Young women describe the ideal first pelvic examination

Qualitative research using semistructured interviews

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Abstract

Objective To explore representations of the first pelvic examination (PE) among adolescents who had not yet had this examination and to identify their criteria for a positive experience of it.

Design Qualitative study using semistructured interviews.

Setting Midi-Pyrénées and Auvergne in France.

Participants Adolescents aged 15 to 19 years who had never had a PE.

Methods Participants were recruited through snowball sampling and targeted sampling until data saturation was reached. Maximum variation was sought in the profiles of the study participants. Open-ended questions dealt with the interviewee's sources of information, knowledge of the PE, criteria for a positive PE experience, and representations of the PE itself. Verbatim transcripts were immediately subjected to longitudinal analysis with the context (researchers' notes) and key themes of the interview. Cross-sectional analysis was then performed.

Main findings Many adolescents lack knowledge about the PE and believe that it is mandatory. According to study participants, the ideal PE would take place when they felt ready. They would be given adequate information in advance and the option of being accompanied by a friend or family member. They described the ideal examining room as warm, comfortable, and reassuring. The quality of their relationship with the examining physician would also affect their acceptance of this examination.

Conclusion An information session before the consultation for the PE would make it possible to reduce the patient's apprehension, improve her level of knowledge, and set the right tone for the upcoming PE, both for her and for the physician.

EDITOR'S KEY POINTS

- There has been little research on young women's expectations of their first pelvic examination (PE).
- This study explored representations of the PE among adolescents who had not yet undergone this examination. The young women lacked knowledge of the PE, specifically, the various stages of the PE, the indications for performing a PE, the value of the PE, and the appropriate time to perform the PE. Their lack of knowledge led to a belief that the PE was mandatory. Some of the subjects saw the PE as a rite of passage in the life of a young woman.
- The study identified the young women's criteria for a positive experience of the PE: adequate information, the possibility of being accompanied by a friend or family member, a good patient-examiner relationship, and a pleasant, clean examining room and change room that respected their need for privacy.

This article has been peer reviewed.
Can Fam Physician 2017;63:e376-80

In 2010, France's health authority, the Haute Autorité de Santé, recommended that, between the ages of 25 and 65 years, all women be screened for cervical cancer by means of a Papanicolaou test every 3 years (after 2 normal Pap tests, 1 year apart).[1] Other than the recommendation regarding the Pap test, there were no recommendations for the pelvic examination (PE). In the literature, there has been a tendency to question the utility of a screening PE for asymptomatic women, other than for undergoing a Pap test.[2-4] In some cases, however, a PE might be warranted for a young woman who has never had one. Young women's fears in anticipation of a PE have been analyzed; however, little attention has been paid to their expectations of this examination. In 1991, Louise Charbonneau wrote that surprisingly few young women had any knowledge of the actual procedure, its duration, or the structures involved.[5] It has been shown that a positive experience of one's first PE sets the tone for future positive experiences of care.[6,7]

The goal of our exploratory research was to improve the practices of health professionals, based on the expectations of young female patients. Sooner or later, young women undergo a PE (for a Pap test, pregnancy care, infection, etc). Listening to their expectations, we hope to improve their experiences of this examination. We believe that this is the first study to explore this specific topic.

METHODS

Between March 30 and October 1, 2014, we conducted semistructured interviews of 16 young women between the ages of 15 and 19 years in Midi-Pyrénées and Auvergne in France who had never had a PE. Given the intimate nature of the subject, these interviews were conducted individually.

To recruit participants for our sample, we employed 2 techniques—snowball sampling and targeted sampling—until data saturation was reached. We sought maximum variation in the profiles of the study participants. During the selection process, interviewees were asked whether they had undergone a PE; those who had were eliminated. The young women had the choice of being interviewed at home, at the home of one of the researchers, or in a medical office.

Three researchers created an interview guide (A.F., M.D., and E.F.); after the first few interviews, minor changes were made to the guide. Open-ended questions dealt with the interviewee's sources of information, knowledge of the PE, criteria for a positive PE experience, and representations of the PE itself.

The interviews were conducted by 2 female physician-researchers (M.D. and E.F.). Once written consent had been obtained from the young women (or from their parents if they were not of age), the interviews were recorded anonymously. The study had been approved by the research ethics board of the Midi-Pyrénées Department of General Medicine on March 25, 2014. The de-identified study data can be obtained from the authors (A.F. and E.F.).

The first step in the analysis of the recorded data consisted of an exhaustive transcription of the recordings. The verbatim transcripts were immediately subjected to longitudinal analysis with the context (researchers' notes) and key themes of the interview. Cross-sectional analysis (using a Microsoft Excel spreadsheet) was performed by the 2 researchers who sequenced and coded the data independently. The researchers then triangulated the data, sharing the coding that they had done independently, one interview after another. The categories that this yielded were validated by 3 researchers (A.F., M.D., and E.F.).

FINDINGS

Chosen for the range of their profiles, 17 young women were contacted. One young woman did not obtain parental consent; as a result, 16 interviews were conducted. The young women were between the ages of 15 and 19 years (average age 16 years 7 months). The interviews lasted an average of 23 minutes (range 17 to 40 minutes). Seven of the young women had had sexual relations. Data saturation was obtained on the 14th interview and was confirmed by the 15th and 16th interviews, seeking maximum variation in the participant profiles (**Table 1**).

Representations of the PE

All of the young women reported a lack of information on the PE from their physicians, schools, and families. Specifically, they lacked knowledge of the various stages of the PE: cervical smear-taking, internal examination, breast examination, and the various instruments used: "Um, I have no idea. Honestly, I have no idea what it's like. Um, as far as I know, he's just going to look down there." (Participant 9) The young women lacked knowledge of the indications for performing a PE: "The first time, I won't really know why I'm there." (Participant 1) They lacked knowledge of the utility of the PE and the appropriate time to have one: "I'm not exactly sure what the purpose is." (Participant 16) Their lack of knowledge led, in part, to a belief that the PE was mandatory: "You have to get one so I'm going to get one." (Participant 5) Some situations made the necessity of the PE seem more obvious, eg, a change in sexual partners ("She, like, changes partners quite often, so she said I have to do it." [Participant 12]) or a desire to become pregnant ("Even for later, when I want to have children, to make sure everything's okay, you have to have one" [Participant 12]). Some of the young women saw the PE as a rite of passage in the life of a young woman—a

Table 1. Study sample

PARTICIPANT	AGE, Y	GRADE	URBAN OR RURAL	PROFESSION OF MOTHER	PROFESSION OF FATHER	RELIGION	FAMILY COMPOSITION	INTERVIEW LOCATION	INTERVIEW DURATION	SEXUALLY ACTIVE?
1	16	1st (L)	Semirural	Hospital receptionist	Business technician	Atheist	1 twin sister, 1 half-brother, parents divorced	Her home	20 min	Yes
2	15	4th	Rural	Housekeeper	On disability	Atheist	4 sisters, 1 brother	Researcher's home	23 min	No
3	16	1st (L)	Semirural	Teacher	Beekeeper	Atheist	2 younger sisters	Her home	25 min	No
4	17.5	1st (PSW)	Rural	Secretary	Électricité de France worker	Believer	16-y-old brother	Her home	20 min	Yes
5	17	1st (S)	Semirural	Stay-at-home mother	Manager, marketing	Catholic	3 older sisters	Researcher's home	20 min	No
6	15	2nd	Semirural	CEO, department store	President and CEO, department store	Atheist	11-y-old brother	Researcher's home	20 min	No
7	15	2nd	Urban	PSW	Entrepreneur, public works	Atheist	18-y-old brother	Medical office	20 min	No
8	15	2nd	Urban	General practitioner	Rheumatologist	Non-practising Catholic	1 older brother and 1 older sister	Medical office	30 min	No
9	16	1st (S)	Urban	Quantity surveyor	Home designer	Atheist	1 brother, 1 half-sister, 1 half-brother	Researcher's home	17 min	No
10	16.5	2nd	Urban	Maternity leave	Does not know	Practising Muslim	2 half-brothers, 4 y old and 3 mo old	Her home	20 min	No
11	18.75	L2, psychology	Urban	Creative decorator	Electrical technician	Believer	Little sister	Her home	40 min	Yes
12	18.75	Sales associate	Semirural	Sales associate	Driver	Believer	22-y-old sister, 17-y-old brother	Her home	20 min	Yes
13	18.5	L1, psychology	Semirural	Stay-at-home mother	Public works	Atheist	23-y-old sister	Her parents' home	27 min	Yes
14	18.5	L1, biology	Rural	College administrator	Business owner and truck driver	Atheist	14-y-old brother	Home of the sister of one of the researchers	28 min 30 s	Yes
15	16	L1, science and laboratory techniques	Rural	Secretary	Agricultural producer	Believer	Only child	Her home	24 min	No
16	18	Final, PSW	Rural	Seasonal worker	Mechanic	Non-practising believer	12-y-old brother	Her home	19 min	Yes

CEO—chief executive officer, L—literary baccalaureate, L1—1st year of licence program, L2—2nd year of licence program, PSW—personal support worker, S—scientific baccalaureate.

transition from adolescence to adulthood and the emergence of femininity: "Because it's about, I don't know, it's about your femininity." (Participant 3)

Criteria for a positive first experience of the PE

Presence of a third party. Some of the young women wanted the option of being accompanied during the PE (by their mother, a friend, or their boyfriend): "So my mother would talk to me and she would reassure me." (Participant 4) Others wanted to be accompanied, but only as far as the waiting room. Others did not want to be accompanied at all. All of the young women were adamant that they did not want the third party to be a medical professional: "One person is enough .... It's already one person too many. So, 2 people would really be too much." (Participant 8)

Examiner-patient relationship. The young women wanted this relationship to be sincere, ongoing, confidential, "friendly," and high-quality. They stated that they would not allow themselves to be examined by a professional with the wrong attitude: "If he stared at me, that would be it .... If he didn't talk to me, he would get nothing." (Participant 4)

Examining room. The young women wanted a dedicated space (privacy screen or change room) where they could undress out of view of the examiner: "So, no, there would need to be somewhere to get undressed—maybe a screen." (Participant 3) This room needed to be entirely private: "It has to be completely private, so that she—so that no one can come into the room." (Participant 10) They wanted a warm, clean, comfortable, tidy room that did not have white walls: "Clean and tidy .... If he starts to rummage around for things, I'll start to get worried." (Participant 11)

Feeling informed and prepared. The young women wanted to feel prepared when they underwent their first PE: "If you're not ready, you're going to be uncomfortable, and that's going to leave a bad memory, and you're going to say, 'So that's what it's like,' and sometimes that's not how it is at all, so, it's good to be prepared ... mentally [laughter]." (Participant 11) They wanted to receive information before the examination: "Actually I would prefer to have it explained to me beforehand; that would be better—I would know what to expect during the exam." (Participant 1)

DISCUSSION

Our young participants lacked information about the PE and therefore had to imagine what it would be like, a tendency that Charbonneau had noted in 1991.[5] Even though the participants had received some sex education in school, very little had been said about the PE. The perception of obligation, linked to the participants' lack of knowledge, is not conducive to a positive experience. Even among young women who had already experienced a PE, the perception of obligation was palpable. The questions that have been raised about the value of the internal examination[2] and even the PE in asymptomatic women, pregnancy and cervical cancer screening aside,[3] should make this sense of obligation obsolete.

Health professionals who work with young women could offer them an information session before their PE. They could review every step of the examination, using anatomical charts. They could show the young women the various instruments used and how they work. They could educate them about the indications for the examination and its primary purpose: prevention. This time could be an opportunity for the young women to voice their fears and their impressions of the examination and take charge of their health. The young women perceived that the PE gave them a certain degree of autonomy and moved them one step closer to adulthood. For them, one's first PE is very symbolic; in a medicalized society, it is a rite of passage toward adulthood.[6]

Patients should be allowed to be accompanied by a friend or family member; however, examining physicians should also be reminded that patients have the right to be unaccompanied.[8-10] The young women in our study did not want to be accompanied by a third party they did not know or who was a member of the medical team—ie, a chaperone. Several articles recommend suggesting to women that they have a chaperone[4,6,11]; one article suggested that this be systematically offered to every women consulting a male physician examiner.[2]

A qualitative study of Swedish women between the ages of 18 and 25 after a PE revealed that they felt a loss of control when their genital organs were exposed to someone they did not know, placing them in a situation of vulnerability.[12] If the practitioner did not provide the patient with information throughout the procedure, she questioned the practitioner's intentions. This was particularly true if the practitioner was a man. The quality of the practitioner-patient relationship enables women to regain a sense of control and to avoid feeling that they are submitting to the PE. This sense of taking charge—empowerment—underscores the importance of an active role for young women in the consultation. Some authors recommend informing that patient that, if she finds it too uncomfortable, she may end the examination at any time, even before it starts.[4,9,10,12] The young women wanted a relationship of trust based on clearly defined criteria. They wanted an egalitarian relationship, not a paternalistic relationship in which an all-knowing professional examined an ignorant young patient who was unaware of what was happening. This illustrates the importance of the quality of the relationship between the practitioner and the patient.

The study participants wanted a separate room where they could undress or, at the very least, a privacy screen. Few studies have touched on the ideal examination room from the standpoint of young women, yet this seemed to be very important to the study participants. They wanted a decorated space that was warm, tidy, and clean and that did not have white walls.

Limitations

In terms of the strengths of this study, the researchers were trained in semistructured interview techniques. They reflected on their role in the study as physicians and made an effort to shed their preconceived notions. They were trained in the qualitative method and coached by a third researcher with

experience in qualitative research who validated all of the phases of the study. In terms of the study limitations, the young women who agreed to be interviewed were probably interested in this subject. Because minors had to obtain parental consent, it is possible that only those whose parents were comfortable with the subject were recruited. There was probably a loss of information during transcription and coding, limited by the double coding performed by the researchers independently.

Conclusion

Increasingly, the literature is recommending that a PE only be performed in the presence of pathology. In this specific context, health professionals who are consulted by young women for their first PE should take into account their criteria for a positive experience. It might be interesting to compare the observations of our researchers, here in France, to the experiences of patients and health professionals in Canada.

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Contributors

Drs Freyens, Dejeanne, and **Fabre** contributed to the design and development of the study, and data collection, analysis and interpretation. All authors collaborated in the writing of the manuscript and in its rereading for presentation purposes.

Competing interests

None declared

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