

## Can self-report be used reliably to evaluate sexual behaviour?

### Inside this issue:

Can self-report be used reliably to evaluate sexual behaviour?	1
Is Valentines Day good for our health?	1
Good Answers	2
In the Journals	3
In Brief	3
In the News	4
Forthcoming events	4

The study of sexual behaviour is vital in understanding various public health issues, including sexually transmitted infections (STIs), teenage pregnancy, and sexual offences. Academics have been studying sexual behaviour since the 18<sup>th</sup> Century, using a variety of methods including patient registry analyses, psychiatric interviewing and anthropological investigations.

Health psychologists (and more recently regulatory bodies) widely promote the importance of self-reports in studying behaviour. Sexual research is no exception.

However, researching sexual behaviour from the perspective of the individual can present a range of methodological challenges. Apart from the obvious issues of sensitivity and ethics, the lack of consensual definitions, cultural issues and self-report biases can also be problematic. The use of a wide range of sampling methodologies further limits the generalisability and validity of the research findings.

### Lack of consensual definitions

When assessing sexual behaviour, it is important to have clearly conceptualised definitions of the behaviour under consideration. However, terminology in sexual behaviour is poorly defined.

The term 'sexual intercourse' is open to a certain degree of subjective interpretation<sup>1</sup>, which may differ according to culture and sexuality. Many research papers use the term 'sexual intercourse' to refer to penetration, but does this mean that a 'sexual partner' refers only to those engaging in acts of penetration? Even if researchers have clearly defined terms pertaining to the behaviour they are assessing, could discrepancies between their definition and respondent's understandings modify the outcomes?

### Cultural issues

When developing and translating the Adolescent Sexual Behaviour Survey into 14 languages, Reaney & Wild<sup>2</sup> experienced numerous issues that highlight problems with multicultural research in this

*...continued on page 2*

## Is Valentines Day good for our health?

February is often dominated by **that** holiday, intended to celebrate love. Ironically, Valentines' Day (V-day), or "Singleness Awareness Day" as it has become known to many, is a major cause of stress, anxiety and even contempt due to high expectations, the emphasis on 'coupledom' and the belief that the celebration is just a highly commercialised marketing ploy.

However, V-day has evolved over recent years to include traditions for celebrating positive platonic relationships with others (e.g. friends and family) as well as the more traditional celebration of romantic relationships.

Research has consistently shown that "happily married" couples experience a lower risk of heart failure, cancer and other physical and mental illness than non-married couples<sup>1</sup>. Recent research has extended these reduced risks to people who cultivate and generally maintain positive relationships with others: "it is now widely recognised that social relationships and affiliation have powerful effects on physical and mental health"<sup>2</sup>. In particular, research into positive relationships with others has shown benefits in protecting against heart disease and in retaining low levels of stress, anxiety and depression.

*...continued on page 4*



## Can self-report be used reliably to evaluate sexual behaviour?

...continued from page 1

area, including:

- the term “sexual activity” could not be translated into some languages
- some sexual behaviour terms (including ‘vaginal sex’ and ‘genital’) are poorly understood in some countries
- there is a reluctance to discuss some sexual behaviours, with anal sex considered a sexual deviation in some cultures
- labelling and availability of contraception methods differs between countries – for example the word “condom” may be considered to refer to both female and male forms in the UK but would refer only to male forms in the Czech Republic. Female condoms are not available in Poland.

### Bias in self-reporting

Due to its private nature and the inability to verify reports, researchers speculate that a number of biases are evident in self-report measures of sexual behaviour. These include social desirability and recall bias<sup>3</sup>. In particular, Singh et al.<sup>1</sup> note that young men will often over-report their sexual activity to display veracity and conform to perceived social norms. These difficulties may be overcome by using research methods that minimise participants’ ability and desire to over- or under-report. For example, the use of self-complete computerised questionnaires may provide more accurate responses, although, the importance of allowing ample space between individual work stations has been emphasised<sup>4</sup>. Furthermore, ensuring confidentiality and anonymity in sampling (as well as data collection) can be beneficial.

### A wide range of sampling methods

The method through which sexual behaviour is assessed can enhance the accuracy of the findings. Self-report surveys and interviews are increasingly common methods of data collection (due to the understandable limitations of other methods in sexual research), but a comprehensive literature search<sup>2</sup> identified marked differences in the administration of surveys, the sample populations and data collection methods.

If the terminology used to assess sexual behaviour remains poorly defined, similar questions cannot be asked across different cultures. Biases are evident in self-reports of sexual behaviour and a wide range of sampling methods continue to be used, how can we assume the research conducted to date is reliably examining sexual behaviour? The careful consideration of sampling methods and recent development of self-report questionnaires for frequent and consistent use may help overcome these problems and maximise reliability of self-reporting sexual behaviour.

For more information about conducting research from the individual’s perspective, please [contact us](#).

- 1) Singh S, Wulf D, Samara R, Cuca YP. Gender differences in the timing of first intercourse: data from 14 countries. *International Family Planning Perspectives* 2000; 26(1): 21-28.
- 2) Reaney MD, Wild DJ (2006). The Translation and Cultural Adaptation of an Adolescent Sexual Behaviour Questionnaire. *Value in Health*, 9(3): A53
- 3) Cecil H, Zimet GD. Meanings Assigned by Undergraduates to Frequency Statements of Condom Use. *Archives of Sexual Behavior* 1998; 27(5): 493-505
- 4) Alexander CS, Somerfield MR, Ensminger ME, Johnson KE, Kim YJ. Consistency of Adolescents’ Self-Report of Sexual Behavior in a Longitudinal Study. *Journal of Youth and Adolescence* 1993; 22: 455-471

*“Due to its private nature and the inability to verify reports, researchers speculate that a number of biases are evident in self-report measures of sexual behaviour”*

## Good Answers?

Every month in "Good Questions", we give you the opportunity to benefit from your own "Good Answers". Just give some thought to the problems we pose and send your response to us.

### Where does the phrase ‘wear your heart on your sleeve’ originate from?

If yours is selected for publication in our e-bulletin, you will win an Amazon voucher. Please send your letters to: [info@ahpresearch.com](mailto:info@ahpresearch.com). The closing date for entries is 12 noon on **Monday 3rd March**.



## In the Journals

### *Physical activity as a mediator of the impact of chronic conditions on QoL*

**1** Chronic conditions often have a negative effect on quality of life (QoL). This study examines physical activity as a mediator for the relationship between chronic conditions and several health outcomes that the authors considered important for the QoL of older adults.

**2** The Canadian Health Survey and the Health Utility Index (HUI-3) were administered to over 22,000 participants aged 65 years and older. Leisure time physical activity was measured by calculating weekly energy expenditure based on self-reported activity.

**3** Regression models were used to measure the mediating effect of physical activity. Demographic variables, substance abuse and obesity were controlled for.

**4** Having a chronic condition was associated with a relative decrease in health utility score and a relative increase in certain health outcomes including limited mobility, pain, emotional problems and cognitive limitations. An average 14% of the negative health outcomes were attributed to a lack of physical activity, although the values did vary according to type of chronic condition.

**5** These findings provide support for health programmes that support or encourage older adults (>65 years) with chronic conditions to participate in physical activity to improve their health outcomes.

Sawatzky R, Liu-Ambrose T, Miller WC, Marra CA (2007). Physical activity as a mediator of the impact of chronic conditions on quality of life in older adults *Health and Quality of Life Outcomes*, 5:68

## In Brief

### ■ [Fifty per cent increase in organ donation possible within five years](#)

Approximately 2,400 people benefit from organ transplant in the UK each year, but another 1,000 die while waiting for donors. In response to recommendations from the Organ Donation Taskforce, the government recently announced it would back a series of proposed changes in organ transplantation, including the “presumed consent” concept, which is supposedly supported by 90% of the population. Presumed consent is predicted to increase organ donation by 50% over the next 5 years, providing an additional 1,200 transplants annually. To support this proposal, the Department of Health will create a new network of 24-hour organ retrieval teams dedicated solely to safe and efficient organ retrieval.

Health Economists have proposed that the government’s £11 million funding would be cost effective in the long term (due to high maintenance costs prior to transplantation). Over the next decade, the NHS may save up to £500 million through presumed consent.

### ■ [Depression and anxiety can double chances of heart ailments](#)

While it may be clear to some that matters of the mind are intertwined with matters of the heart, there is a paucity of research examining the relationship between stabilised heart disease and depression or anxiety. A recent project at McGill University and Université de Montreal (in cooperation with the Montreal Heart Institute) monitored and interviewed over 800 participants who had been discharged from hospital following treatment for heart ailments. Two months post-discharge, 41% showed signs of anxiety with 27% showing signs of depression. Interestingly, over a two year follow-up, those without any signs of anxiety or depression at two months were half as likely (13% vs 26%) to have repeat heart ailments. This key finding highlights the need to address and monitor both the psychological and physical condition of patients to lower the risk of further cardiac problems.

### ■ [Campaign aims to keep nurses healthy](#)

The Queen’s Nursing Institute (QNI) and Oxford Health Alliance (OxHA) are launching a new campaign to encourage nurses to look after themselves. The *Nursing N°1* campaign supports community nurses to look after their own health and wellbeing, focusing on maintaining healthy eating and drinking habits, reducing smoking and encouraging balanced physical exercise. To facilitate this, the QNI and OxHA are providing pedometers, exercise T-shirts and drawstring bags to community nurses who want to get involved. The campaign also plans to address nurses’ mental health and other psychosocial issues in subsequent phases.



## How can Valentines Day help our health?

...continued from page 1

Cardiovascular disease is one of the most common causes of death in industrialised countries, and high blood pressure is one of the leading risk factors for cardiovascular disease. Controlled studies<sup>3</sup> have identified a negative correlation between positive relationships and blood pressure. A rare naturalistic study examining this relationship<sup>4</sup> was recently conducted in the USA. Attached to portable blood pressure monitors hidden underneath clothing, participants (N=102) demonstrated that both negative relationships and dissonant relationships (where a person interacts with someone towards whom they feel both negative and positive) can increase blood pressure. Conversely, interactions with people with whom participants experience a good relationship had a positive impact on blood pressure. Negative interactions with these people, however, had minimal impact on blood pressure.

The evidence for the association between positive relationships with others and mental health comes from a wide range of research, ranging from the theoretical to large-scale empirical studies. Researchers have consistently shown that perceived and actual positive relationships with others can be protective against mental health problems including stress, anxiety and

depression. Positive relationships (and social support) can specifically result in<sup>5</sup>:

- healthy coping strategies
- less evidence of depression
- better coping abilities in stressful situations
- positive affect, self-worth, life satisfaction, and general psychological health and well-being.

Conversely, a lack of these positive relationships can increase the risk of developing such difficulties.

It is refreshing to know that positive relationships with others, be it a spouse, family member, or friend can have positive effects on both physical and mental health. So this V-day, whether you are in a romantic relationship or not, remember the many health benefits that you can gain from your relationships and celebrate them. Does that reduce the stress, anxiety and contempt?

1) Marks N, Lambert J. Marital status continuity and change among young and midlife adults: longitudinal effects on psychological well-being. *Journal of Family Issues* 1998;19:652-86

2) Berkman LF, Glass T, Brissette I, Seeman TE. From social integration to health: Durkheim in the new millennium. *Social Science & Medicine* 2000a; 51(6):843-57

3) Knox SS, Uvnäs-Moberg K. Social isolation and cardiovascular disease: An atherosclerotic pathway? *Psychoneuroendocrinology* 1998; 23: 877-890

4) Holt-Lunstad J, Uchino BN, Smith TW, Olson-Cerny C, Nealey-Moore JB. Social relationships and ambulatory blood pressure: Structural and qualitative predictors of cardiovascular function during everyday social interactions. *Health Psychology* 2003; 22(4): 388-397

5) Langford CP, Bowsher J, Maloney JP, Lillis PP. Social support: a conceptual analysis. *Journal of Advanced Nursing*

## In the news...

### FDA approves new genetic test for breast cancer patients

<http://www.fda.gov/bbs/topics/NEWS/2008/NEW01774.html>

### Children of nine may get sex advice packs

<http://www.telegraph.co.uk/news/main.jhtml;jsessionid=411KLHBHENMSFQFIQMFSFF4AVCBQ0IV0?xml=/news/2008/01/28/nsex128.xml>

### Family drug and alcohol court opens doors

[http://www.hsj.co.uk/announcements/2008/01/family\\_drug\\_and\\_alcohol\\_court\\_launches.html](http://www.hsj.co.uk/announcements/2008/01/family_drug_and_alcohol_court_launches.html)

### Confusion over food salt content

<http://news.bbc.co.uk/1/hi/health/7209537.stm>

### Maternity choice is a reality, Healthcare Commission survey shows

[http://www.hsj.co.uk/news/maternity\\_choice\\_is\\_a\\_reality\\_healthcare\\_commission\\_survey\\_shows.html](http://www.hsj.co.uk/news/maternity_choice_is_a_reality_healthcare_commission_survey_shows.html)

### Obesity drug use rises eight-fold

<http://news.bbc.co.uk/1/hi/health/7219315.stm>

### NHS overspends on statins

[http://news.bbc.co.uk/1/hi/programmes/politics\\_show/7192271.stm](http://news.bbc.co.uk/1/hi/programmes/politics_show/7192271.stm)

## Forthcoming events

20 February 2008

Critical Appraisal Skills Training (UKCRN):

Manchester

21 February 2008

Social Context in Clinical Research Training (UKCRN):

Manchester

5-7 March 2008

Diabetes UK Annual Professional Conference:

Glasgow

11-13 April 2008

Psychosocial Aspects of Diabetes Annual Meeting:

Italy