes untreated, which they often do due to the lack of symptoms, the resulting consequence is much worse for women than it is for men (CDC, 2013). The woman could experience chronic pelvic pain, cervical cancer, life-threatening ectopic pregnancy, passing the STI to the child, and a chance of infertility (CDC, 2013). Communication of these risks to the patients is vital; yet, barriers exist.

Women do not like to disclose information regarding their sexual behaviors, but there are also many barriers that prevent the possibility of sharing of this information (Simoni, 1995). Specifically, the gender of the practitioner is seen as a barrier (Janssen & Lagro-Jannsen, 2012). They often do not take the sexual history due to their own comfort level or due to their

perception of the patient's comfort level (Bartlik, Rosenfeld, & Beaton, 2005). Often times the healthcare professional taking the sexual history feels that they are not qualified or have the proper training to do so (Gott, et al., 2004). This mentality results in rarely taking the sexual history. Other providers feel as if they do not have enough time to adequately discuss sexual health with their patient (Akinci et al., 2010). In order to take an appropriate sexual history, a healthcare professional would have to spend an extra amount of time with that patient talking, listening, and educating (Gott, et al., 2004). Women are concerned with the way they would be seen or stigmatized for having questions regarding sexual intercourse (Roth et al., 2012). They are also fearful of being diagnosed with an STI and fearful of being ostracized if the information got out (Janssen, 2012). Women believe that by not addressing sexual health related questions, they are preventing embarrassing their provider. They are also concerned with the fact that their healthcare provider may completely dismiss their concerns (Weerakoon et al., 2008). Female patients also prefer female healthcare providers, because they feel as if their concerns are better understood and use more patient centered communication as compared to male healthcare providers (Janssen, 2012). All of these barriers prevent a woman from discussing pertinent information regarding her sexual history and need to be addressed.

The purpose here was to develop a coding structure in relation to a question about young women's reactions to a sexual health questionnaire. The following question was used to develop the coding structure:

1. What did women find helpful about this questionnaire?

Methods

Sample

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The original convenience sample for the parent study was 350 women. To establish a coding structure for one of the open-ended questions on the questionnaire ascertaining women's reactions to the questionnaire, a subset of 30 women were used. A brief description of these 30 women is found in the results section.

Procedure

In the parent study, women were recruited through an online newsletter that reaches all undergraduates in the state university system across X campuses. A convenience sample was drawn from these women until the required number were reached for the parent study. Interested women contacted the principal investigator (PI) of the parent study to receive more information. Those wishing to participate were given a link to a secure, online website where they completed the consent and study questionnaires. After completing the second set questionnaires at time 2 (two weeks after time 1 data were collected), women were paid $10 for their time. Data from the time 2 collection are used here for this coding structure. For this analysis, the first 30 women who responded to the open-ended questions were used to establish the coding structure.

Instruments

For this analysis, the question, "What was helpful about the questionnaire?" was analyzed. Thirty women's responses were analyzed.

Data Analysis

The question used to develop this coding structure was, "What did women find helpful about the questionnaire?" Data from the thirty women were content analyzed using McLaughlin and Marascuilo's three-phase technique for open-ended questions. The goal of the

content analysis for the researcher is to identify the structure of the information. In order to develop this coding structure, it is important to first determine keywords and identifying the unit of analysis in the participants' responses. Once these are established, the themes or patterns must be determined to allow for categories to be created to classify each of the participants' responses. In this study, the following categories were used: Nothing/not applicable, new information, realization of risk, new intentions, new behavior, and generic helpful. Next, the researcher creates rules to assign the responses to the categories and then codes each of the responses. To do this, all of the categories had definitions to ease the process of assigning categories. For example, for the category for realization of risk, its definition is, "The questionnaire made the participant think about or assess the risk associated with their current behavior." After establishing categories and definitions, two people coded each response by choosing the most accurate category. Once both people had analyzed the data and assigned codes, they then compared the data and ruled out any discrepancies (McLaughlin & Marascuilo).

Results

There were 30 women who were used to establish the coding structure for the open-ended questionnaire survey. Of those women, 80% identified as Caucasian/white/European American, 10% identified as African American/black, 7% identified as multi-racial or mixed, and 3% identified as Hispanic/Latino (Appendix A). The average age of the participants was 19.97 *(SD= 1.47)* years old. Ninety-seven percent of the participants were heterosexual, while 3% were bisexual (Appendix B). The average age of the participants' first sexual intercourse was 19.43 years old and has an average of 12 vaginal partners (Appendix C). Seventy-seven percent

of the participants stated they do not have any sexually transmitted infections (STIs), while 23%

confirm that they have an STI (Appendix D). Thirteen percent of the participants state that they

have had a pregnancy from an unwanted sexual encounter and 87% stated they have not

(Appendix E).

The question being analyzed is, "What do you find helpful about this questionnaire?"

Forty percent of the participants stated that the questionnaire was helpful, because it allowed

for them to realize the risk associated with their sexual behaviors. Thirty percent of the

participants did not supply a response. Thirteen percent of the participants stated that nothing

was helpful about this questionnaire. Almost 7% of the participants said what was helpful was

that the questionnaire informed them of new information. Another 7% said that this

questionnaire has brought on new behaviors regarding their sexual health. Lastly, 3% of the

participants replied that the questionnaire was a generic helpful (Appendix F). Some of the

participants provided two reasons as to why the questionnaire was helpful. From those

participants, they found that the questionnaire brought about new information regarding their

sexual practices (33%), realization of risk associated with their sexual practice (33%), and new

intentions (33%) (Appendix G).

Discussion

The purpose here was to establish a coding structure for one of the open-ended

questions of the larger study ascertaining what women found helpful about the questionnaire.

Overall, the majority of the women found this questionnaire helpful in some way.   Most of the

participants found that the questionnaire was helpful in allowing for the participant to realize

their risks related to their sexual health. With the high level of helpfulness associated with this

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questionnaire, this questionnaire could be incorporated into today's practice. By utilizing this

tool, healthcare providers allow for women to potentially increase their knowledge on sexual

health, realize their risks, and promote new behaviors. With that comes the possibility of

potentially decrease number of sexual partners, unwanted pregnancies, and the number of

sexually transmitted infections.

Conclusion

Overall, women found this questionnaire helpful in regards to their sexual health.

Healthcare providers may want to include some form of sexual health questionnaire into their

practice in order to learn more about the patient's sexual practices.

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Appendix A

Race	Frequency	Percent	Cum Percent
African American/Black	3	10.00	10.00
Caucasian/White/European American	24	80.00	90.00
Hispanic/Latino	1	3.33	93.33
Multi-racial or mixed	2	6.67	100.00
	30	100.00	

Appendix B

Value Label	Frequency	Percent	Cum Percent
Bisexual	1	3.33	3.33
Heterosexual	29	96.67	100.00
	30	100.00	

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Appendix C

Variable	Number	Mean	Std Dev	Minimum	Maximum
Age	30	19.97	1.47	18.00	23.00
Age first sex	30	19.43	13.66	14.00	91.00
Number of vaginal partners	30	12.13	26.50	1.00	99.00
Age at first oral	30	19.00	14.82	12.00	97.00
Number of oral partners	30	7.87	17.77	.00	99.00
Age at first anal	30	75.83	35.87	13.00	99.00
Number of anal partners	30	68.40	44.59	1.00	99.00

Appendix D

STI	Frequency	Percent	Cum Percent
Yes	7	23.33	23.33
No	23	76.67	100.00
	30	100.00	

Appendix E

Unwanted Pregnancy	Frequency	Percent	Cum Percent
Yes	4	13.33	13.33
No	26	86.67	100.00
	30	100.00	

Appendix F

Value Label	Frequency	Percent
Realization of risk	12	40.00
	9	Missing
Nothing	4	13.33
New information	2	6.67
New behavior	2	6.67
Generic helpful	1	3.33
	30	100.00

Appendix G

Value Label	Frequency	Percent
	27	90.00
New Information	1	3.33
Realization of risk	1	3.33
New intentions	1	3.33