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Seeking Medical Help for Sexual Concerns: Frequency, Barriers, and Missed Opportunities

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- OBJECTIVES: To assess women's interest and experience in discussing sexual concerns with their physicians, and to identify their perception of aids and hindrances to such discussion.
- STUDY DESIGN: Data regarding sexual concerns, desires to discuss these concerns with physicians, and perceived barriers to and facilitators of dialogue were collected through mailed questionnaires. Results were measured by categorical responses and on five-point Likert scales, from "strongly agree" to "strongly disagree."
- POPULATION: A total of 1480 women receiving routine gynecologic care at the clinics of the Departments of Family Practice and Obstetrics and Gynecology at Madigan Army Medical Center, Tacoma, Washington.
- RESULTS: Response rate was 65.2%. Most patients (78.1%) wanted to discuss their sexual concerns with their physician. More then half (57.9%) had discussed some of their sexual concerns with a physician, and 89.3% of these reported the discussion was helpful. Another 24% had been interested in discussing concerns but had not done so. Thirty-five percent of respondents reported missed opportunities when they had attempted to discuss sexual concerns with the physician; but the physician did not seem to understand or to be concerned. Most respondents (79.4%) indicated they would make a return appointment specifically to address sexual concerns. Although many (69.7%) reported feeling too embarrassed to bring up the topic, when asked if they would have discussed their concerns if the physician had initiated the dialogue, they were 10 times more likely to respond affirmatively than those who reported no embarrassment.
- CONCLUSIONS: Most women wish to discuss sexual concerns with their physician, but feel that physicians often do not inquire about sexual concerns or follow up on concerns when raised.

Sexual concerns are reported in 50%-70% of marriages,[1,2] and by 75% of couples who seek marital therapy.[3] Because of their generalist training and their patient-centered approach to care, primary care physicians are well positioned to identify and address patients' sexual concerns and thus promote patients' overall health and well-being. Despite the commonality of such concerns and the potential role of physicians in alleviating these concerns, physicians frequently do not recognize sexual concerns during the clinical encounter. Studies suggest that less than half of the patients' sexual concerns are known to their physicians, and it is believed that physicians are generally unaware of the nature and frequency of these concerns among their patients.[4,5]

We recently reported that virtually all women (98.8%) seeking routine gynecologic care have had one or more sexual concerns, with a mean of 12.5 concerns per woman.[6] If these concerns are not being addressed, contributing factors may be the health care system, physicians, or patients. System factors might include lack of time during the clinical encounter, inadequate privacy, or lack of continuity with the provider. Physician factors could include failure to make a sexual health inquiry, not understanding a patient's request, lack of empathy or interest, or embarrassment. Patient factors may also include embarrassment, preferences for physician attributes such as gender and age, or belief that the

physician is not the appropriate source for sexual health information. If physicians have some awareness of factors and behavior that help or hinder discussions of sexual concerns, perhaps changes can be made to help facilitate discussion.

Previous small studies[7-9] suggest that physician leadership is important in initiating the topic of sexual health with patients. A literature review through MEDLINE and DIALOG (PSYCHLIT, CINAHL, SOCIALSCIENCES, Family Health), revealed no other similar studies.

The purpose of this study is to describe women's perceptions of the factors that help or hinder discussions of sexual concerns with their physicians, to explore women's perceptions of the role of the physician in addressing those concerns, and to suggest remedies to improve sexual health care.

METHODS

The study population consisted of all women who sought routine gynecologic care between August 1992 and December 1992 at the Department of Family and Community Medicine (n = 525), and between December 1992 and January 1993 at the Department of Obstetrics and Gynecology (n = 1059) at Madigan Army Medical Center, Fort Lewis, Washington. We excluded from the study women who were less than 18 years of age, unable to understand English, cognitively unable to complete the questionnaire, or not able to be located through the postal service.

Data were collected through questionnaires mailed to all 1584 eligible women. Ninety-six women could not be located, and 8 women were ineligible because of language barriers or cognitive dysfunction. We located 1480 eligible women, including 495 who sought care from the Department of Family and Community Medicine, and 985 who sought care from the Department of Obstetrics and Gynecology.

The questionnaire included 95 questions querying women's sociodemographic characteristics, aspects of their sexual history, sources of knowledge about sex, their sexual concerns, and their interest and experience in addressing these sexual concerns with physicians. Results were measured by categorical responses, and on a 5-point Likert scale, assessing agreement from "strongly agree" to "strongly disagree." Dichotomous variables were created by collapsing Likert scales.

This report focuses on sociodemographic variables and the responses to questions about how women have used and would like to use physicians to help them with their sexual concerns, how women describe the help they have received from physicians, and how they describe what helps or hinders the discussion. Approval for the study was obtained from The Human Subjects Review Committee, Clinical Investigation Department of Madigan Army Medical Center and The Human Subjects Review Committee of The University of Washington. For analysis, we used descriptive statistics and group comparisons with chi-square and odds ratios.

RESULTS

The response rate was 65.2% (N = 964), with nearly all respondents (98.8%; n = 952) reporting one or more sexual concerns. Demographics are presented in **Table 1** and reflect a diverse study population.

Over half the respondents (50.7%) reported that the topic of sexual health did not come up during their routine gynecological visit; 29.5% of the patients raised the topic themselves, and 16.6% reported that the physician initiated the topic with them. Thus, when the topic was raised, patients were almost twice as likely (64%) than physicians (36%) to initiate the discussion. The majority (88.6%) reported they would have discussed sexual concerns had the physician initiated the topic. Nearly all responders (97.2%) felt that physicians ought to be knowledgeable about sexuality.

More than three-quarters of respondents (78.1%) reported they would like to discuss at least some of their sexual concerns with a physician, and of these, 57.9% had discussed some of their sexual concerns at some point in the past. Moreover, the vast majority (75.0%) of those who reported having discussed sexual concerns with a physician found that the discussion was helpful. Of those who reported having discussed sexual concerns with a physician, 44.6% had discussed less then half of their concerns, 6.4 % about half, 4.2% more then half, and only 2.8% felt they had discussed all of their concerns. Forty-two percent of respondents had never discussed their concerns with a physician. More than a

quarter (26.1%) reported no interest in such a discussion but apparently had a discussion anyway, and 50% found it helpful. The majority (79.4 %) reported interest in a return appointment to focus specifically on sexual concerns.

For the most part, respondents perceived they had enough privacy (89.6%) and were treated professionally (97.7 %) at their medical appointments. **Figure 1** and **Figure 2** present a ranking of factors that women identified as helping or hindering the discussion of sexual concerns with their physician.

Women interested in discussing sexual concerns with their physician-compared with those not interested-were more likely to be younger, less educated, single, and employed. They were also more likely to report having tried to bring up the topic but the physician did not seem to understand or seemed uninterested in their concerns. Furthermore, they were more likely to report that it would easier for them to discuss their sexual concerns if the physician had brought up the topic, and that they would be interested in a return appointment to specifically address sexual concerns. Further comparisons between responses of women interested and not interested in discussing sexual concerns with their physicians are listed in **Table 2**.

Women who had followed through on their desire to discuss their concerns were likely to be younger, employed, more educated, and married compared with those who had not yet acted on their desire to discuss concerns with their physician. Women who had discussed concerns were also more likely to feel they had enough time at their appointment (odds ratio [OR], 1.6; confidence interval [CI] 1.1-2.2; $P < .01$), and privacy during their appointment (OR, 2.2; CI 1.4-3.4; $P < .001$) compared with women who had wanted to speak about their sexual concerns but had not. They were also more likely to report ease in discussing sexual concerns when there is a sense that the physician knows them (OR, 1.9; CI, 1-3.6; $P < .05$).

Many respondents (69.7%) reported feeling too embarrassed about raising the topic themselves. These women were younger, earning under $25,000 a year, and at home with children, compared with women not reporting excessive embarrassment in raising the topic. Women too embarrassed to raise the topic themselves were more likely to discuss less of their sexual concerns with a physician than they would like. Though these women evidenced twice the interest in discussing concerns (OR, 2.1; CI, 1.5-2.9; $P < .001$) and had tried to raise issues nearly twice as often as other women (OR, 1.6; CI, 1.2-2.2; $P < .001$), they were nearly 3 times as likely to report that the physician's failure to recognize their interest had stopped their attempts (OR, 2.9; CI, 2.07-4.07; $P < .001$). When the topic of sexual concerns was addressed, these women raised the issues half as often as the physician (OR, .69; CI, .52-.93; $P < .01$). They were also nearly 5 times more likely than others to feel that physician leadership in raising the topic would have made the discussion easier (OR, 4.76; CI, 3.43-6.61; $P < .001$), and 11 times more likely to report that they would have discussed sexual concerns if the physician had asked (OR, 11.20; CI, 7.85-15.99; $P < .001$).

Although physician gender was reported as effecting their willingness and ease in talking about sexual concerns **Table 3**, patients were likely to report feeling comfortable with both male and female physicians.

DISCUSSION

Many women want to discuss their sexual concerns with their physicians, and many have engaged in such discussions and found them helpful. Most women are interested in talking with their physicians about their sexual concerns regardless of age, education, employment, and income. Given that so many women report an unfulfilled desire to discuss sexual issues, there is a substantial need for sexual health conversations between physicians and their female patients. These data substantiate that physicians are clearly a resource for women seeking sexual health information. Most women who had discussed sexual health concerns with their physician, even when initially not interested in doing so, found it helpful.

Despite the embarrassment many women feel in raising the topic themselves, or discomfort with the physician's gender or age, women overall want physicians to be comfortable with the topic of sexual health and to take the initiative in addressing it. It is not surprising that women want to feel they receive enough time, privacy, and compassion when discussing sexual topics, and it is not surprising that they report a lack of these aspects of the visit become barriers to the discussion.

Nearly a quarter of women reported that because the physician seemed embarrassed about the topic, they felt inhibited in discussing their sexual concerns. Over a third reported they had tried to discuss their sexual concerns, but the physician did not seem to understand. Whether this reflects inadequate physician training in the topic of sexual health, or simply patient discomfort in communicating this sensitive topic is uncertain. Certainly these data suggest a need for better professional education in sexual health topics. Most women indicated an interest in returning for a follow-up visit specifically to address sexual concerns, which provides another opportunity for physicians to address such concerns. Additionally, many women in this study said a facilitator to discussion was a previous encounter with the physician and a sense that the physician knew them. This finding suggests that access to the same physician might reduce a barrier It also suggests that physicians who have not brought up the topic of sexual health at an initial visit, might consider bringing it up at a subsequent visit.

Although physician age and gender are areas that these women identified as potential barriers, the concern about gender was not strong enough to discourage a discussion of sexual concerns. Should physicians find themselves caring for much older or younger women, sensitivity toward these potential issues and professional empathy may well overcome this barrier.

A weakness of our study is that the findings may not be generalizable to other patient populations. Although military beneficiaries are undoubtedly different in some ways from the general population of women, there is no reason to believe that these differences are so great as to make the principle findings inapplicable. Certainly the recent advances in pharmaceutical options to treat some types of sexual difficulties might have lowered barriers for patients to seek help from their physicians, but does not negate the overall findings of this study.

These data suggest that women are interested in and willing to discuss their sexual concerns with physicians, and that those who have discussed sexual concerns with a physician are pleased with the experience. That women perceive and utilize physicians as resources for addressing some of their sexual health care concerns points to the need for physicians to be comfortable and knowledgeable in discussing sexual concerns. Medical schools and residencies should recognize sexuality as an integral part of a healthy life, and primary care physicians should be prepared and willing to address these issues.

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