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Review article

Physicians Talking About Sex, Sexuality, and Protection With Adolescents

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A B S T R A C T

Adolescent-physician communication about sexual behaviors, sexuality, and protective behaviors is vital for the support of sexual minorities and the prevention of sexually transmitted infections and unintended pregnancies. The objective of this review is to identify sexual topics that physicians and adolescents discuss during medical encounters and examine the quantity and quality of that communication. We performed a systematic literature review of major databases through May 2016. We identified 33 papers that focused on adolescent-physician communication about three major sexual health topics: coital or noncoital sexual behaviors, sexual orientation or attractions, and sexually protective or preventative behaviors. Communication between adolescents and physicians about these sexual topics is infrequent and coincides with calls for improvement in clinical sex communication. Communication about sexual attractions, sexual orientation, and noncoital sexual behaviors were the rarest in practice, whereas mentions of contraception were more frequent. The review also highlights substantial limitations with this body of research, and more advanced research designs are warranted. Associations between clinical sexual communication and sexual health outcomes (e.g., contraceptive use and sexually transmitted infection occurrence) would improve knowledge of the effectiveness of communication in practice.

IMPLICATIONS AND CONTRIBUTION

This review establishes the infrequency and inconsistency with which physicians talk to adolescents about sex and highlights the need for improvements in future research designs. The study addresses a unique range of sexual topics and provides alternative approaches for physicians who regularly counsel adolescents about sexual health.

Physicians have an opportunity to help adolescents learn about sexuality and sexual health, and the American Academy of Pediatrics recommends confidential sexuality discussions and education during annual health maintenance visits [1]. Reviews of physician-adolescent communication about sexual topics focus on randomized controlled trials for prevention of sexually transmitted infections (STIs) [2] or review provider communication about human papillomavirus vaccination [3]. To our knowledge, reviews have not addressed physician-adolescent communication about diverse sexual topics (e.g., sexual identity and sexual function) or sexual behaviors that include both coital and noncoital behaviors. Although recent commentaries suggest that physician-adolescent communication about sex needs improvement [4,5], lack of systematic understanding of the content and quality of physician-adolescent sex communication impedes effective training and quality improvement efforts. The importance of such a review is based on increasing emphasis on early identification and health care support of gender and sexual minorities and adds to long-standing clinical roles in prevention of unintended pregnancy

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and STIs. Therefore, the goal of this article was to review the existing physician-adolescent sex communication literature and identify the sexual topics physicians may be discussing with adolescents to determine areas of success and room for improvement.

Method

We performed a systematic literature review using the following search terms: "adolescent" AND "physician-patient communication" OR "doctor-patient" OR "physician-patient relations" AND each of the following search terms "sex," "sexuality," "sexual behavior," "noncoital," "extragenital," "intercourse," "coital," "contraception," "sexual history," "sexual attractions," "sexual orientation," and "LGB" (lesbian, gay, bisexual) and located 4,780 potentially relevant papers. We included digital and non-digital sources and examined all English-language titles and abstracts published through May 2016. We screened these titles and/or abstracts and excluded articles based on the following criteria: a focus on nonsexual adolescent risk behaviors such as drug use, drinking, and smoking, studies that did not relate to adolescents or verbal communication (e.g., event history calendars or written sexual history forms) during health care encounters, studies of communication about sexual abuse, assault, or offenses, or communication about adolescent sexuality and fertility during cancer treatment. Studies pertaining only to adolescent communication about sex with nonphysicians were excluded as well. Studies related to human papillomavirus vaccination communication were excluded because of a recent comprehensive review of the topic [3]. Randomized controlled trials to improve physician communication about sexual health were excluded, also, because of a recent comprehensive review [6]. We read 176 potentially relevant full-text articles. We continued to exclude articles based on the previously mentioned criteria that were not apparent in titles and abstracts, with the majority excluded due to a focus on adolescent communication about sex with non-physicians. A total of 33 papers were ultimately included that focused on verbal physician-adolescent communication about sexuality, sexual behaviors, or sexually protective or preventative behaviors (see Figure 1).

Results

We extracted the following information from 33 published articles: author names and publication year, sample size, sample population, sexual topics addressed, analytic methods, communication quality assessment, and relevant findings (see Table 1). We evaluated which studies assessed the quality of physician-adolescent sex communication, but there was no systematic method by which authors assessed quality across studies. Therefore, we have defined the assessment of sex communication quality as aspects of the communicative encounter that could potentially increase or decrease the disclosure or discussion of sexual information or that could potentially improve or worsen the visit overall, or outcomes that were of interest to the respective authors. These included, but were not limited to, aspects of the visit such as comfort discussing sexual topics, confidentiality assurance, engagement in the visit, and so forth (see Table 1 for full range of quality assessment tactics.).

Most studies (n = 22) included self-reported data from adolescents, eight included self-reported data from physicians or other health care providers, and three included audio-recorded physician-adolescent interactions. Samples included single-practice sites as well as nationally representative samples, ranging in size from 27 to 6,728. Four studies included qualitative analysis, including one that used both qualitative and

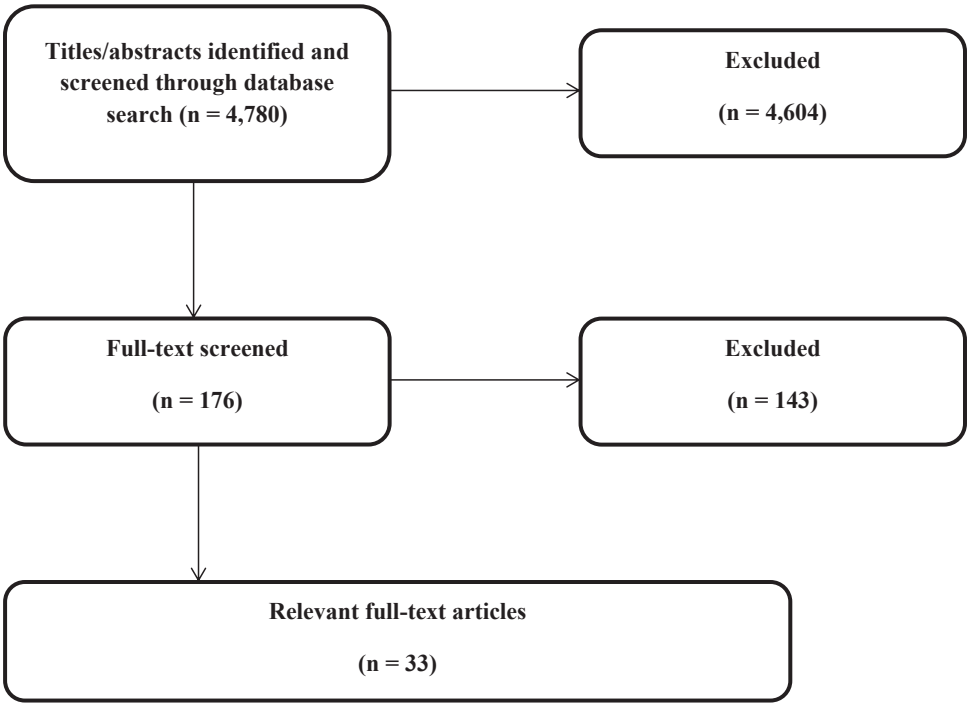

Figure 1. Flow diagram of articles identified and screened for review.