ONLINE ISSN :3007-309X
PRINT ISSN :3007-3081

Journal of Medical & Health Sciences Review

ASSESSMENT OF KNOWLEDGE AND BARRIERS IN SEXUAL AND REPRODUCTIVE HISTORY TAKING BY RESIDENTS IN A TERTIARY CARE HOSPITAL

Dr. Aneeza Sikander[1], Dr. Muhammad Umar[2], Dr. Anusha Akram[3], Dr Kiran Zafar[4], Dr Uzma Zia[5], Dr Ammara Riaz[6]

[1]MBBS, FCPS ressident, Central Park Teaching Hospital, Lahore, Email: ane104892@gmail.com
[2]MBBS, FCPS Vascular Surgery, SR, Lahore General Hospital, Lahore
Email: Dr.m.umar6792@gmail.com
[3]MBBS, Demonstrator, Central Park Medical College, Lahore,
Email: Akramanusha@gmail.com
[4]MBBS, FCPS, Assistant Professor Obstetrics and Gynecology, Central Park Medical College and Hospital, Lahore, Email: drkiran.1zafar@gmail.com
[5]MBBS, FCPS, Associate Professor, Avicenna Medical College, Lahore
Email: uzma-7860@hotmail.com
[6]MBBS, FCPS Community medicine. Assistant Professor
Allama Iqbal Medical College Lahore, Email: docammara2@gmail.com

ARTICLE INFO

Keywords: Sexual History, Reproductive Health, Knowledge, Barriers.

Corresponding Author: Dr. Aneeza Sikander, MBBS, PGR, Central Park Teaching Hospital, Lahore,
Email: ane104892@gmail.com

ABSTRACT

Background: Sexual history taking plays a pivotal role in medical history taking and examination and ensures complete medical evaluation. Doctors need to be comfortable in asking questions related to a patient's sexual health in order to explore and identify the sexual problems faced by their patients so they can counsel and manage their patients accordingly.

Objective: For the assessment of knowledge and barriers in obtaining sexual and reproductive history by resident's doctors in tertiary care hospitals.

Study Design: A cross-sectional study.

Study Setting: Study was conducted at Central Park Teaching Hospital Lahore.

Study Duration: From May 2024 to September 2024.

Materials and Methods: In this study, all the resident doctors including house officers, postgraduate residents, and clinical faculty will be included in the study by employing non-random convenient sampling technique. For the assessment of knowledge and barriers regarding sexual and reproductive health; a 20 questions-based questionnaire was designed based on likert scale from disagree, neutral to agree was employed.

Results: Approximately 80.3% and 60.6% of physicians indicated that cultural and religious disparities are obstacles in addressing sexual health issues with patients. The designation was statistically significant, indicating that cultural differences were perceived as a barrier to discussing sexual health issues with patients.

Conclusion: The importance of training and the practice of the sexual history-taking technique cannot be underscored, but there are still important barriers at play a key message arising from this research is that it is imperative that educators include structured, practical training on sexual history taking in medical training.

INTRODUCTION:

Sexual history taking plays a pivotal role in medical history taking and examination and ensures complete medical evaluation. [1] Sexual history taking is being taught to undergraduate medical students as part of their curriculum. Good Interpersonal Communication skills and confidence increases the likelihood for practicing physicians to take a relatively better sexual history that covers all areas of a patients sexual and reproductive health concerns. [2,3]

Doctors need to be comfortable in asking questions related to a patient's sexual health in order to explore and identify the sexual problems faced by their patients so they can counsel and manage their patients accordingly. In their clinical practice, doctors can encounter patients with various sexual health problems which include sexually transmitted diseases, sexual dysfunction, patients with varying libido, pregnancy related sexual problems, sexual abuse, risky sexual behaviors. [4] Sexual health is an important component of both physical and mental health and it

affects both of them invariably. Sexual history taking needs to be taught well at medical schools so that future medical practitioners have good factual knowledge and are better able to inculcate that in their clinical practices. [5] Medical Students with a better understanding of sexual health issues are more flexible and confident in dealing with their patient's sexual health concerns in the future. [6,7] A large proportion of medical students believe that addressing sexual concerns of patients is necessary for their career progression. Inadequate knowledge and lacking practice in taking sexual history shatters the confidence of these future medical practitioners and negatively impacts the future career choices of such medical students. [8,9] However, it is very unfortunate that a topic of such prime importance and major role in overall well-being of general population has not been taught well to medical students or training doctors This sense of being inadequately trained to take sexual history leads to low self-esteem and so they feel not confident enough to take sexual history.[10] In medical schools, the curriculum is designed to focus primarily on the anatomy and physiology of the reproductive systems and sexually transmitted infections, totally ignoring the aspects of teaching sexual history taking skills to undergraduate students. [11] Additionally, medical practitioners sometimes avoid taking sexual history from patients in time constrained environments. [12] Doctors, nurses and paramedic staff sometimes abstain from taking sexual history because they feel a sense of discomfort in asking questions related to sexual history and they lack appropriate words to take detailed sexual history in a professional manner. They feel more uncomfortable in taking sexual history from young adolescents and patients of older age groups beyond 65 years of age. [13] Encouraging medical students to take part in practicing sexual history taking skills will generate future clinicians who can devise ways to create a comfortable and safe environment while addressing a patient's sexual concerns. Therefore, this study is warranted for the assessment of knowledge and barriers in obtaining sexual and reproductive history by resident doctors in tertiary care hospitals. [14]

METHODOLOGY:

This cross-sectional study was carried out in the department of obstetrics and gynecology at Central Park Teaching Hospital in Lahore from May 2024 to September 2024. The purpose of the study was to evaluate the knowledge and difficulties that postgraduate residents face when attempting to gather reproductive and sexual history from patients.

After the ethical approval (CPMC/IRB-No/1470) was acquired from the institution's institutional review board, and prior written informed consent was obtained from all of the study participants, this study was carried out in accordance with the standards of the Hilsinki declaration.

In this study, the non-random convenient sampling technique will be utilized to ensure that all of the resident physicians, including house officers, postgraduate residents, and clinical faculty, are included in the study. Paramedical staff, students in their final year of medical school, and medical students were not allowed to participate in the study. Additionally, clinical faculty members ranging from senior registrars to professors were forbidden from participating. A questionnaire consisting of twenty items was developed using a Likert scale that ranged from disagree to neutral to agree. This questionnaire was used for the purpose of evaluating the level of knowledge and the obstacles that are associated with sexual and reproductive health. The evaluation of the reliability of the questionnaire was carried out using the alpha Cronbach coefficient, which was found to be 78 percent. The questionnaire was utilized on a total of 142 resident physicians for the purpose of evaluating the research parameter. In addition to this, gender and career experience were also taken into consideration. Data that had been anonymized and double-blinded have been entered into Microsoft Excel version 2019, and it has been thoroughly reviewed for mistakes and omissions. Following the completion of cross-verification, data that had been dually validated was imported into SPSS version 26. The qualitative data was

evaluated, and the results were provided in the form of percentages and frequencies. A Chi square test was performed on the variables under investigation. Considered to be statistically significant was a p value that was lower than 0.05.

RESULTS:

The information was gathered from 142 medical professionals. With the help of Cronbach's alpha, the reliability of the questionnaire was evaluated, and the results showed that it was 77.8 percent. There were a total of 95 female doctors, which accounts for 66.9% of the total, while 47 male doctors made up the remaining 33.1%. One hundred and fifty (45.8%) of the individuals were medical officers, forty-five (31.7%) were post-graduate trainees, twenty-seven (19.0%) were consultant doctors, and five (3.5%) were house officers.

Sixty-nine percent of the participants expressed an interest in gaining knowledge regarding sexual health. Ninety-seven percent of those who took part in the study said that it is essential for medical professionals to have knowledge on how to assess sexual history. About half of the people who took part in the study were of the opinion that nurses are able to take better histories. It was estimated that approximately sixty percent of the physicians felt at ease while addressing sexual health issues with their patients. When it comes to discussing sexual health issues with patients, about 80.3% and 60.6% of the doctors said that cultural differences and religious differences are obstacles that they face (Table I).

There was a statistically small association between gender and adequate skills in taking sexual history, however there was a substantial association between designation and these skills. Table II demonstrates that there was a statistically significant correlation between the concept of designation and the perception that cultural differences were a barrier to addressing sexual health issues with patients.

TABLE I: FREQUENCY (%) OF THE VARIOUS FACTORS OF KNOWLEDGE AND ATTITUDE TOWARDS SEXUAL HEALTH

Factors	Disagree	Neutral	Agree
1. Interest in sexual health	04 (2.8%)	40 (28.2%)	98 (69.0%)
2. Doctors should know history-taking	01 (0.7%)	03 (2.1%)	138 (97.2%)
3. Nurses better at history-taking	71 (50.0%)	54 (38.0%)	17 (12.0%)
4. Nonjudgmental approach important	07 (4.9%)	08 (5.6%)	127 (89.4%)
5. Comfortable discussing sex health	15 (10.6%)	42 (29.6%)	85 (59.9%)
6. Comfortable with opposite gender	41 (28.9%)	54 (38.0%)	47 (33.1%)
7. Comfortable with unmarried patients	30 (21.1%)	43 (30.3%)	69 (48.6%)
8. Ask about orientation	43 (30.3%)	50 (35.2%)	49 (34.5%)
9. Ask about practices	40 (28.2%)	50 (35.2%)	52 (36.6%)
10. Handle uneasy patients	42 (29.6%)	60 (42.3%)	40 (28.2%)
11. Culture is a barrier	14 (9.9%)	14 (9.9%)	114 (80.3%)
12. Religion is a barrier	26 (18.3%)	30 (21.1%)	86 (60.6%)
13. Aware of own limits	09 (6.3%)	32 (22.5%)	101 (71.1%)
14. Confidentiality is key	04 (2.8%)	05 (3.5%)	133 (93.7%)
15. History-taking is easy	52 (36.6%)	58 (40.8%)	32 (22.5%)

16. Have required skills	24 (16.9%)	70 (49.3%)	48 (33.8%)
17. Can ease patient anxiety	17 (12.0%)	52 (36.6%)	73 (51.4%)
18. Med school prepared me	69 (48.6%)	36 (25.4%)	37 (26.1%)
19. Enough real patient exposure	66 (46.5%)	43 (30.3%)	33 (23.2%)
20. Patients want to discuss	31 (21.8%)	30 (21.1%)	81 (57.0%)

TABLE
II: CHI-SQUARE (P-VALUE) OF ATTITUDE AND KNOWLEDGE WITH GENDER AND DESIGNATION

Factors	GenderMean (p-value)	DesignationMean (p-value)
1. Interest in sexual health	2.46 (0.29)	5.53 (0.48)
2. Doctors should know history-taking	0.50 (0.78)	1.73 (0.94)
3. Nurses better at history-taking	5.92 (0.05)*	7.93 (0.24)
4. Importance of being nonjudgmental	5.53 (0.06)	3.82 (0.70)
5. Comfortable discussing sex health	0.20 (0.91)	12.03 (0.06)
6. Comfortable with opposite gender	8.04 (0.02)*	5.13 (0.53)
7.Comfortable with unmarried patients	0.78 (0.68)	2.41 (0.88)
8. Ask about orientation	4.43 (0.11)	2.29 (0.89)
9. Ask about practices	2.05 (0.36)	6.05 (0.42)
10. Handle uneasy patients	4.24 (0.12)	7.13 (0.31)
11. Culture is a barrier	1.19 (0.55)	13.95 (0.03)*
12. Religion is a barrier	0.08 (0.96)	7.19 (0.30)
13. Aware of own limits	0.90 (0.64)	5.95 (0.43)
14. Confidentiality is key	0.54 (0.76)	6.80 (0.34)
15. History-taking is easy	0.71 (0.70)	5.87 (0.44)
16. Have required skills	0.00 (0.99)	16.49 (0.01)*
17. Can ease patient anxiety	0.47 (0.79)	6.14 (0.41)
18. Med school prepared me	1.43 (0.49)	7.05 (0.32)
19. Enough real patient exposure	1.57 (0.46)	5.72 (0.46)
20. Patients want to discuss	3.54 (0.17)	4.50 (0.61)

DISCUSSION:

The study aimed to observe the confidence and attitude of medical professionals (medical students and residents) in taking sexual history of the patients. A past study reported that when a group of medical students were asked to take sexual history for the first time, they showed their inability and worried about their awkward situation and omit some of the crucial questions entirely.[1]

The current study observed that a notably high proportion of the participants demonstrated a strong interest in receiving education and learning more about various aspects of sexual health. A study conducted in Nigeria also reported that approximately 90% of the medical students expressed a strong interest in gaining more knowledge and education related to sexual health topics. [15]

Another study conducted in Malaysia observed that 76% of the medical students expressed a clear and significant interest in learning more about sexual health, highlighting the growing awareness and need for education in this area. [3,16] In these studies, when compared to our findings, a relatively high proportion of medical students demonstrated a positive attitude toward learning about sexual health, indicating a consistent trend across different populations.[4,17] Most of the medical students and residents in the underlying study emphasized the importance of doctors being adequately trained to take a sexual history, recognizing it as a crucial component of patient care. This finding aligns closely with results from previous studies in the literature, where approximately 97% and 96% of medical students, respectively, agreed that doctors should be taught how to effectively obtain a sexual history as part of their clinical training and communication skills development. [18] Another important factor identified was the comfort level of medical students in taking the sexual history of patients. In our study, approximately 60% of the medical students and residents reported feeling comfortable with this aspect of clinical practice. This finding is consistent with another study, where about 57% of medical students indicated that they felt comfortable discussing sexual health issues with adult patients, suggesting a moderate but significant level of ease among future healthcare providers in addressing such sensitive topics. [19] Our study observed that nearly 33% of the participants agreed that they felt comfortable discussing sexual health problems with individuals of the opposite gender. In contrast, another study reported that about 51% of medical students were comfortable engaging in such discussions with patients of the opposite gender. These findings were significantly higher compared to our study, indicating that while some progress has been made, there is still a considerable gap in comfort levels that needs to be addressed through targeted training and communication skill development. [20] Quite similar to our findings, another study in the past literature conducted in Singapore among Singaporean Trainees in Obstetrics/ Gynecology and Family Medicine reported that 80% of the study participants were not confident in managing sexual problems with either sex. Sexual health was an important aspect of overall health, and by giving due importance it has been suggested that it should be assimilated with all features of patient care. [21] Nevertheless, this investigation has some limitations which might be important to consider for understanding the results. An important limitation is the fact that convenience sampling approach used in this research may limit the generalization of the findings to other populations. Furthermore, excluding final year medical students, members of paramedical staff and senior faculty members might have underestimated the range of visions and observations. In addition, the use of self- rating incurs social desirability bias, whereby is participants exaggerated their ease or familiarity. More studies must be conducted to establish ways of minimizing negative effects that hinder development of competent sexual history taking among the healthcare providers.

CONCLUSION:

This study therefore stresses on the role of sexual history taking as an essential component of the primary clinical care, especially as regard to patients' sexual and reproductive health. The discovery is made that although most subjects appreciated the importance of training and the practice of the sexual history-taking technique, there are still important barriers at play a key message arising from this research is that it is imperative that educators include structured, practical training on sexual history taking in medical training.

REFERENCE:

1. Arthur S, Jamieson A, Cross H, Nambiar K, Llewellyn CD. Medical students' awareness of health issues, attitudes, and confidence about caring for lesbian, gay, bisexual, and transgender patients: a cross-sectional survey. BMC Med Educ. 2021 Dec;21:1-8.
2. Adeko OO, Ariba AJ, Ladele AE. Attitudes and perceptions of final year medical students on sexual history taking from patients in Ogun state, Southwestern Nigeria. Ghana Med J. 2021 Jun 1;55(2):135-40.
3. Beebe S, Payne N, Posid T, Diab D, Horning P, Scimeca A, Jenkins LC. The lack of sexual health education in medical training leaves students and residents feeling unprepared. J Sex Med. 2021 Dec;18(12):1998-2004..
4. Manninen SM, Polo-Kantola P, Riskumäki M, Vahlberg T, Kero K. The knowledge of and educational interest in sexual medicine among Finnish medical and midwifery students: a web-based study. Eur J Midwifery. 2024 May 15;8:10-8332.
5. Huang Z, Choong DS, Ganesan AP, Logan S. A survey on the experience of Singaporean trainees in obstetrics/gynecology and family medicine of sexual problems and views on training in sexual medicine. Sex Med. 2020 Mar;8(1):107-13.
6. World Health Organization. Brief sexuality-related communication: recommendations for a public health approach [Internet]. [cited 2022 Jun 14]. Available from: http://www.who.int/reproductivehealth/publications/sexual_health/sexualityrelated-communication/en
7. Shachar B, Rubin S, Kazevman G, Leung FH. A qualitative evaluation of medical students' perspectives regarding collaboration with physician assistants. J Physician Assist Educ. 2022;33(4):279–83.
8. Di Dionisio CM, Bitzer J, Greil-Soyka M. A model curriculum in sexual medicine for undergraduate education in Europe. Open Res Eur. 2024 Jul 29;3:153.
9. Hagey JM, Toole J, Branford K, Reynolds T, Livingston E, Dotters-Katz SK. Understanding sexual complaints and history taking: a standardized patient case on dyspareunia for obstetrics and gynecology clerkship students. MedEdPORTAL. 2020 Oct 29;16:11001.
10. Mahabamunuge J, Morel K, Budrow J, Tounkel I, Hart C, Briskin C, Kasoff M, Spiegel S, Risucci D, Koestler J. Increasing medical student confidence in gender and sexual health through a student-initiated lecture series. J Adv Med Educ Prof. 2021 Oct;9(4):189.
11. Tang K, Qu X, Li C, Tan S. Childhood sexual abuse, risky sexual behaviors and adverse reproductive health outcomes among Chinese college students. Child Abuse Negl. 2018 Oct;84:123-30.
12. Friedlander R, Mou S, Shearer L. Diversity in reproductive health and human sexuality: assessing attitudes, comfort and knowledge in learners before and after pilot curriculum. Fam Med. 2021 May;53(5):362-5.
13. Parish SJ, Clayton AH. Sexual medicine education: review and commentary. J Sex Med. 2007 Mar;4(2):259-67; quiz 268.

14. Codispoti N, Negris O, Myers MC, Petersen A, Nico E, Romanello JP, et al. Female sexual medicine: an assessment of medical school curricula in a major United States city. Sex Med. 2023 Sep 14;11(4):qfad051.
15. Thomson J, Ross MW, van Deventer H, Poelsma M, Pienaar ME, du Toit M, et al. Assessing comfort with sexuality-related questions in medical students: "A little discomfort is better than a lifetime of suffering in silence." Sex Med. 2023;11(3):qfad035.
16. Abdulghani HM, Haque S, Irshad M, Al-Zahrani N, Al-Bedaie E, Al-Fahad L, et al. Students' perception and experience of intimate area examination and sexual history taking during undergraduate clinical skills training: a study from two Saudi medical colleges. Medicine (Baltimore). 2016 Jul;95(30):e4400.
17. Stumbar SE, Garba NA, Holder C. Let's talk about sex: the social determinants of sexual and reproductive health for second-year medical students. MedEdPORTAL. 2018 Nov 9;14:10772.
18. Saeed A, Mohammed Z. Cultural and religious barriers in the Middle East leading to delayed management of acute HIV case resulting in irreversible blindness: a case report. Ann Med Surg (Lond). 2023 May 10;85(6):3070-4.
19. Ahmad R, Khalil A. Urological history taking. Ann R Coll Surg Engl. 2009 Mar;91(2):178.
20. Fidler DC, Petri JD, Chapman M. Teaching sexual history-taking skills using the sexual events classification system. Acad Psychiatry. 2010;34(5):353–6.
21. Schliep KC, Mumford SL, Johnstone EB, Peterson CM, Sharp HT, Stanford JB, et al. Sexual and physical abuse and gynecologic disorders. Hum Reprod. 2016 Aug;31(8):1904-12.