

Examining the Role of Screenings and Consultations in Sexual Health



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Communication Efficacy
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INTRODUCTION

Earlier estimates indicated that 19.4 million women in the U.S. received an annual preventive gynecological exam (Mehorta et al., 2007), but recent data suggest a decline in these visits. In 2022–2023, 72.7% of women aged 18–44 reported having a preventive medical visit in the past year, reflecting shifts in healthcare (WWVR, 2025). This decrease in preventive care reduces opportunities for communication with providers about sexual health. Research further indicates that a communication gap between patients and providers persists (Uzdavines et al., 2022), and addressing this gap is critical, as communication during exams may enhance efficacy about sexual health.

PURPOSE

This exploratory study examines how previous sexual health screenings/consultations with practitioners relate to young adults' self-efficacy in discussing sexual health.

HYPOTHESES

- ❖ Prior sexual health screenings will be associated with higher efficacy.
- Consulting a healthcare professional will also lead to greater levels of efficacy.
- The combination of screenings and consultations will produce an interaction effect.

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METHOD

Participants

A sample of 271 young adults, ages 18-28 years, were recruited through California Lutheran University, Diversity Collective Ventura County, Center for Positive Sexuality, and various social media platforms.

Participant Variables (N=271)	Number	%
Gender Identity		
Cisgender	138	50.5
Female	81	29.7
Male	34	12.5
LGBTQIA+	16	5.9
Ethnicity		
White/Caucasian	109	39.9
Hispanic/Latinx	93	34.1
Asian	16	5.9
Black	14	5.5
Other/mixed	37	13.6
Receipt of sexual health exams		
Yes	136	49.8
No	137	50.2
Prior consultations		
Yes	130	48.0
No	139	51.3
Age in years	Mean (St. dev.)	Range
	20.14 (1.88)	18-28

Measures and Procedure

Participants completed an online survey and rated their level of self-efficacy discussing contraception.

Predictors—Prior sexual health screen and consultation with health care provider

“Have you ever met with a doctor/health practitioner to discuss topics surrounding sexual health?”

“Have you ever received one of the following sexual health exams /screenings (e.g. STD/STI, pregnancy, pelvic exam, etc.)”

Outcome: Self-efficacy discussing contraception

“I feel comfortable/confident talking about contraception”

“I am capable of figuring out whether information about contraception is medically accurate”

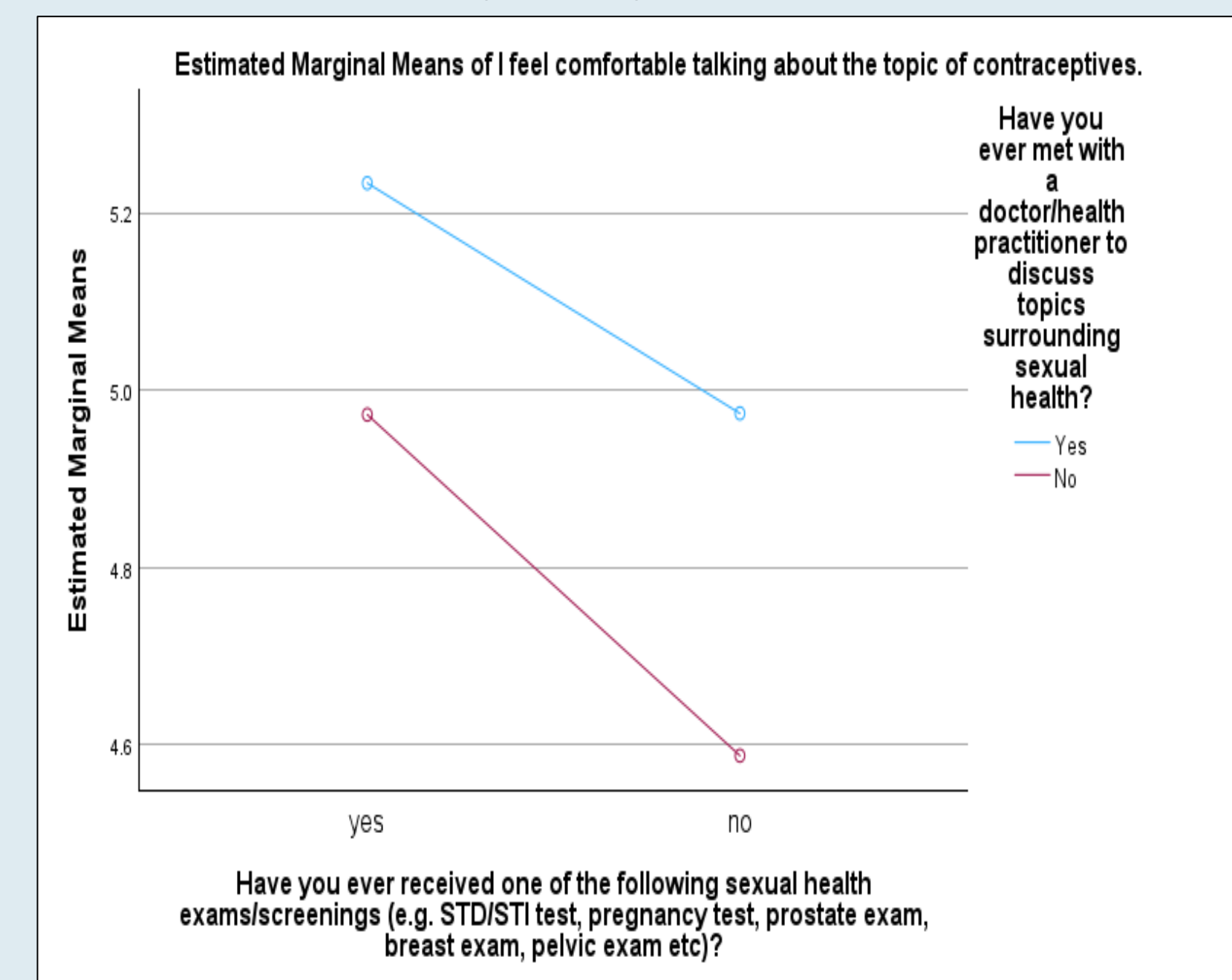
5-point Likert scale (1 “strongly disagree” to 5 “strongly agree”)

Demographic questions: Age, ethnicity, gender/sexual identity

RESULTS

Two-way between-subjects ANOVAs examined effects of prior screening/consultation

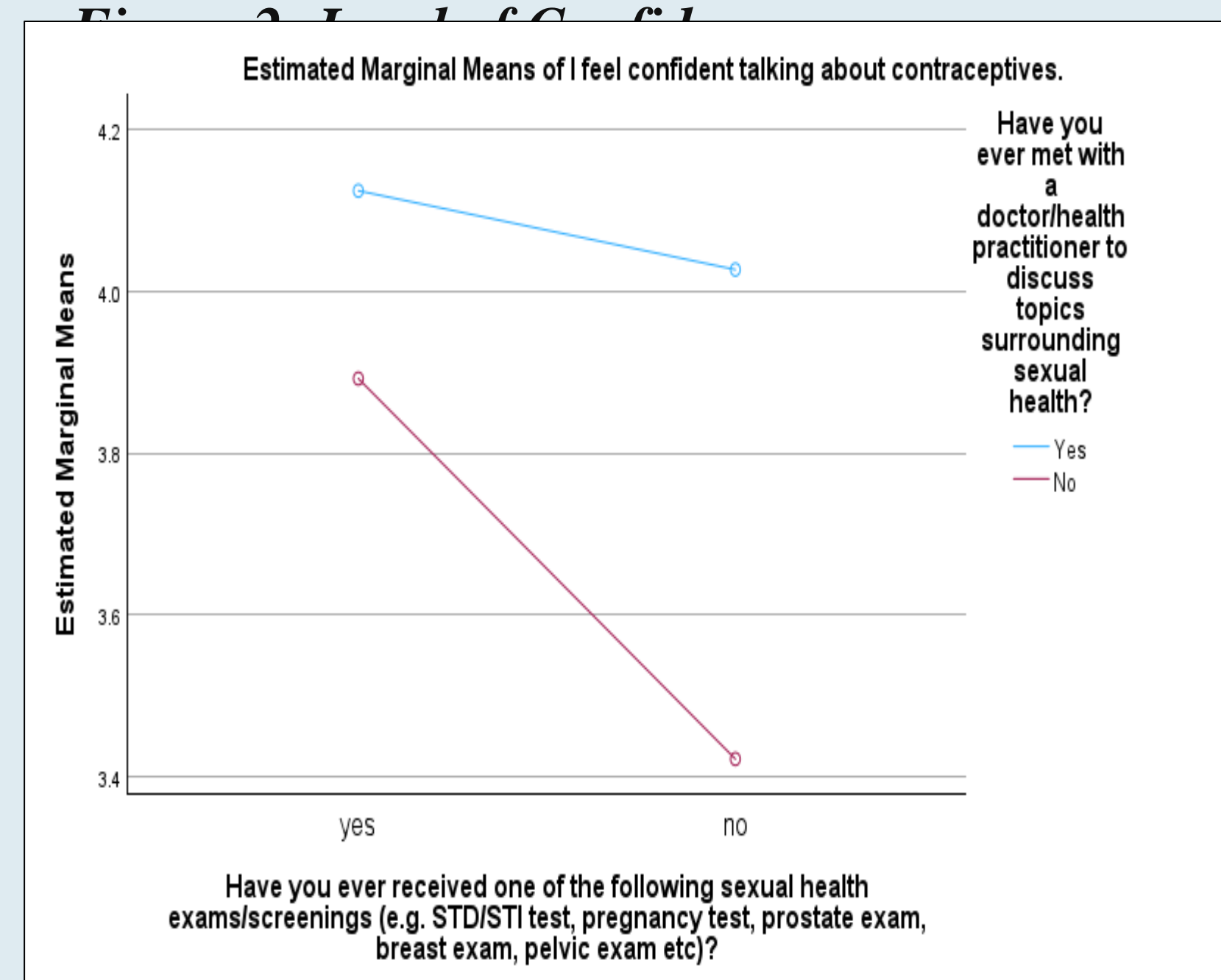
Figure 1. Level of Comfort



Main effect of prior screening, with screened participants reporting higher comfort, $F(1, 257) = 5.71, p = .018, \eta^2 = .022$.

Main effect of prior consultation, such that those who consulted a provider reported greater comfort, $F(1, 257) = 5.76, p = .017, \eta^2 = .022$.

No significant interaction, $F(1, 257) = 0.22, p = .644$, however, more comfort among those with both a prior screening/consultation



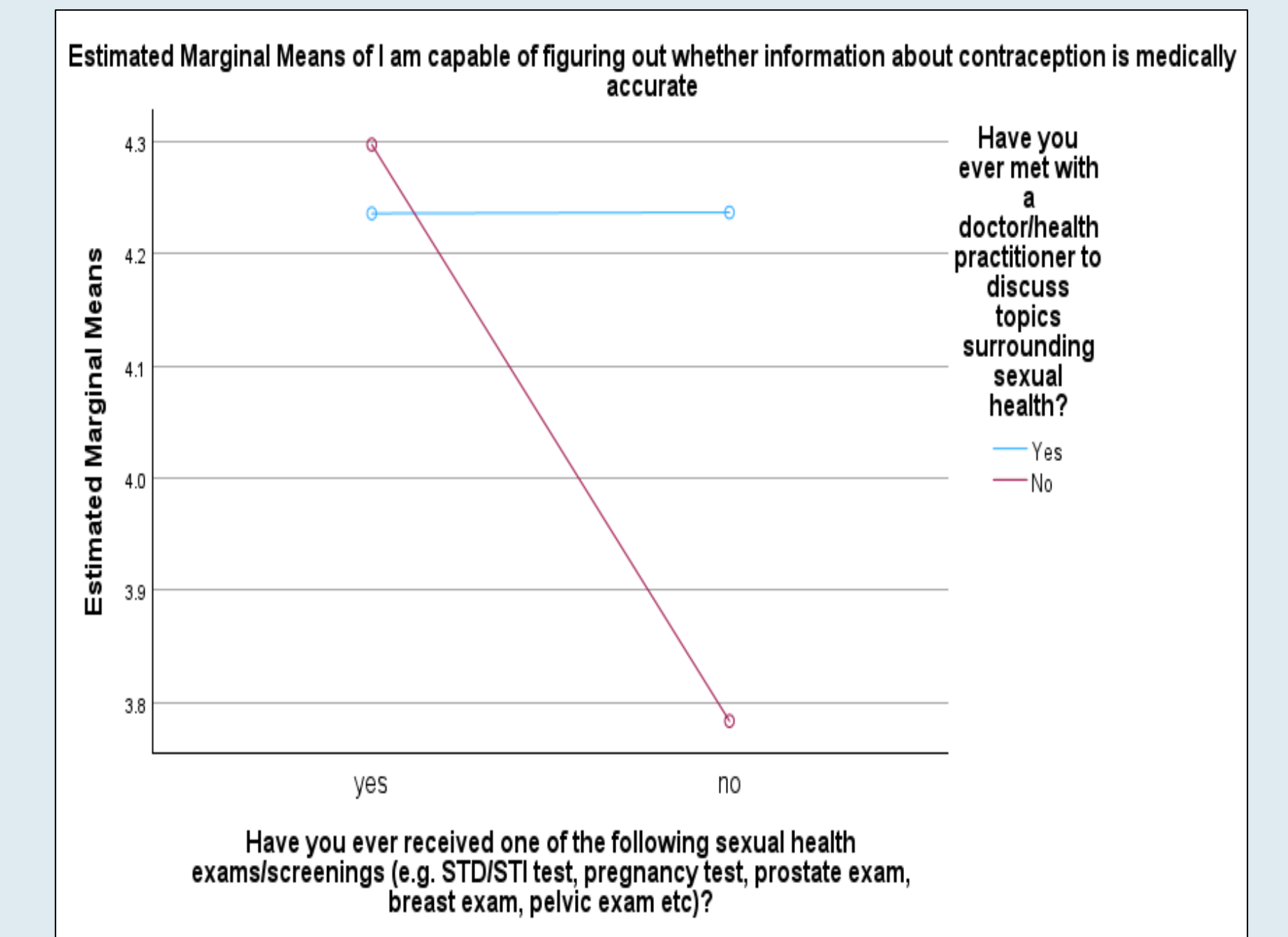
Prior screening main effect, with screened participants reporting higher confidence, $F(1, 257) = 9.51, p = .002, \eta^2 = .036$.

Prior consultation main effect, those who had consulted a provider reported higher levels, $F(1, 257) = 4.37, p = .037, \eta^2 = .017$.

No interaction, $F(1, 257) = 1.89, p = .17$, however, highest confidence among participants was with both a prior screening and consultation

RESULTS

Figure 3. Level of efficacy in medical information



Main effect of prior screening, with screened participants reporting higher efficacy, $F(1, 257) = 4.72, p = .031, \eta^2 = .018$.

Prior consultation—marginal main effect, those who had consulted a provider had higher efficacy, $F(1, 257) = 2.76, p = .098, \eta^2 = .011$. Significant interaction, $F(1, 257) = 4.76, p = .03, \eta^2 = .018$; screenings increased confidence only among those who had met with a doctor; confidence was uniformly high among those who had.

DISCUSSION

Main effect hypotheses supported: prior screenings and consultations reported greater comfort, confidence, and ability to access medically accurate information.

Interaction hypothesis partially supported

Exposure to healthcare (screenings + consultations) improves communication outcomes, but physician consultation specifically compensates for lack of prior screenings when accessing medically accurate information.

Future directions—Examine if similar patterns occur in other sexual health topics (pregnancy/sexual behavior). Explore differences across ethnic and racial groups and patterns within LGBTQ+ communities.

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