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"I just think that doctors need to ask more questions": Sexual minority and majority adolescents' experiences talking about sexuality with healthcare providers

Lindsay Fuzzell[a,*], Heather N. Fedesco[b], Stewart C. Alexander[c], J. Dennis Fortenberry[d], Cleveland G. Shields[a]

[a] Department of Human Development and Family Studies, Purdue University, United States
[b] Center for Instructional Excellence, Purdue University, United States
[c] Department of Consumer Science, Purdue University, United States
[d] Department of Pediatrics, Indiana University School of Medicine, United States

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ABSTRACT

Objective: To examine adolescent and young adults' experiences of sexuality communication with physicians, and gain advice for improving interactions.
Methods: Semi-structured interviews were conducted with questions focusing on: puberty, romantic attractions, sexual orientation, dating, sexual behavior, clinical environment, and role of parents. Interviews were transcribed and analyzed using thematic analysis with both open and axial coding.
Results: Five themes emerged from interviews: 1) need for increased quantity of sexual communication, 2) issues of confidentiality/privacy, 3) comfort (physician discomfort, physical space), 4) inclusivity (language use, gender-fluid patients, office environment), 5) need for increased quality of sexual communication.
Conclusions: Sexual minority and majority adolescents and young adults indicate sexuality discussions with physicians are infrequent and need improvement. They indicate language use and clinical physical environment are important places where physicians can show inclusiveness and increase comfort.
Practice implications: Physicians should make an effort to include sexual communication at every visit. They should consider using indirect questions to assess sexual topics, provide other outlets for sexual health information, and ask parents to leave the exam room to improve confidentiality. Clinic staff should participate in Safe Zone trainings, and practices can promote inclusion with signs that indicate safe and accepting environments.

1. Introduction

Adolescence is a time of significant physical development and growth in personal and sexual identity. *Given the* diversity of sexual *interests,* behaviors, and identities, *there is a need for* flexibility from healthcare providers. Physicians can play a vital role in educating adolescents about issues like puberty, romantic interests and attractions, orientation, dating, and safe sex [1]. Unfortunately, conversations between physicians and adolescents regarding sexuality occur briefly, if ever [2–5]. *When the subject is brought up* physicians spend only about 36 seconds discussing sexuality topics with adolescents *(in 65% of recorded consultations)* [6], even though adolescents indicate they are interested in having these conversations [7].

Sexual minority (lesbian, gay, bisexual, transgender, questioning) adolescents, in particular, may benefit from talking about sexuality topics with physicians because they may be likely to suffer emotional and physical health concerns at higher rates than non-minority adolescents [8–10]. Unfortunately, sexual minority adolescents may not receive the help they need from family and friends because they may not be ready to disclose their sexual orientation or lack social support from close others [11,12]. *Because sexual minority adolescents in politically conservative contexts may have even less social support* [13,14]*,research is needed to determine how they communicate about sexuality with healthcare providers.*

* Corresponding author at: 1202 W. State St. West Lafayette, IN 47907, United States.
E-mail addresses: LindzFuzz@me.com, LFuzzell@purdue.edu (L. Fuzzell).

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Table 1
Participant demographics.

Respondent characteristics	*N* = 40
Age[a]	19.08 (12-31)
Gender identity	
Female	15
Male	21
Female-to-male transgender	3
Other	1
Sexual orientation	
Sexual minority	
Gay	16
Lesbian	2
Bisexual	8
Pansexual	3
Other	2
Sexual majority	9
Race/ethnicity	
White	29
Black	5
Hispanic	2
Did not report	4

[a] Values are mean (range), in years.

For these reasons, sexual minority adolescents may benefit from disclosing and discussing their own developing sexuality with a trusted advisor such as their physician. Yet, less than a third of physicians report that they ordinarily talk with adolescents about sexual orientation [15]. Many physicians state they are unsure of how to discuss orientation with adolescents and are unaware of available resources for sexual minorities [16]. Instead, physicians often use language that assumes adolescents are among the sexual majority (heterosexual), which may signal to minority adolescents that the healthcare visit is not a safe place to disclose orientation or specific sexual behaviors; *this may be especially true in more conservative contexts* [17].

Improvement in adolescent sexuality communication is needed in primary care practices, with sexual minority and majority patients. Thus, we sought to learn more about patients' current and past experiences with healthcare providers regarding sexuality communication by conducting qualitative interviews with adolescents and young adults *residing in a Midwestern conservative state. Little research has focused on clinical sexuality communication in conservative contexts. Given Indiana's politically conservative legislature and governor, we sought to interview a variety of young people from both urban and rural areas surrounding Purdue University.* We approach adolescent sexuality as *a fluid and* developmentally normative *process* that is physiologically and psychologically expected to occur during adolescence [18,19]. It is through this lens that we approach our qualitative analysis.

The purpose of this paper was to address the following research question: RQ1a) How do sexual minority and majority adolescents and young adults communicate with their physicians about sexuality in a politically conservative, Midwestern context?; RQ1b) What advice would they give to improve these interactions? Young adults may be able to best answer RQ1b given they have had more time to reflect on preferred interactions.

Understanding the sexuality communication barriers that all adolescents – both sexual minorities and majorities – perceive during health visits is important for understanding how we can improve the conversation skills of physicians, the comfort of adolescents with their providers, and ultimately the health of all adolescents.

2. Materials and methods

2.1. Participants

We interviewed sexual minority and majority adolescents and young adults. *Adolescents spoke of current care and young adults reflected on past communication with providers during adolescence.* Participants were recruited through Purdue's research participation announcements, on-campus *and urban LGBTQ centers, and a local, rural primary care practice. See* Table 1 *for participant demographics.*

2.2. Measures

Interviews were conducted between 2014 and 2015, averaged 27 minutes, and were based on a semi-structured interview guide developed by the research team, which was informed by existing literature. Interviewers asked participants how they communicated with physicians during adolescence about the following: puberty, romantic interests/attractions, sexual orientation, dating, sexual behavior, clinical environments, and the role of parents during visits. *Interviews were conducted at LGBTQ centers, primary care offices, and university offices by two researchers (LF and HF).*

2.3. Analysis

Interviews were transcribed for analysis. *We conducted a thematic analysis using open and axial coding* [20–26], which involved a series of recursive analyses of the transcripts from the interviews [27–31]. For open coding, LF and HF read all transcripts and identified common and recurring themes [30]. For axial coding, we developed further conceptual domains by describing comparisons between themes, within, and between transcripts [27,31]. We reviewed preliminary findings of theme exemplars as a check on coding validity throughout the process. Once agreement was reached on all coding definitions, the two researchers coded each transcript separately and then met to regroup conceptual categories based on the recoding. Finally, we used the constant comparative method to identify recurring patterns [27,31].

3. Results

Five themes emerged from our interviews about youth experiences with healthcare providers when discussing sexuality: 1) need for increased quantity of sexual communication; 2) confidentiality/privacy; 3) comfort; 4) inclusivity; 5) need for increased quality of sexual communication.

3.1. Theme 1: Need for increased quantity of sexual communication

Many participants reported that physicians had *never* asked them about puberty, romantic or sexual interests and attractions, or orientation. One participant said:

"I just think that doctors need to ask more questions . . . like when my doctor didn't ask me [about sexuality], it just kind of feels like maybe it's not important." (24-year-old female, other sexual orientation)

Participants that were asked about puberty were typically asked if they had experienced a checklist of items (e.g. voice changes, first menstruation), but physicians did not explore physical or psychological reactions to these developmental events. One participant indicated that exploring feelings about romantic attractions made sense when discussing puberty:

"I feel like the doctor should bring that up because you are going through puberty and . . . as you are going through the stages of life, the doctor should bring it up and ask, "Have you noticed any difference