

Northern Michigan University

NMU Commons

All NMU Master's Theses

Student Works

2013

SAME-SEX VS OPPOSITE-SEX ATHLETIC TRAINERS: NCAA ATHLETES' COMFORT AND PREFERENCE

Megan M. McCullough
Northern Michigan University

Follow this and additional works at: <https://commons.nmu.edu/theses>

Recommended Citation

McCullough, Megan M., "SAME-SEX VS OPPOSITE-SEX ATHLETIC TRAINERS: NCAA ATHLETES' COMFORT AND PREFERENCE" (2013). *All NMU Master's Theses*. 453.
<https://commons.nmu.edu/theses/453>

This Open Access is brought to you for free and open access by the Student Works at NMU Commons. It has been accepted for inclusion in All NMU Master's Theses by an authorized administrator of NMU Commons. For more information, please contact kmcdonou@nmu.edu, bsarjean@nmu.edu.

SAME-SEX VS OPPOSITE-SEX ATHLETIC TRAINERS: NCAA ATHLETES'
COMFORT AND PREFERENCE

BY

MEGAN M. MCCULLOUGH

THESIS

SUBMITTED TO
NORTHERN MICHIGAN UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

MASTERS OF EXERCISE SCIENCE

GRADUATE STUDIES OFFICE

2013

SIGNATURE APPROVAL FORM

This thesis by Megan M. McCullough is recommended for approval by the student's thesis committee in the Department of Health, Physical Education and Recreation and by the Dean of Graduate Studies.

Committee Chair: Dr. Marguerite Moore Ph.D, AT, ATC Date

First Reader: Dr. Julie Rochester Ed.D, AT, ATC Date

Second Reader: Christopher Kirk MS, AT, ATC Date

Department Head: Dr. Mary Jane Tremethick Ph.D., R.N.,
MCHES, FAAHE Date

Dr. Brian D. Cherry Date
Assistant Provost of Graduate Education and Research

ABSTRACT

SAME-SEX VS OPPOSITE-SEX ATHLETIC TRAINERS: NCAA ATHLETES' COMFORT AND PREFERENCE

By

Megan Marie McCullough

Context: Female athletic trainers (AT) are underrepresented in the NCAA collegiate setting. Athletes' gender preference may be an explanation of employment inequity.

Objective: To identify the potential existence of a preference for NCAA athletes for same-sex vs. opposite-sex care provided by athletic trainers. Specifically, to determine if athletes/patients prefer care by same sex or opposite sex athletic trainers regarding care and treatment of general medical conditions, athletic injuries, psychological conditions, and sex-specific injuries and conditions. **Design:** Cross-sectional study and frequency distribution. **Setting:** Online Survey. **Patients or Other Participants:** 450 NCAA student-athletes from Divisions I, II, and III. **Data Collection/Analysis:** Prevalence data on preference are presented in table format. **Results:** There was no gender preference for ATs at all Divisions. There was a same-sex preference with conditions that are intimate in nature. **Conclusion:** The overall lack of gender preference depicts no bias for treatment by either male or female ATs. The same-sex preference with certain conditions exemplifies the need for both male and female ATs to be on staff for the best interest of the athletes. **Key Words:** athletic trainer, gender preferences, gender equity, female athletic trainers.

Copyright by
Megan Marie McCullough
May 2013

DEDICATION

I dedicate this thesis to my parents, Daniel and Charlotte McCullough, and my two brothers, Danny and Drew McCullough. They have been my support throughout my life and have provided me with undeniable love, faith, guidance, and encouragement. Without this admirable support system I would not have been able to be where I am today.

ACKNOWLEDGMENTS

I would like to send out an extremely gracious thank you to my thesis advisor, Dr. Marguerite Moore, for providing me with continued encouragement, advice, and instruction through the entirety of this process. She has guided me through the entirety of this process and has been a true blessing.

A special thank you goes to Dr. Julie Rochester for aiding me with assistance and advice both as a committee member and mentor. I would also like to thank Professor Christopher Kirk for being a part of my thesis committee and providing me instruction.

Also I would like to give a sincere thank you to Professor Michael Strahan for providing me guidance with revisions and recommendations throughout this process. Additionally, a special thank you to my fellow classmate Mariah Lash, who was by my side step-by-step throughout this process for moral support, encouragement, guidance, and an understanding friend to lean on when needed.

Finally, I would like to show appreciation to my family, who has shown undeniable faith and love for me and support for my dreams and aspirations. My parents have modeled a behavior of dedication, motivation, and perseverance to achieve my goals. All of these qualities have been attributed to the completion of this thesis.

TABLE OF CONTENTS

LIST OF TABLES	vi
LIST OF FIGURES	vii
CHAPTER I: MANUSCRIPT	1
INTRODUCTION.....	1
METHODS.....	3
Introduction	3
Participants	4
Instruments	5
Procedure.....	6
Data Analysis.....	7
RESULTS.....	7
DISCUSSION	9
LIMITATIONS	13
CONCLUSION	14
CHAPTER II: LITERATURE REVIEW	15
Introduction.....	15
Athletic Training.....	15
Female Athletic Trainers.....	18
Job Satisfaction	20
Burnout.....	22
Gender Roles	22
Comfort of the Health Care Provider	23
Patients Perception of Health Care Provider Gender	25
Athletes' Comfort with Athletic Trainers	28
Conclusion.....	30
CHAPTER III: CONCLUSION AND RECOMMENDATIONS	32
REFERENCES	33
APPENDIX A.....	36
APPENDIX C	38

LIST OF TABLES

Table 1. Division/District Distribution by School	45
Table 2. Age Distribution	47
Table 3. Sport Distribution	48
Table 4. Athletes' Perception of Treatment.....	49
Table 5. Gender Preference.....	51
Table 6. Sex by Gender Preference by Division.....	53
Table 7. Athletic Injuries	55
Table 8. General Medical Conditions	56
Table 9. Psychological Conditions	57
Table 10. Other Conditions.....	58
Table 11. Gender Specific Conditions	59
Table 12. Athletic Injuries	60
Table 13. General Medical Conditions	61
Table 14. Psychological Conditions	62
Table 15. Other Conditions.....	64
Table 16. Gender Specific (Female).....	65
Table 17. Gender Specific (Male).....	66

LIST OF FIGURES

Figure 1. NATA Districts Map	46
Figure 2. Perception of Treatment by Sex	50
Figure 3. Preference by Sex	52
Figure 4. Division by Preference by Sex	54

LIST OF SYMBOLS AND ABBREVIATIONS

NATA: National Athletic Trainers' Association

NCAA: National Collegiate Athletic Association

BOC: Board of Certification

CAATE: Commission on Accreditation of Athletic Training Education

AT: Athletic Trainer

ATC: Certified Athletic Trainer

CHAPTER I: MANUSCRIPT

(Journal of Athletic Training Format for Submission)

INTRODUCTION

Females in the workplace are faced with several challenges regarding gender equality, roles and responsibilities outside of their occupation, and time commitment to the job.^{1,2} Currently females represent 52.96% of those in the National Athletic Trainers' Association (NATA), but less than a third of the total athletic trainers employed in the National Collegiate Athletic Association (NCAA).²⁻⁴ With the enactment of Title IX in June 1972, an increasing number of female athletes are participating in collegiate athletics. This increase has aided in the growth of female athletic trainers in the collegiate setting, but not to the point of equality.⁵ Even though the number of female and male athletes in the NCAA have leveled out since the enactment of Title IX, males dominate the athletic training field in the NCAA setting.⁵ This statistical variance brings into question gender equality concerning employment of athletic trainers in the collegiate setting.

The low number of female athletic trainers in the NCAA setting could stem from a number of explanations which need to be closely examined to justify employment equality. Athletic trainers, as a profession, report work-family conflict, stress, and burnout when discussing job attrition.⁶ Some of the gender specific concerns for female athletic trainers include work-family conflict and gender inequality.^{1,2} Females face additional conflict that men do not face including expectations and stereotypes

regarding childbearing and serving as the primary caretaker in the household.¹ These conflicts create a compound concern in addition to the intense demands and expectations that occur with an NCAA athletic trainer's job. As a result, many women leave the collegiate athletic training setting.¹ The voluntary turnover of female athletic trainers may be the cause of low numbers of female collegiate athletic trainers, but there are likely other explanations as well. Voluntary turnover is something that all professions face, however an excessive amount does not positively represent the profession, and employers want to limit turnover.^{1,7} One reason for turnover may be related to the preference for one gender over another among patient populations. Many medical disciplines have examined this phenomenon.⁸⁻¹³

Health care providers studied adolescent patients and their gender preference for their family physicians.⁸ Adolescent patients, approximately 50%, whether male or female, did not show a significant physician gender preference. Of the remaining 50%, females preferred other female health care providers, but males did not show an overwhelming preference for male or female physicians.^{8,9} Athletic trainers have been faced with similar situations regarding patient discomfort when being treated by opposite-sex athletic trainers. Depending on the nature of the visit or injury, athletes or patients may prefer a same-sex health care provider.⁵ Current research has not indicated a significant preference for gender with care provided by an athletic trainer; however, studies have not examined the relationship between provider care gender preference and specific injuries or the nature of the visit. It is important, however, to be aware that injuries that are intimate in nature may cause discomfort for the athlete/patient and may lead the athlete/patient to prefer treatment/care by an athletic trainer of the same-sex.⁵

The purpose of this study is to identify the potential existence of a preference by NCAA athletes for same-sex or opposite-sex care provided by athletic trainers. Specifically, this study will attempt to quantify if athletes/patients prefer care by same-sex or opposite-sex athletic trainers regarding care and treatment of general medical conditions, athletic injuries, psychological conditions, and sex-specific injuries and conditions. A primary goal of this study is to establish the overall gender preference of NCAA athlete/patient and the reasons for such preferences.

My hypotheses included: 1) NCAA athletes will not have a significant gender preference for ATs, 2) No preference regarding treatment of athletic injuries and general medical conditions, 3) A female AT will be preferred regarding psychological conditions, and 4) a same-sex preference will be shown with more intimate conditions and conditions that are gender specific in nature. Identification of gender preferences may aid in understanding hiring trends of ATs in the NCAA setting specific to gender.

METHODS

Introduction

An anonymous survey was distributed to NCAA athletes of varying athletic classifications (Division I, II, and III) and geographic locations via a computerized survey program. This survey asked participants to respond to questions about their gender preferences for treatment/care they receive from ATs. The dependent variable was NCAA athletes' gender preference for ATs, and the independent variables were athletes' gender, NCAA division, and specific condition to be treated. The data will compare the gender preference for treatment by male or female athletic trainers.

Participants

The subjects selected for participation in this study were varsity athletes from 146 NCAA Division I, II, and III institutions in the United States, with 15 of these institutions electing to participate. The schools were selected based on NCAA division and NATA district (see Table 1/Figure 1). The NATA is divided into 10 regional districts. The purpose for selecting subjects from varying geographic locations was to decrease a chance of potential bias for geographic related preferences and views of female ATs.

Each participant received an informed consent via email which explained the purpose of the study, the potential risks and benefits, and the time commitment involved with participation in the study. Furthermore each participant received information indicating that their participation in this study was completely voluntary. Participants agreed and gave consent prior to completing the survey. The compliance coordinator and head AT from each college/university was contacted as a means of providing assistance with the collection of e-mail addresses for student-athletes at their institutions. The compliance coordinator and head AT from each college/university was given the option to forward the informed consent and survey link to their student-athletes or to provide the researcher with the e-mail addresses allowing the researcher to distribute the informed consent and the surveys. Compliance coordinators and head ATs were informed that student-athlete e-mail addresses would only be used for the purpose of this research study, and that an estimated equal number of male and female athletes would be contacted.

Approximately 5,700 student-athletes ranging in ages from 18 to 26 were contacted via email. The compliance coordinator or head ATs from a number of

institutions was contacted via telephone one week after initial email participation requests were sent. The purpose of the telephone calls was to provide answers to questions or concerns with the study and to further solicit distribution of the survey. In an effort to increase the response rate, participants were notified about the option to enter into a randomized drawing for a chance to win one of several \$25 honorarium Amazon gift cards upon completion of the survey.

Instruments

To achieve a robust response rate signifying AT gender preferences, a survey that inquires about athletes' preferences when receiving treatment/care from either a male or female AT, was developed, piloted (15 individuals), and approved by professionals in the field of athletic training (1 athletic training program director, 2 athletic training faculty members, and 1 NCAA staff AT). (Appendix A). The survey questions were constructed in an effort to elicit a response of gender preference when student-athletes are treated for general medical conditions, athletic related injury, and psychological conditions. Questions were modeled after the study by Drummond et al⁵, however, the research focus of Drummond et al's⁵ was on athletes' gender comfort and not preference. The survey developed by Drummond et al⁵ was piloted for validity and validated at a .93 and .95 level of Cronbach's alpha. The survey was used in an additional study performed by O'Connor et al.⁷ Additional questions addressed personal situations that are experienced by both genders and situations that are intimate in nature. Additionally, demographic and background questions regarding the participants previous experience and knowledge of athletic trainers was included in this survey.

Each question provided the participant with the option to select a gender preference response for male, female, or indifferent (indifferent meaning no gender preference). For each survey question, participants had four response options available for them to describe their reasoning for a gender preference. These response options included gender related comfort level, confidentiality, gender related reliance (gender stereotyping roles or understanding because of one's gender), and confidence in athletic trainer. The survey was created and distributed using Qualtrics Research Suite, an online survey software program used by Northern Michigan University. Qualtrics Research Suite anonymously collects and compiles data from the survey responses and distributes the averages of male athlete responses, female athlete responses, and produces an average distribution of the explanations for the selection for each student-athlete. Qualtrics Research Suite allows data collected to be presented in a distribution graph format.

Procedure

Approximately 5,700 student-athletes were contacted for this study. The student-athletes were sent the survey link in one of two ways. The student-athletes received the survey link from their compliance coordinator or head AT or directly from the researcher (once the researcher obtained e-mail addresses from the compliance coordinator or head AT). All e-mails contained an informed consent statement which included the purpose of the research study, the potential risks, benefits, and time requirements. The informed consent statement also provided an explanation indicating that participation in this study was completely voluntary and those choosing not to participate in this study would not be punished, or face any negative consequences.

This study was approved by the Institutional Review Board at Northern Michigan University (IRB number HS12-495), and additional consent was granted by the compliance coordinator/head athletic trainer from each of the participating institutions.

Data Analysis

This study used a cross-sectional design with a survey analysis program. The surveys were distributed via Qualtrics Research Suite survey software, which collects quantifiable data. Qualtrics Research Suite distributes, collects, and compiles all data anonymously.

The computer program, SPSS 19th Edition, was used to create frequency distributions for analysis of the dependent variable, which in this case is the athletes' preference for having a male or female AT. In addition, analysis of the independent variables including athletes' gender, college/university division, and specific condition was also conducted.

RESULTS

Approximately 5,700 of student-athletes from 15 colleges/universities were contacted to complete the survey, participants represented all three NCAA divisions and 7 NATA districts (Table 1), with a total number of 597 responses, for a 10% response rate. Surveys were discarded if the participant was not at least 18 years old, and if the survey was not fully completed (determined by answering questions of sex, division, and overall preference). After exclusion of incomplete surveys, 450 responses were found to be appropriate for use in this study. Participating athletes ranged in ages from 18 – 26 (Mean = 21.0 ± 1.4) (Table 2). The distribution of sex for males was 154 (34.2%) for

males and 296 (65.8%) for females. The distribution of NCAA divisions was 60 (13.3%) for Division I, 204 (45.3%) for Division II, and 186 (41.3%) Division III, and represented a variety of sports as shown in Table 3.

Results for Question 18 [Do you think athletic trainers should treat... same-sex athletes, opposite-sex athletes, both (gender does not matter)] are presented in Table 4/Figure 1. The findings are shown as a distribution of counts and percentages for overall perception and separated by sex. Results showed an overwhelming majority were indifferent to ATs treating either gender. Similar results are presented for Question 17 [What is your overall gender preference for an athletic trainer? (male, female, indifferent)] in Table 5/Figure 2 with perceived gender preference for ATs for all participants and separated by gender. A distribution of Sex – by – Gender Preference – by – Division is presented in Table 6 and Graph 3.

Results for Questions 11 – 16 (gender preference analysis per condition) are presented in Tables 7 – 11 (athletic injuries, general medical conditions, psychological conditions, other conditions, and gender specific conditions)

Results for explanation of preference for Question 11 (Athletic Injuries) are shown in Table 12, Question 12 (General Medical Conditions) are shown in Table 13, Question 13 (Psychological Conditions) are shown in Table 14, Question 14 (Other Conditions) are shown in Table 15, Question 15 (Gender Specific Conditions: Female Only) are shown in Table 16, and Question 16 (Gender Specific Conditions: Male Only) are shown in Table 17.

Participants were asked to explain their gender preferences for each specific condition, with results shown in Tables 11-16.

DISCUSSION

The purpose of this study was to determine if NCAA athletes prefer one gender over another or are indifferent when being treated by an AT for various injuries and conditions. When asked about their overall gender preference, NCAA athletes support my hypothesis with more than half of the participants responding they were indifferent and did not have a preference for either a male or a female AT. Of the remaining participants, females showed a stronger preference for female ATs, whereas male participants did not show a significant preference difference.

Male responses for AT gender preference for athletic injury treatment were mostly that of indifferent for each body part, with no preference for either a male or female AT. This was in support of my hypothesis. My hypothesis was not supported in the case of male responses regarding injuries to the groin, where about 50% responded as indifferent and of the remaining responses, more preferred male ATs than female ATs. This result was similar to Drummond et al⁵, where males exhibited a greater comfort level with same-sex healthcare providers for injuries sustained to the mid-body. Of the remaining male responses that did not indicate their preference as indifferent, there was a higher response rate for female AT preference as opposed to male AT preference, except when asked about athletic injuries to the groin. Female participant results indicated a majority of responses as indifferent, except when asked about athletic injuries to the areas of the breast/chest and groin. In this case, female participants show preference for female ATs over male ATs, which is similar to results found by Drummond et al.⁵

When queried about receiving treatment from an AT for general medical conditions, a large majority of participants reported indifferent for gender preference, with the exception of treatment for urinary tract infections and sexually transmitted infections. For these two conditions, males showed a male AT preference and females showed a female AT preference. These results were similar to my presented hypothesis. O'Connor et al⁷ found that male athletes were more comfortable receiving treatment by male ATs for general medical conditions. Drummond et al⁵ had similar findings. My results are slightly different than the previous studies, with an indifferent preference for the majority of the general medical conditions, but same-sex preference with conditions considered to be sensitive in nature.

When responding to psychological conditions, male and female participants indicated indifference with their preference for male and female ATs alike. The only exception was the female preference for a female AT when dealing with conditions regarding body image. This exception refutes my hypothesis. Male participants showed greater preference for female ATs in all categories except for two, substance addictions and body image. These results were similar to findings by O'Connor et al⁷ and Drummond et al⁵ in that they were not considered significant. The remaining female athletes showed an extremely low preference for male ATs and a high preference for female ATs. The female participants supported my hypothesis of female AT preference, while the male participants refuted my hypothesis.

Participants were questioned about their AT gender preference for conditions such as substance use, physical/sexual abuse, and social issues that student-athletes may face. Male participants primarily responded with no particular gender preference when asked

about general conditions (use of alcohol, use of tobacco, use of illegal substances, team related issues, and academic/administrative/financial conflicts). The remaining male participants indicated a gender preference but did not show a significant preference for male ATs or female ATs. However, when probed about more sensitive issues (sexual abuse, physical abuse, or sexual activity) results indicate about 50% of participants have no particular preference and the remaining have a stronger male AT preference than female AT preference.

When presented with sex-specific conditions, Drummond et al⁵ and O'Connor et al⁷ found higher levels of comfort by athletes with same-sex healthcare providers. Similar to these two studies and my hypothesis, female athletes have a significantly higher preference for female ATs. Furthermore, in the case of sex-specific conditions, female athletes showed a preference for female ATs rather than feeling indifferent. Male athlete participants presented with similar results to that of female athlete participants indicating a strong preference for same-sex ATs. Similarly male AT preferences were chosen over indifferent preferences but not to the extent of female athletes. Interestingly, no female athlete reported a preference for male ATs when presenting with any of the sex-specific conditions. However, within all categories of sex-specific questions for males, anywhere between 4% - 10% of male participants reported a preference for female ATs.

Each gender preference question on the survey was followed with an opportunity for the participant to provide an explanation for the preference. Explanations were organized into five categories: 1. Gender related comfort level, 2. Confidentiality, 3. Gender related reliance, 4. Confidence in AT, and 5. Unknown. The responses were

separated into preference of same-sex, opposite- sex, and indifferent. Each preference followed general trends which will be subsequently explained. All conditions (athletic injuries, general medical conditions, psychological conditions, other conditions, and sex-specific conditions) followed the same trends within preferences for same-sex and gender indifference. Participants that reported a same-sex preference explained their preference as being associated with gender related comfort level, whereas participants who indicated an indifferent preference explained that confidence in the AT was the reason for their preference. Participants who reported an opposite-sex preference explained their preference slightly differently. The explanation used by participants when indicating a preference for an opposite-sex AT for athletic injuries and general medical conditions, was that of confidence in the AT. When participants were asked about male gender specific conditions, a majority explained this preference as being related to gender related comfort level for opposite-sex AT preference. The remaining conditions (psychological conditions, other conditions, and female gender specific) presented with no significant majority of explanations for opposite-sex AT preferences.

When more closely examining the different preferences between NCAA divisions, results in each division (Division I, II, and III) followed trends of the large majority which showed an overall lack of gender preference. In Division I and Division III, a higher percentage of male participants showed a lack of gender preference as compared to female participants. In Division II, a higher percentage of female participants showed a lack of gender preference as compared to male participants. All three divisions presented similar results.

In summary, this study found a significant level of no preference for ATs' gender by NCAA student-athletes. In examining the remaining population of responses that showed a gender preference, there is a slightly higher overall preference for female ATs than for male ATs with all conditions except for male gender specific conditions. Female participants showed a higher level of gender preference than did male participants. Also of interest is the response for explanation of gender preference. These responses followed trends within the indifferent and same-sex AT preferences. Preference for indifference showed an explanation of confidence in the AT, while same-sex AT preferences showed gender related comfort level as the main explanation.

LIMITATIONS

The findings in the study are important, but specific limitations should be noted. The participants that volunteered for this study were not evenly distributed by gender with an almost double the number of female athletes compared to male athletes participating. This uneven distribution has skewed the overall gender preference results. Similarly, the number of participants from each NCAA division was also skewed. This limited the data analysis to parametric comparisons with a non-normally distributed population. Another limitation to consider is that the survey instrument was not validated, although it was based on a validated instrument, and piloted. Additionally, the number of colleges/universities contacted (146) compared to the actual colleges/universities that participated (15) may have produced a flaw in the data collection, signifying the lack of ability to generalize the population of NCAA athletes from this study alone.

CONCLUSION

The results of this study demonstrated similar findings to that of other studies including Drummond et al⁵ and O'Connor et al.⁷ Drummond et al⁵ and O'Connor et al⁷ studied perceived comfort levels with ATs while this study addressed athletes' gender preferences for ATs. Overall, the findings of this study indicated that there is a lack of overall gender preference for ATs in the NCAA setting according to the NCAA athletes. These findings present useful information for hiring trends for NCAA AT positions. Athletes did not present with an overall gender preference and this should be taken into consideration when hiring ATs. The employment rate for female ATs in the NCAA is low compared to their male counterpart, but trends show this may change. This research is significant because it indicates that athletes have no preference and care is not altered by having a female AT present. Even though the overall preference of the participants indicated indifference, specific conditions (psychological, other conditions and gender specific conditions) show a trend for some AT gender preferences. In cases such as these, it could be beneficial for at least one male AT and one female AT to be present and available on staff to care for the differing needs of the athletes.

CHAPTER II: LITERATURE REVIEW

Introduction

Females in the field of athletic training have become more prevalent and the numbers of females that represent the membership in the National Athletic Trainers' Association are almost equal to that of males.^{1,2,5} The statistical data show that even though the numbers of female and male athletic trainers are about equal in the profession, there is an unequal distribution of females holding positions in the collegiate athletic setting.² Literature does not reveal whether the inequity of employment opportunities for females is related to the gender biases of employers or because of preferences determined by the athletes/patients. This review of the literature on patient gender preference of care will be examined in eight sections which include: athletic training, female athletic trainers, job satisfaction, burnout, gender roles, comfort of the health care provider, patients' perception of health care provider gender, and athletes' comfort with athletic trainers.

Athletic Training

An athletic trainer is a health care professional that works directly with athletes/patients in the areas of prevention, recognition, evaluation, and assessment of athletic injuries.^{14,15} Athletic trainers work with athletes/patients throughout their physically active career. In a given athletic season, athletes participate in a pre-season, a regular-season, and a post-season. All of these phases of participation may involve

athlete/patient injury, which will require preventative care and treatment, rehabilitation and reconditioning, and return to play decision-making. Athletic trainers are educated by accredited educational programs, certified by the Board of Certification in athletic training, and in most states must be licensed in order to practice.^{14,15}

The Commission on Accreditation of Athletic Training Education (CAATE) is the accrediting body that ensures all athletic training education programs offered by US colleges and universities meet a required set of educational standards. These standards and guidelines map out the minimum criterion required for entry level practice in the field of athletic training, using medical-based education model.^{16,17} The CAATE standards and guidelines insure students are provided with the necessary knowledge and skills through clinical and classroom experiences using a competency-based approach. The set of competencies required to graduate from a CAATE program include evidence-based practice, prevention and health promotion, clinical examination and diagnosis, acute care of injury and illness, therapeutic interventions, psychosocial strategies and referral, healthcare administration, and professional development and responsibility.^{16,18} The Board of Certification provides a set of performance domains that entry-level certified athletic trainers must obtain prior to practicing as a certified athletic trainer.^{14,16} These domains include prevention, clinical evaluation and diagnosis, immediate and emergency care, treatment and rehabilitation, and organization and professional health and well-being.^{14,16}

The National Athletic Trainers' Association (NATA), the governing body of the profession of athletic training, was formed in 1950, starting with 101 members.^{2,14,15} As of February 2013, the NATA is represented with nearly 40,000 members, consisting of

both certified athletic trainers and student members.⁴ The number of certified athletic trainer members in the NATA is nearly 31,000, while the total number of ATCs is approximately 42,500.^{4,17} As the profession evolved, the Professional Advancement Committee and NATA Board of Directors developed a certification exam requirement for athletic trainers in 1969.¹⁸ This certification exam became known as the Board of Certification (BOC) exam. In 1989, the BOC became incorporated to offer entry-level athletic trainers certification and is currently the only certification program for ATs in the United States.¹⁹ The BOC, Inc. provides standards for athletic training and requirements for continued education for certified ATs.¹⁹ In 1990, the American Medical Association officially recognized athletic trainers as allied health care professionals.^{15,17,20} The Health Resources Services Administration and Department of Health and Human Services both categorize ATs as allied health professionals.^{17,20} The NATA aids in establishing AT practicing standards, educational levels, and professionalism.¹⁵ Athletic Trainers are currently state regulated and licensed as health care providers in 49 states.¹⁷ Certified Athletic Trainers are licensed to practice under the supervision of a physician.¹⁷

In the athletic setting, ATs are typically the first member of the health care team that communicates with the athlete when injury or illness occurs.²¹ ATs have found it extremely important to build a good relationship with each athlete in order to provide care throughout the season. Raab et al²² reported the characteristics required for a quality AT include commitment, integrity, communication, caring, and professional knowledge. Rapport built with the athletes can create an environment of trust, security, and reliance on an AT that will aid in treatment, management, and rehabilitation of injuries or conditions that are either athletic or non-athletic in nature.¹⁰ Possessing the qualities of

dedication, empathy, and compassion for their job and athletes/patients is a set of desirable characteristics of any health care professional, especially athletic trainers.²²

Female Athletic Trainers

Women first joined the NATA in 1956.² The number of women that are part of the NATA grew from 16 in 1974 to 14,640 at the end of 2011, and even further to 20,846 as of February 2013.^{4,5,23} Women now comprise nearly 53% of the NATA's certified members.^{4,23}

Females have continually experienced discrimination in the profession of athletic training.²⁴ Inequality of treatment and opportunity for female athletic trainers has been presented and expressed since at least 1996.²⁴ While the gender gap has continued to close over the years, there is still an inequity between males and females.^{24,25} Females are able to participate in sports with equal opportunities as compared to males, but still have limited access to professional advancement and high-level job opportunities regardless of their qualifications or abilities to perform the job to the standard of their male counterpart.²⁵

The second highest employment setting in the athletic training field is the college/university setting, which comprises 20% of all of the employed certified athletic trainers.⁶ As of 2012, 99.2% of all of the National Collegiate Athletic Association (NCAA) institutions has an AT on staff.³ While the prevalence rates of NCAA institutions employing ATs is high, comprising the second highest employment setting for ATs, less than one-third of NCAA institutions employ female ATs.^{2,3,26} Females hold only 40.5% of head AT positions in Division III institutions, 31.2% in Division II

institutions, and 17.5% in Division I institutions.^{1,3,7,26,27} Of all the head AT positions within the NCAA, 30.7% are held by females.³ The number of females athletic trainers in the NCAA setting is significantly under represented, comprising only 27.4% of all full-time ATs in the NCAA, despite the continued growth of the number of female athletic trainers in the profession nationally.^{2,3,7} In addition, a limited number of females in the college/university athletic training setting are involved with high-revenue sports, such as football, basketball, baseball, and hockey.^{7,28}

Females are faced with gender stereotypes and biases throughout the workplace. The profession of athletic training from a college/university standpoint, which is male dominated, has shown to have gender stereotypes and biases.^{29,30} Determining how to compensate for these stereotypes is a struggle females face in many career paths. Sport environments are often viewed as a predominantly male, and when a female AT enters the picture to manage injury/illness, even when qualified, she often faces confrontation and questioning from male administrators, coaches, other ATs, and athletes.²⁹ While the gender gap is purportedly closing, gender stereotypes, barriers, and biases are still present.^{25,29,30}

According to the NATA, as of 2010, 61 female ATs held positions with female professional sports and only two with male professional sports.⁷ Several full-time ATs admit to facing an increased risk of sexual harassment and hiring resistance even though female ATs are qualified for the positions.²⁸ The first female athletic trainer hired in a male professional sport occurred in 1997, and the next two occurred in 2002.²⁸ In April, 2012, the Los Angeles Dodgers hired the first female AT in Major League Baseball (MLB) and she is the first female to hold a Head AT position with a male professional

sport.³¹ However, there has yet to be progress in National Hockey League (NHL) with no female athletic trainers working in this organization.²⁸ In 2004, a study was conducted in an effort to determine if the National Football League (NFL) was willing to hire female athletic trainers. Sixty percent of the participants agreed that hiring females was a future possibility, and presented with a possible positive outcome.^{28,32} Participants reported continued barriers for females in a male dominated atmosphere will exist, but details are needed so that perceived obstacles can be eliminated.^{28,32} This is an example of the *glass ceiling effect*, which is described as those indistinguishable obstacles females face that disallow females to attain the same level of success as their male counterparts.²⁸ Further obstacles faced by females, particularly in the athletic training profession, may lead to an altered job satisfaction.

Job Satisfaction

Job satisfaction quantifications are factored by various aspects of the job such as pay, stress from the job, time commitment, work-family conflict, and organizational constraints.^{1,6,33} Attrition rates can be affected by the level of job satisfaction in the profession. The job satisfaction of ATs working in the college/university employment setting has been studied on numerous occasions.^{1,2,6,25-29,34-38} Depending on the different NCAA divisions (I, II, III), there is an increased likelihood of variation in financial resources, athletic venues, and athletic training facilities, which may be associated with level of job satisfaction.⁶ More competitive NCAA divisions could create higher pressures for ATs to make rash decisions regarding return to play, to work longer hours, and to succumb to pressure from coaches.⁶

In the NCAA Division I setting, gender equity and life balance issues continue as barriers for female ATs.¹ Booth studied the perceived gender equity and barriers related to advancement in the profession, determining that females have a higher rate of perceived barriers as compared to their male counterparts.²⁵ The barriers women reported were related to social and professional placement, along with role conflicts and capabilities in their career.²⁵

In a study conducted at the NCAA Division I setting, it was found that early departure from the job was demonstrated by female ATs as a result of work-family conflicts.¹ Women are faced with demands associated with childbearing and the often expected the *traditional* role of females as the primary caregiver to the children and caretaker of the household.¹ These cumulative responsibilities of female ATs create an environment ripe for increased attrition rates of females in the NCAA Division I setting. It should be noted, however, that some females voluntarily leave the NCAA setting in order to better balance their professional and desired family life.^{1,7,33}

Voluntary turnover is inevitable in any profession, yet a high prevalence of voluntary turnover can have a negative effect on the profession. High voluntary turnover can have a negative influence on the effectiveness of the organization and long term goal achievement.¹ Kahanov et al² found that 86% of female ATs reported greater work-family conflict as compared to their male counterpart, primarily due to the female being the primary caregiver in the household. High occurrence of voluntary turnover, specific to females in the profession, can negatively influence the hiring of female replacements as a means to prevent voluntary turnover. Males could potentially be hired over females in the NCAA setting because of the high prevalence of attrition of females due to work-

family conflicts. Role congruity theory may provide one explanation as to why males are hired over females for head athletic training positions in the Division I setting.⁷ The role congruity theory states that women and men have stereotypically different roles when it comes to behavior and attitudes.⁷ The amount of job satisfaction of an AT can be directly related to the amount of perceived burnout within the current job placement.

Burnout

Some helping professions demonstrate higher rates of stress and burnout.³⁴ Athletic Trainers are healthcare professionals that, like many other healthcare professionals, deal with burnout in their career. Some of the causes of burnout are connected to job stressors, low income, extra event coverage, working overtime, immediate decision making in critical situations, dealing with a crisis on a regular basis, shortages in coverage and staff, having little say in a schedule or managerial situations, and the competitive nature of athletics.³⁴⁻³⁷ The extent of perceived burnout can be altered depending on the role an AT plays in their profession and at home. Athletic trainers have the ability to work in a variety of different settings, and each setting comes with its own set of stressors.³⁴ Gender roles can be a factor with the distribution of household roles and responsibilities.³⁵ Female AT's have shown to have higher levels of stress as compared to males, with a correlation of chronic stress and burnout.^{34,37}

Gender Roles

A successful work-family system for females tend to contradict *traditional* male and female roles.^{27,39} The provider role has traditionally been given to the female. She is the primary caregiver in the household and does the majority of the household duties.^{1,27,39} Men are thought to provide for the family by being the breadwinner.³⁹ The

increase in two-wage households gave a rise to the idea of shared responsibilities of domestic work. Even when a household maintains dual incomes, the woman's income is likely seen as supplemental or helping, whereas the man's income is seen as the primary financial support no matter the amount that the woman earned as compared to the man.³⁹

Social norms have persisted to pressure women to be the nurturer and the men to be the financial supporter of the family.³⁹ Previous views subjected women to choose either a family or career, but more recently women want both a career and a family.³⁸ For women, pursuing both a career and a family comes with a set of conflicts and consequences.^{26,38} Females with families and careers need to balance their lives to spread time evenly to compensate for the multiple desires of having it all.^{26,38}

When examining families with dual income households, men were typically viewed as the breadwinners, while the women's income was not viewed as a vital contribution to the family's needs or as a necessity. Men also have trouble admitting to their female counterpart's ability to provide economic contributions to the family.³⁹ The gender provider roles are set more idealistically for men than women, but women are more willing to fill the domestic role in order to provide a working and loving household.³⁹

Comfort of the Health Care Provider

An undergraduate Athletic Training Education Program has a series of competencies that each student must complete prior to graduation. Upon completion, the student then becomes eligible to sit for the Board of Certification (BOC) Exam, the national certification exam for athletic trainers.¹⁵ AT educational standards require

students to be involved with the treatment and care of a variety of athletes/patients and for an array of conditions for both males and females. While it is widely recognized that athletic trainers are experts in the recognition, care, and treatment of musculoskeletal injury, the fact that athletic trainers are educated in the recognition, care, and treatment of general medical conditions affecting the physically active, is often overlooked. The CAATE requires that AT students receive both didactic and clinical education as it relates to general medical conditions and the physically active population.^{15,40} A study by Shingles found that female ATs felt they were prepared to treat both male and female athletic injuries, but found that when treating female athletes they were more comfortable and considered the interaction informal as compared to their interaction with males which was described as *professional*.⁴⁰ This difference in comfort may have a negative impact on the athletes/patients in trusting athletic trainers or health care providers of the opposite sex.⁴⁰

The gender sensitive comfort differentiation can be seen across the health care professions. One study found that physician trainees felt they were not properly trained in the treatment of conditions that were sex-sensitive, and consequently had a decreased comfort level when consulting with patients in this situation.⁴⁰ Another study found that female physicians had a high comfort level as compared to males when treating or performing tests such as Pap smears, breast examinations, and sexual histories of females.⁴⁰ In contrast, male physicians showed to have increased comfort levels as compared to females when treating and performing tests such as prostate examinations and sexual histories for men.⁴⁰ Research in other medical professions can aid in the assessment of health care, dependent on gender, within the athletic training profession.

Studying the comfort of health care professionals, specifically in the view of ATs will aid with optimal care in years to come. Drummond et al⁴⁰ studied AT's comfort level with different athletes and conditions that were both general and intimate in nature. The findings in this study reveal that female ATs compared to their male counterparts, reported greater comfort levels when treating female athletes for groin injuries, urinary tract infections, gastrointestinal disorders, and eating disorders. The opposite results were found when questioned about male athletes with the same injuries and conditions. In this same study, questions about injuries to athletes either male or female that were non gender-specific, revealed no significant gender preference for male or female ATs.⁴⁰ When questioned about injuries or conditions that are gender specific, male ATs report higher comfort levels with conditions like testicular or scrotal injuries than female ATs, while female ATs report higher comfort levels with conditions such as vaginal injuries, pregnancy, and dysmenorrhea than male ATs.⁴ Determining the patient's comfort with the health care provider is important to the provision of adequate and appropriate care to the athlete/patient. As such, an essential component in the determination of patient comfort as it relates to the health care provider may be affected by the gender of the health care provider.

Patients Perception of Health Care Provider Gender

Numerous studies have examined patient preference for health care provider gender. One study showed that female patients preferred female gynecologists and physicians for women's health problems,⁹ while another study found that half of the female patients preferred a female physician, but males did not show a strong preference for a male or female physician.⁹ In another study it was determined that females seem to

prefer female physicians and males seem to prefer male physicians.⁹ Kerssens et al⁹ found females had a limited gender preference with regards to medical professionals, but did show a higher preference for female general practitioners, mental health care providers, nurses, and gynecologists. Male responses differed as compared to female responses. Males showed a decrease in preference for gender provider through a range of disciplines. In the medical field, males show a preference for male providers, while they present with an evenly distributed preference for both genders for mental health care providers.⁹ However, it has been shown that males do prefer female providers as social workers, nurses, and obstetricians.⁹ Patient preference for health care providers' gender has shown to be the result of patients' feelings. Specifically, patients indicate that one particular provider gender over the other offers experiences that are more comfortable in terms of communication, personal interest, intimate and physical examination, level of expertise in the area of study, and willingness to spend more time with patient, thus offering more efficient treatment.⁹

Kapphahn et al⁸ conducted a study that assessed adolescent boys' and girls' preferences for a health care providers' gender. When the adolescents were asked about gender preference of their physicians, 50% of the girls preferred a female provider and 48% showed no preference.⁸ Sixty-five percent of adolescent boys showed no gender preference.⁸ Results did reveal that younger girls showed an increase in preference for having a same-gender physician than did boys. The study also revealed that adolescents, 12 – 13 years of age, prefer to discuss sexual problems with physicians of the same gender, while this preference decreased with adolescent ages 14 – 15 years.⁸ Interestingly, adolescents involved in risky health behaviors, like sexual activity and

drug or alcohol use, are more willing to communicate with a physician of the opposite-gender.⁸ It is important, however, to look at all patients to seek out preference levels for males and females alike.

Multiple studies have assessed the gender preference of female patients when being treated by obstetricians & gynecologists. Chandler et al¹⁰ reported that 52% of the patient participants preferred a female provider, 4% preferred a male, and 44% had no preference. When asked about preference, patients that preferred a female provider did so because of experience or reputation, personal modesty, and indication that women better understand their problems. Thirty-five percent of the patients indicated gender as one of the top two factors.¹⁰ Ninety-seven percent of patients with no preference for provider gender indicated provider reputation or experience of the provider as the reason for selection.¹⁰

Balla et al¹¹ studied the patient preference of provider's gender among patients receiving erectile dysfunction management. The results showed that about 53% of the participants had no preference with their health care provider's gender. Of the remaining participants that did present with a gender preference, approximately 60% of them preferred male health care providers.¹¹ Of the participants that showed a clear preference of gender, about 20-30% presented with a gender bias toward health care provider training quality.¹¹

Makam et al¹² reported slightly different results with regard to patient provider preference. In this study, 52% of the patients presented with no gender preference for an obstetrician-gynecologist, 45% indicated preference for a female provider, and 4% indicated preference for a male provider. The majority of the reasons for the preference

of a female provider in this study included the ability of the female provider to understand the problems of the patient better as well as personal modesty. The four percent that indicated male provider preference did so because they felt male providers would better understand such medical problems.¹²

Patients consider communication as a critical skill when choosing between male and female health care providers. When defining quality of communication skills as time spent with the patient, directivity toward the patient, and psychosocial context, research has shown females to generally have better communication skills as compared to their male counterparts.¹³ This is not saying that male health care providers are less qualified for their positions; rather it helps to identify differences in communication styles between genders. Communication style can be a factor in the patients' preference for health care provider gender. While some researchers concluded that when the provider and patient are of the same gender, comfort and communication during the visit will be increased.¹³ However, other researchers found no definitive outcomes in patient preferences related to the gender of the health care provider. Some patients are clearly satisfied with female or male physicians, while some patients only prefer physicians of the opposite-sex or same-sex.¹³ The athletic population's comfort level with health care providers, such as athletic trainers, follows this same conflicting pattern.

Athletes' Comfort with Athletic Trainers

Drummond et al⁵ conducted a study that examined athletes' comfort level with athletic trainers of both genders. The overall results found that female athletes reported a higher level of comfort with female ATs when presenting with general medical conditions, psychological conditions, injuries to the upper, middle, and lower body, and

gender-specific injuries and conditions. Males, however, expressed higher comfort levels for male ATs for general medical conditions, injuries to the mid-body, and gender-specific injuries and conditions. Males showed no difference in levels of comfort with male or female ATs when presenting with psychological conditions and injuries to the upper or lower body.⁵ These results could signify that if ATs do not provide a proper communication channel in which athletes can express discomfort, optimal care may be sacrificed as a direct result of the discomfort of the athlete with their AT.⁵

Athletes reported that male and female ATs with the same education level and background, did not show a gender treatment preference for general injuries or conditions, but did show a preference for same-gender AT treatment for *sex-related* or *gender-specific* injuries or conditions.⁷ When asking NCAA Division I football players about treatment for psychological conditions, they indicated no gender preference for treatment. Drummond et al had similar findings.^{5,7}

NCAA Division I football players were asked about their perception of female ATs, and the football players reported characteristics that were consistent with gender-role stereotypes as indicated by the role congruity theory.⁷ The study conducted by O'Connor et al⁷ shows incongruence between the roles of female and male football ATs, and the gender stereotyping roles show that the players do not view the qualities of a female to be qualified to provide AT services in the sport of football. Drummond et al⁵ noted that NCAA athletes have a different comfort level when receiving health care services from ATs of the same-sex and opposite-sex. This comfort level has typically been seen with the treatment of gender specific injuries and conditions.^{5,41} Higher satisfaction rates by athletes receiving treatment are partly due to gender differences, but

has also been linked to the level of experience of the athletic trainer.⁴¹ The lack of representation of female athletic trainers in NCAA athletics, especially in head athletic training positions, can be attributed to many factors including job satisfaction, attrition, and work-family conflict. Determining the root of these factors can aid in justification of gender roles in the field of athletic training.

Conclusion

Athletic trainers play a large role in NCAA sponsored institutions, with 99.2% of these institutions employing at least one AT.^{2,3} Inequity in the number of females that represent this setting as compared to males may be problematic. Females are faced with increased work-family conflict and higher rates of voluntary turnover due to conflicts of the job in the NCAA setting.^{1,2} Females are also faced with some degree of gender role stereotyping as seen through the role congruity theory and work-family traditional roles. As such, there is concern for a lack of understanding regarding the perceived gender inequity among ATs in the NCAA setting.^{7,39}

The general analysis through multiple studies with health care providers is that both males and females have an increased comfort level when receiving care/treatment from a health care provider of the same gender, especially when being treated or discussing injuries or conditions that are gender-specific and intimate in nature.^{5,8,10,12} Athletic trainers, as required by educational accreditation, are trained in all aspects of injuries and medical conditions that are both gender-specific, intimate in nature, and general in nature.^{14,15} The qualifications are not differentiated by gender, therefore, each athletic trainer is capable of assessing, treating, and managing all injuries and conditions for both males and females.^{14,15} The differences in comfort level for athletes and patients

with health care providers of particular genders can be noted, but should not create a discriminating atmosphere for health care providers of both genders in settings where ATs are employed.

CHAPTER III: CONCLUSION AND RECOMMENDATIONS

The numbers of female athletic trainers in the NATA are growing each year, currently representing 52.96% of the memberships.⁴ The representation of female athletic trainers in NCAA institutions is low. About 99.2% of the NCAA institutions employ at least one AT, yet less than one-third of those institutions employ female ATs.^{2,3} Additionally, only 27.4% of all full-time AT positions in the NCAA are held by females.³ Hiring and retention rates for female athletic trainers in the NCAA must be studied further. The purpose of this study was to identify whether or not NCAA athletes prefer to receive care/treatment by ATs of a specific gender. More specifically, the purpose was to determine if NCAA athletes have an AT gender preference when being treated for specific conditions including general medical conditions, psychological conditions, and gender specific conditions. With 450 completed surveys, the overall response from the participants revealed a lack of overall gender preference for ATs, but a same-sex AT preference when dealing with conditions that are gender specific and intimate in nature. A lack of overall preference and same-sex preference with intimate conditions can support the concept of gender distribution of employment within the NCAA institutions in order to provide optimal AT care for NCAA student-athletes.

Future research should be continued to determine the best possible care for student-athletes by ATs. Potential research can be done to examine overall athletes' satisfaction for ATs as it relates to gender. Potential hiring and retention trends can be examined to determine the reasoning for the low representation of females in NCAA athletics.

REFERENCES

1. Goodman A, Mensch JM, Jay M, French KE, Mitchell MF, Fritz SL. Retention and attrition factors for female certified athletic trainers in the National Collegiate Athletic Association Division I football bowl subdivision setting. *J Athl Train*. 2010;45(3):287–298.
2. Kahanov L, Loeb sack AR, Masucci MA, Roberts J. Perspectives on parenthood and working of female athletic trainers in the secondary school and collegiate settings. *J Athl Train*. 2010;45(5):459–466.
3. Acosta RV, Carpenter LJ. Women in intercollegiate sport: a longitudinal, national study thirty-five year update 1977-2012. <http://acostacarpenter.org/AcostaCarpenter2012.pdf>. Published 2012. Accessed March 17, 2013.
4. National Athletic Trainers' Association. February 2013 NATA membership by class & district. <http://members.nata.org/members1/documents/membstats/2013-02.htm>. Published 2013. Accessed March 19, 2013.
5. Drummond JL, Hostetter K, Laguna PL, Gillentine A, Del Rossi G. Self-reported comfort of collegiate athletes with injury and condition care by same-sex and opposite-sex athletic trainers. *J Athl Train*. 2007;42(1):106–112.
6. Henning JM, Terranova AB. National Collegiate Athletic Association division and primary job title of athletic trainers and their job satisfaction or intention to leave athletic training. *J Athl Train*. 2011;46(3):312–318.
7. O'Connor C, Grappendorf H, Burton L, Harmon SM, Henderson AC, Peel J. National Collegiate Athletic Association Division I football players' perceptions of women in the athletic training room using a role congruity framework. *J Athl Train*. 2010;45(4):386–391.
8. Kappahn CJ, Wilson KM, Klein JD. Adolescent girls' and boys' preferences for provider gender and confidentiality in their health care. *J Adolesc Health*. 1999;25(2):131–142.
9. Kerssens JJ, Bensing JM, Andela MG. Patient preference for genders of health professionals. *Soc Sci Med*. 1997;44(10):1531–1540.
10. Chandler PJ. Provider gender preference in obstetrics and gynecology: a military population. *Mil Med*. 2000;165(12):938–940.
11. Balla DJ, Carrejo MH, Tan RS. Preference for gender of health care provider in management of erectile dysfunction. *Int J Impot Res*. 2007;19(5):474–479.
12. Makam A, Mallappa Saroja C, Edwards G. Do women seeking care from obstetrician–gynaecologists prefer to see a female or a male doctor? *Arch Gynecol Obstet*. 2010;281(3):443–447.
13. Street Jr. RL. Gender differences in health care provider–patient communication: are they due to style, stereotypes, or accommodation? *Patient Educ Couns*. 2002;48(3):201–206.

14. Prentice W. *Arnheim's Principles of Athletic Training: A Competency-Based Approach*. 14th ed. New York, NY: McGraw-Hill; 2010:1–39.
15. Anderson MK, Parr GP, Hall SJ. *Foundations of Athletic Training: Prevention, Assessment, and Management*. 4th ed. Philadelphia, PA: Wolters Kluwer; 2009:1–18.
16. National Athletic Trainers' Association. Athletic training education overview. <http://www.nata.org/sites/default/files/AT-EducationOverview.pdf>. Published 2012. Accessed November 1, 2012.
17. National Athletic Trainers' Association. FACTS about athletic trainers. http://www.nata.org/sites/default/files/AT_Facts.pdf. Published 2009. Accessed November 1, 2012.
18. Grace P. Milestones in athletic trainer certification. *J Athl Train*. 1999;34(3):285–291.
19. Board of Certification. What is the BOC? 2012. <http://www.bocatc.org/about-us/what-is-the-boc>. Published 2012. Accessed February 19, 2013.
20. National Athletic Trainers' Association. Profile of athletic trainers. http://www.nata.org/sites/default/files/AT_Facts_revSept2011.pdf. Published 2011. Accessed November 1, 2012.
21. Unruh S, Unruh N, Moorman M, Seshadri S. Collegiate student-athletes' satisfaction with athletic trainers. *J Athl Train*. 2005;40(1):52–55.
22. Raab S, Wolfe BD, Gould TE, Piland SG. Characterizations of a quality certified athletic trainer. *J Athl Train*. 2011;46(6):672–679.
23. National Athletic Trainers' Association. Growth in total number of members 1974 - 2011. <http://members.nata.org/members1/documents/membstats/2011EOY-stats.htm>. Published 2012. Accessed November 1, 2012.
24. Dieringer KI. *An Analysis of Changes in Perceptions of Certified Athletic Trainers from 1996 to 2006 on the Women in Athletic Training Survey* [dissertation]. Denton: University of North Texas; 2007.
25. Booth CL. *Certified Athletic Trainers' Perceptions of Gender Equity and Barriers to Advancement in Selected Practice Settings* [dissertation]. Grand Forks: The University of North Dakota; 2000.
26. Loeb sack A. *Female Athletic Trainers Perspectives on Parenthood in the Collegiate Setting* [master's thesis]. San Jose: San Jose State University; 2007.
27. Burton LJ, Borland J, Mazerolle SM. "They cannot seem to get past the gender issue": experiences of young female athletic trainers in NCAA Division I intercollegiate athletics. *Sport Manage Rev*. 2012;15(3):304–317.
28. Chung E. *Female Athletic Trainers in Professional Male Sports* [master's thesis]. Las Vegas: University of Nevada; 2006.

29. Ohkubo M. *Female Intercollegiate Athletic Trainers' Experiences with Gender Stereotypes* [master's thesis]. San Jose: San Jose State University; 2008.
30. Gach A. *Perceived Gender Bias Among High School and Collegiate Certified Athletic Trainers* [master's thesis]. California: California University of Pennsylvania; 2011.
31. Sorlie A. Meet L.A.'s Sue Falsone: only female head trainer in pro sports. <http://sportsillustrated.cnn.com/2012/baseball/mlb/04/10/sue.falsone/index.html>. Published 2012. Accessed February 18, 2013.
32. Dawson J. *Female Athletic Trainers in the National Football League* [master's thesis]. San Jose: San Jose State University; 2004.
33. Godek MM. *Work-Family Conflict and the Perception of Departmental and Institutional Work-Family Policies in Collegiate Athletic Trainers* [dissertation]. Athens: Ohio University; 2012.
34. Thompson AJ. *Factors Influencing Stress and Burnout in Collegiate Certified Athletic Trainers* [dissertation]. Minneapolis: Capella University; 2005.
35. Kania ML, Meyer BB, Ebersole KT. Personal and environmental characteristics predicting burnout among certified athletic trainers at national collegiate athletic association institutions. *J Athl Train*. 2009;44(1):58–66.
36. Rethorst J. *Differences in Job Satisfaction Among Collegiate Athletic Trainers* [master's thesis]. Kearney: University of Nebraska at Kearney; 2008.
37. Westerkamp KD. *Stress and Burnout in Mid-America Certified Athletic Trainers* [master's thesis]. Marshall: Southwest Minnesota State University; 2011.
38. Rice LM. *Strategies Used by Division I Female Athletic Trainers to Balance Family and Career Demands* [master's thesis]. Fresno: California State University; 2001.
39. Loscocco K, Spitze G. Gender patterns in provider role attitudes and behavior. *J Fam Issues*. 2007;28(7):934–954.
40. Drummond JL, Velasquez BJ, Cross RS, Jones ML. Self-reported comfort in athletic training of gender-specific and non-gender-specific injuries and issues. *J Athl Train*. 2005;40(3):211–217.
41. Pilgrim JJ. *Exploring Collegiate Student-Athletes' Satisfaction with Athletic Trainers* [master's thesis]. Lansing: Michigan State University; 2010.

APPENDIX A

Informed Consent

My name is Megan McCullough. I am a graduate student at Northern Michigan University. I am sending out a survey to collect data for my thesis. The purpose of my research is to identify the preference of gender in an athletic trainer by a NCAA athlete. I am asking you to respond and complete the electronic survey that was sent to you by your head athletic trainer or compliance coordinator.

Potential benefits include aiding athletics trainers in the betterment of the profession and improving treatment to student-athletes. Also, benefits can include increasing awareness of gender preferences with health care providers. Potential risks include reproducing harmful memories or negative past experiences. This survey will take approximately 10 minutes to complete. The data will be collected through Qualtrics Research Suite, an electronic survey system that collects data completely anonymously. Your answers will be completely private, no one else will know if you participated in the study or any information regarding your answers. All information gathered will be protected through a double password lock and only the research personnel will have access. Scientific data results will be based on overall data collection and no identifiable information from the individual will be collected or included in this study. This research study has been approved through the Northern Michigan University Institutional Review Board (HS12-495) with research involving human subjects. The approval signifies that all information collected in this survey can and will be used for research purposes only.

Submitting the survey indicates that you consent and acknowledge the information you have read and agree to partake in our research. If you chose not to participate in this study, you will in no way be subject to any negative consequences or penalties. At the end of the survey, there will be a section for you to insert your email or mailing address for sole purposes of being put into a drawing for participation in order to win an Honorarium \$25 Amazon gift card. If any further questions regarding rights as a participant in a research project you may contact Dr. Brian Cherry, Assistant Provost of Graduate Education and Research of Northern Michigan University (906-227-1823) There will be no consequence to you if you decide to not participate in this research.

Thank you in advance for your time!

If you have any questions please contact:

Megan McCullough AT, ATC

memccull@nmu.edu

(513) 465-7183

Marguerite Moore PhD, AT, ATC. Thesis Director

mmoore@nmu.edu

(906) 227-2228

Brian Cherry PhD, Assistant Provost of Graduate Education and Research

bcherry@nmu.edu

(906) 227-1823

APPENDIX B

To Whom It May Concern,

My name is Megan McCullough. I am a graduate student at Northern Michigan University. I am conducting a research project for my Master's Thesis and need your help. This study involves the distribution of a survey using Qualtrics Survey Research Suite. Qualtrics survey software provides survey participants with a complete anonymous way in which to collect information in order to assure privacy of your athletes. The information collected through this survey will be used for research purposes only. My research has been approved by the Northern Michigan University Institutional Review Board for research involving human subjects. (IRB Approval #: HS12-495)

Included with a request to participate in this study is an informed consent document which includes the details of this study including the purpose, potential benefits and risks, and information regarding the voluntary nature of the study. In addition, participants are also informed that they have the right to withdraw from participation in this study at any time without penalty. Upon completion of the survey the athlete will be able to enter into a randomized drawing to win one of several Honorarium \$25 gift cards to Amazon as a reward for participation.

In order for me to gather the data necessary to complete my study, I am asking you to assist me in one of the following ways:

1. Forward this link to all of the NCAA varsity athletes at your institution:
http://nmu.qualtrics.com/SE/?SID=SV_bd3YD5jrlTe2aG1

OR

2. Send me a list of the email addresses. I will then send them the research information. E-mail addresses will not be used for any other purpose.

These options are implemented to make this process easiest and least imposing on you.

I plan to follow-up this email with a phone call directly to you so that I may answer any questions or concerns you may have with my study.

Please do not hesitate to contact me at any time with questions and/or concerns!

Thank you in advance for your help. I look forward to talking with you very soon.

Megan McCullough, AT, ATC
Staff Athletic Trainer
Northern Michigan University
Graduate Studies: Masters of Exercise Science
memccull@nmu.edu
Office: (906) 227-1195
Fax: (906) 227-2492
Cell: (513) 465-7183

APPENDIX C

Survey

Same-sex vs Opposite-sex Athletic Trainers: NCAA Athletes' Comfort and Preference

Demographic and General Information

1. What is your current age?
 - a. Under 18
 - b. 18-25
 - c. Over 25
2. What is your sex?
 - a. Male
 - b. Female
3. Please select you sport:
 - a. List of all NCAA sports
4. University/College Division:
 - a. Division I
 - b. Division II
 - c. Division III
5. Do you have access to receive care from an athletic trainer?
 - a. Yes
 - b. No
6. Do you understand the role of an athletic trainer?
 - a. Yes
 - b. No
7. Are you satisfied with your current athletic trainer?
 - a. Yes
 - b. No

8. What is the gender of your current athletic trainer?
 - a. Male
 - b. Female
 - c. Both
9. What was the gender of any previous athletic trainer(s)?
 - a. Male
 - b. Female
 - c. Neither
 - d. Both
10. Do you have any positive or negative experiences with your current/previous athletic trainer(s)? What is the gender of this athletic trainer?
 - a. Positive: Male/Female
 - b. Negative: Male/Female

Condition Specific Questions

11. For each question, please answer either: male, female, or indifferent. Following each question there is a box for an explanation of why you answered the preference that you did. Please mark 1 – 4 which correlates to the explanations below:

1. Gender related comfort level
2. Confidentiality
3. Gender related reliance
4. Confidence in athletic trainer
5. Unknown

Athletic Injuries				
	Male	Female	Indifferent	Explanation
Head/Neck				
Shoulder				
Breast/Chest				
Ribs				
Hip				
Groin				
Abdomen				
Back				
Ankle/Foot				
Knee				

12. For each question, please answer either: male, female, or indifferent. Following each question there is a box for an explanation of why you answered the preference that you did. Please mark 1 – 4 which correlates to the explanations below:

1. Gender related comfort level
2. Confidentiality
3. Gender related reliance
4. Confidence in athletic trainer
5. Unknown

General Medical Conditions				
	Male	Female	Indifferent	Explanation
Hypertension				
Urinary Tract Infection				
Influenza/ Common Cold				
Skin conditions				
Asthma				
Gastrointestinal/Stomach Issues				
Dental Complications				
Headaches/Migraines				
Concussion				

13. For each question, please answer either: male, female, or indifferent. Following each question there is a box for an explanation of why you answered the preference that you did. Please mark 1 – 4 which correlates to the explanations below:

1. Gender related comfort level
2. Confidentiality
3. Gender related reliance
4. Confidence in athletic trainer
5. Unknown

Psychological Conditions				
	Male	Female	Indifferent	Explanation
Overall psychological health				
Depression				
Addictions (physical)				
Addictions (drug, alcohol, emotional)				
Disordered Eating Behaviors				
Body Image				
Anxiety				
Family/Friend Issues				
Emotional Distress				
Life Style Changes				
Stress				

14. For each question, please answer either: male, female, or indifferent. Following each question there is a box for an explanation of why you answered the preference that you did. Please mark 1 – 4 which correlates to the explanations below:

1. Gender related comfort level
2. Confidentiality
3. Gender related reliance
4. Confidence in athletic trainer
5. Unknown

Other Conditions				
	Male	Female	Indifferent	Explanation
Sexual Abuse				
Physical Abuse				
Use of Alcohol				
Use of Tobacco				
Illegal Substance Use				
Sexual Activity				
Team related issues				
Academic conflicts				
Administrative conflicts				
Financial conflicts				

15. For each question, please answer either: male, female, or indifferent. Following each question there is a box for an explanation of why you answered the preference that you did. Please mark 1 – 4 which correlates to the explanations below:

1. Gender related comfort level
2. Confidentiality
3. Gender related reliance
4. Confidence in athletic trainer
5. Unknown

Gender Specific Conditions (Female ONLY)				
	Male	Female	Indifferent	Explanation
Menstrual Cycle				
Break Through Bleeding				
Menstrual Cramps				
Possible Pregnancy				
Abnormal Discharge				
Painful Intercourse				
Lumps in Breast				
Genital Skin conditions				

16. For each question, please answer either: male, female, or indifferent. Following each question there is a box for an explanation of why you answered the preference that you did. Please mark 1 – 4 which correlates to the explanations below:

1. Gender related comfort level
2. Confidentiality
3. Gender related reliance
4. Confidence in athletic trainer
5. Unknown

Gender Specific Conditions (Male ONLY)				
	Male	Female	Indifferent	Explanation
Testicular Pain				
Abnormal Discharge				
Sexual Dysfunction				
Impotence				
Abnormal Groin Pain				
Excessive Testicular Swelling				
Genital Skin Conditions				
Painful Intercourse				

Overall Preference Questions:

17. What is your overall gender preference of an athletic trainer?

- a. Male
- b. Female
- c. Indifferent

18. Do you think athletic trainers should treat...?

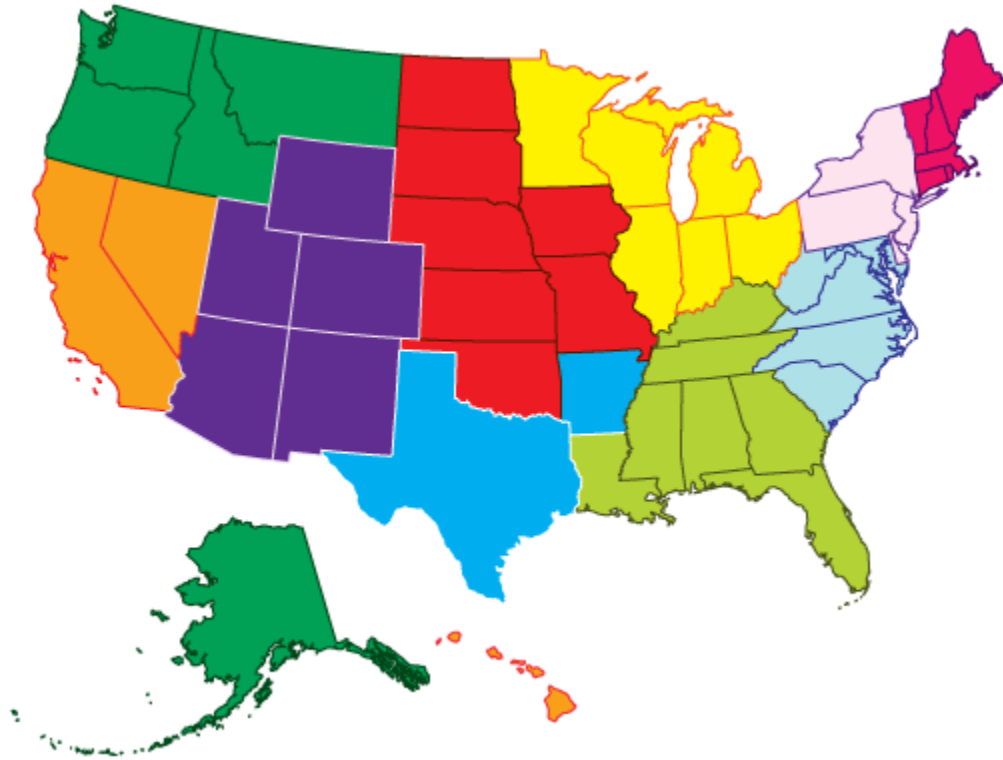
- a. Same-Sex Athletes
- b. Opposite-Sex Athletes
- c. Both (Gender does not have an affect)

Table 1. Division/District Distribution by School

Division	Invited	Participated
Division I	58	5
Division II	46	7
Division III	41	3

District	Invited	Participated
District 1	14	0
District 2	13	0
District 3	14	0
District 4	15	5
District 5	14	2
District 6	11	1
District 7	14	1
District 8	13	2
District 9	25	2
District 10	13	2

Figure 1. NATA Districts Map



Key	
District 1	Hot pink
District 2	Light pink
District 3	Light blue
District 4	Yellow
District 5	Red
District 6	Blue
District 7	Purple
District 8	Orange
District 9	Lime green
District 10	Green

Table 2. Age Distribution

Age	Count	Percentage
18	72	16.0%
19	103	22.9%
20	104	23.1%
21	105	23.3%
22	51	11.3%
23	10	2.2%
24	4	0.9%
25	0	0.0%
Over 25	1	0.2%
Total	450	100.0%

Table 3. Sport Distribution

Sport	Male	Female
Basketball	15	30
Cross Country	6	31
Golf	6	6
Ice Hockey	4	2
Lacrosse	0	2
Skiing	2	9
Soccer	16	57
Swimming & Diving	12	42
Tennis	6	11
Track & Field	14	43
Volleyball	1	34
Water Polo	3	2
Baseball	13	0
Bowling	1	0
Football	48	0
Rowing	0	3
Softball	0	35
Wrestling	8	0
Total	154	296

Table 4. Athletes' Perception of Treatment

Gender	Same-sex	Opposite-sex	Both (gender does not matter)
Male	21 (13.6%)	2 (1.3%)	131 (85.1%)
Female	43 (14.6%)	1 (0.3%)	251 (85.1%)
Overall total	64 (14.2%)	3 (0.7%)	382 (85.1%)

Figure 2. Perception of Treatment by Sex

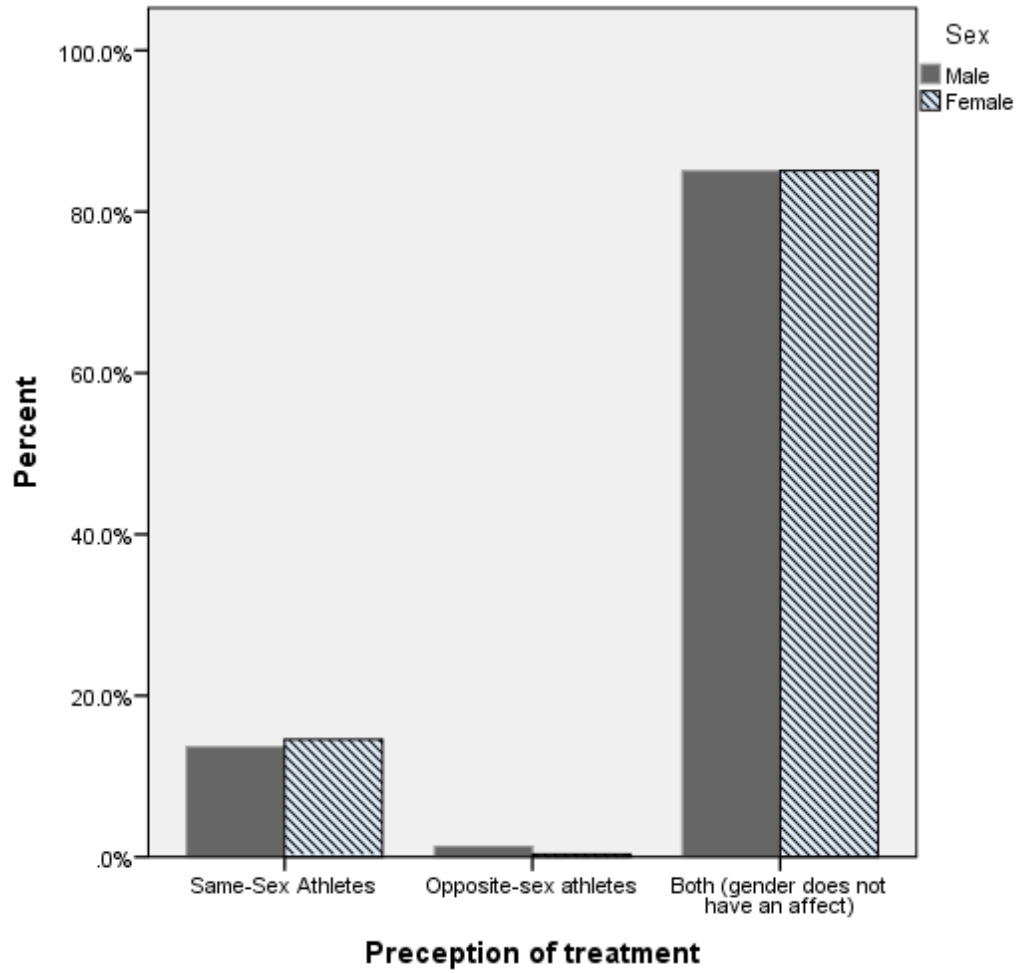


Table 5. Gender Preference

Gender	Male preferred	Female preferred	Indifferent	Total
Male	26 (16.9%)	23 (14.9%)	105 (68.2%)	154 (100.0%)
Female	19 (6.4%)	83 (28.0%)	194 (65.5%)	296 (100.0%)
Total	45 (10.0%)	106 (23.6%)	299 (66.4%)	450 (100.0%)

Figure 3. Preference by Sex

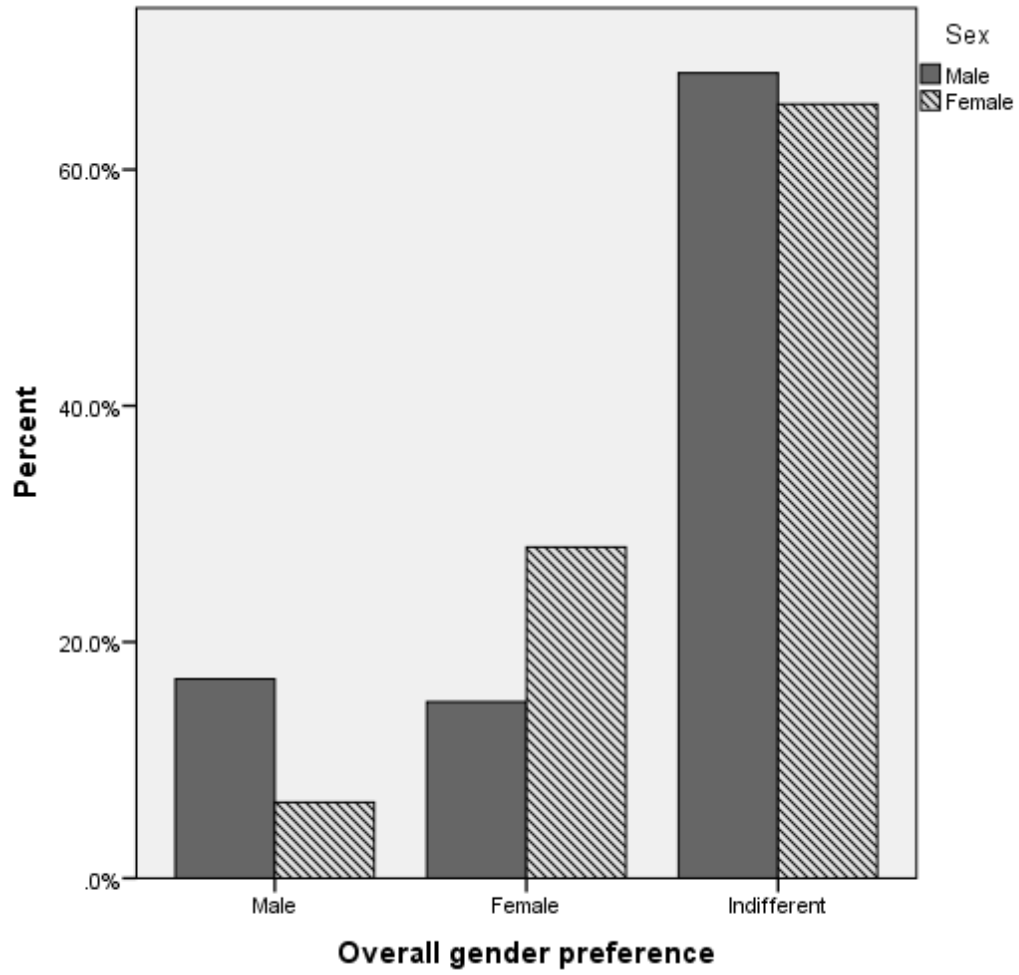


Table 6. Sex by Gender Preference by Division

Division:	Sex:		Gender preference			Total
			Male preferred	Female preferred	Indifferent	
Division I	Male	Count	3	2	15	20
		% Sex	15.0%	10.0%	75.0%	100.0%
		% Preference	50.0%	11.8%	40.5%	33.3%
		% Total	5.0%	3.3%	25.0%	33.3%
	Female	Count	3	15	22	40
		% Sex	7.5%	37.5%	55.0%	100.0%
		% Preference	50.0%	88.2%	59.5%	66.7%
		% Total	5.0%	25.0%	36.7%	66.7%
	Total	Count	6	17	37	60
		% Sex	10.0%	28.3%	61.7%	100.0%
		% Preference	100.0%	100.0%	100.0%	100.0%
		% Total	10.0%	28.3%	61.7%	100.0%
Division II	Male	Count	8	11	31	50
		% Sex	16.0%	22.0%	62.0%	100.0%
		% Preference	40.0%	22.4%	23.0%	24.5%
		% Total	3.9%	5.4%	15.2%	24.5%
	Female	Count	12	38	104	154
		% Sex	7.8%	24.7%	67.5%	100.0%
		% Preference	60.0%	77.6%	77.0%	75.5%
		% Total	5.9%	18.6%	51.0%	75.5%
	Total	Count	20	49	135	204
		% Sex	9.8%	24.0%	66.2%	100.0%
		% Preference	100.0%	100.0%	100.0%	100.0%
		% Total	9.8%	24.0%	66.2%	100.0%
Division III	Male	Count	15	10	59	84
		% Sex	17.9%	11.9%	70.2%	100.0%
		% Preference	78.9%	25.0%	46.5%	45.2%
		% Total	8.1%	5.4%	31.7%	45.2%
	Female	Count	4	30	68	102
		% Sex	3.9%	29.4%	66.7%	100.0%
		% Preference	21.1%	75.0%	53.5%	54.8%
		% Total	2.2%	16.1%	36.6%	54.8%
	Total	Count	19	40	127	186
		% Sex	10.2%	21.5%	68.3%	100.0%
		% Preference	100.0%	100.0%	100.0%	100.0%
		% Total	10.2%	21.5%	68.3%	100.0%

Figure 4. Division by Preference by Sex

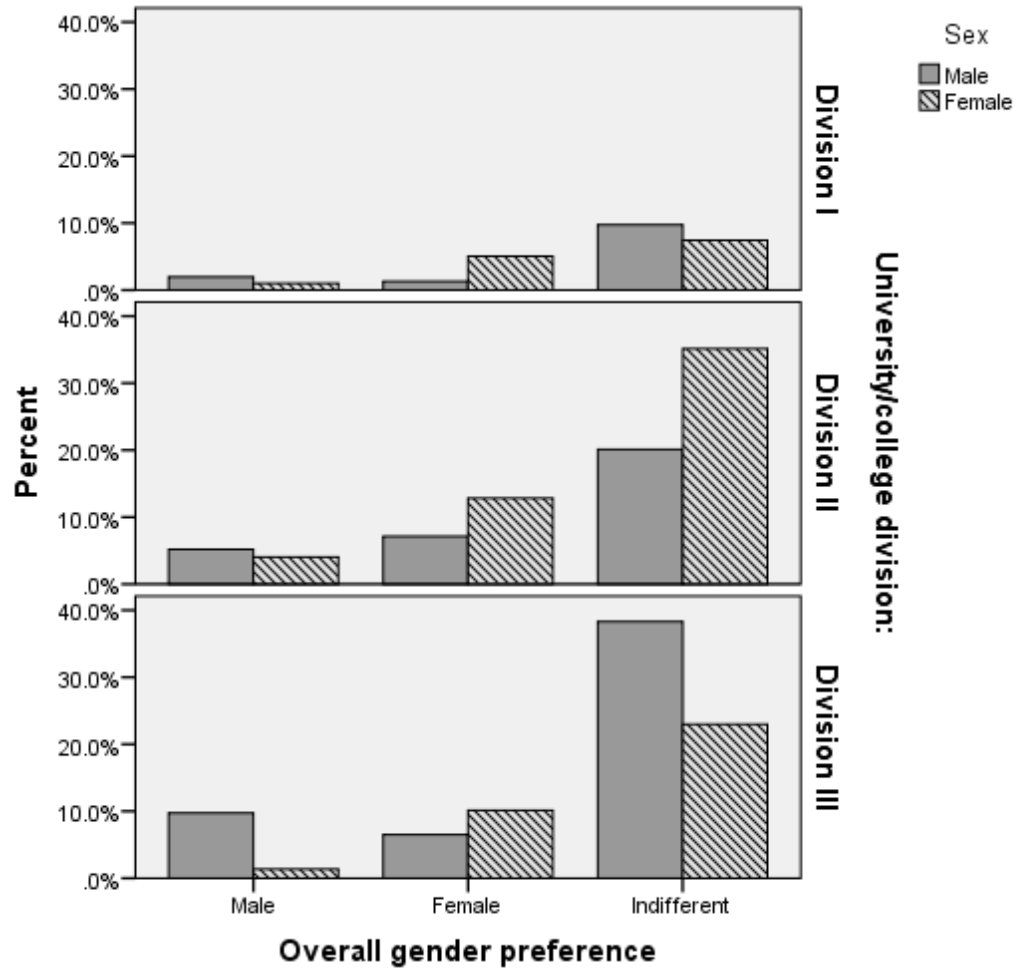


Table 7. Athletic Injuries

Injury	Male preferred	Female preferred	Indifferent
Head/neck	20 (4.5%)	34 (7.6%)	393 (87.9%)
Shoulder	26 (5.8%)	30 (6.7%)	390 (87.4%)
Breast/chest	14 (3.1%)	241 (53.9%)	192 (43.0%)
Ribs	19 (4.3%)	88 (19.7%)	340 (76.1%)
Hip	24 (5.4%)	104 (23.3%)	319 (71.4%)
Groin	48 (10.7%)	221 (49.4%)	178 (39.8%)
Abdomen	19 (4.3%)	77 (17.3%)	350 (78.5%)
Back	25 (5.6%)	36 (8.1%)	385 (86.3%)
Ankle/foot	25 (5.6%)	21 (4.7%)	398 (89.6%)
Knee	25 (5.6%)	25 (5.6%)	396 (88.8%)

Males ONLY Athletic Injuries

Injury	Male preferred	Female preferred	Indifferent
Head/neck	8 (5.3%)	19 (12.6%)	124 (82.1%)
Shoulder	12 (7.9%)	15 (9.9%)	124 (82.1%)
Breast/chest	12 (7.9%)	17 (11.3%)	122 (80.8%)
Ribs	11 (7.3%)	17 (11.3%)	123 (81.5%)
Hip	17 (11.3%)	23 (15.2%)	111 (73.5%)
Groin	45 (29.8%)	24 (15.9%)	82 (54.3%)
Abdomen	15 (10.0%)	22 (14.7%)	113 (75.3%)
Back	12 (7.9%)	18 (11.9%)	121 (80.1%)
Ankle/foot	12 (8.0%)	13 (8.7%)	125 (83.3%)
Knee	12 (7.9%)	15 (9.9%)	124 (82.1%)

Females ONLY

Injury	Male preferred	Female preferred	Indifferent
Head/neck	12 (4.1%)	15 (5.1%)	269 (90.9%)
Shoulder	14 (4.7%)	15 (5.1%)	266 (90.2%)
Breast/chest	2 (0.7%)	224 (75.7%)	70 (23.6%)
Ribs	8 (2.7%)	71 (24.0%)	217 (73.3%)
Hip	7 (2.4%)	81 (27.4%)	208 (70.3%)
Groin	3 (1.0%)	197 (66.6%)	96 (32.4%)
Abdomen	4 (1.4%)	55 (18.6%)	237 (80.1%)
Back	13 (4.4%)	18 (6.1%)	264 (89.5%)
Ankle/foot	13 (4.4%)	8 (2.7%)	273 (92.9%)
Knee	13 (4.4%)	10 (3.4%)	272 (92.2%)

Table 8. General Medical Conditions

Condition	Male preferred	Female preferred	Indifferent
Hypertension	15 (3.4%)	28 (6.3%)	402 (90.3%)
Urinary tract infections	71 (16.0%)	206 (46.4%)	167 (37.6%)
Sexually transmitted infections	86 (19.3%)	245 (55.1%)	114 (25.6%)
Influenza/common cold	9 (2.0%)	23 (5.2%)	413 (92.8%)
Skin conditions	19 (4.3%)	65 (14.6%)	361 (81.1%)
Asthma	11 (2.5%)	22 (4.9%)	412 (92.6%)
Gastrointestinal/stomach issues	29 (6.5%)	78 (17.5%)	338 (76.0%)
Dental complications	17 (3.8%)	26 (5.8%)	402 (90.3%)
Headache/migraine	10 (2.3%)	31 (7.0%)	403 (90.8%)
Concussion	17 (3.8%)	24 (5.4%)	404 (90.8%)

Males ONLY

Condition	Male preferred	Female preferred	Indifferent
Hypertension	10 (6.7%)	8 (5.3%)	132 (88.0%)
Urinary tract infections	70 (47.0%)	8 (5.4%)	71 (47.7%)
Sexually transmitted infections	85 (56.7%)	7 (4.7%)	58 (38.7%)
Influenza/common cold	5 (3.3%)	12 (8.0%)	133 (88.7%)
Skin conditions	16 (10.7%)	12 (8.0%)	122 (81.3%)
Asthma	5 (3.3%)	12 (8.0%)	133 (88.7%)
Gastrointestinal/stomach issues	24 (16.0%)	9 (6.0%)	117 (78.0%)
Dental complications	11 (7.3%)	9 (6.0%)	130 (86.7%)
Headache/migraine	5 (3.3%)	14 (9.3%)	131 (87.3%)
Concussion	9 (6.0%)	10 (6.7%)	131 (87.3%)

Females ONLY

Condition	Male preferred	Female preferred	Indifferent
Hypertension	5 (1.7%)	20 (6.8%)	270 (91.5%)
Urinary tract infections	1 (0.3%)	198 (67.1%)	96 (32.5%)
Sexually transmitted infections	1 (0.3%)	238 (80.7%)	56 (19.0%)
Influenza/common cold	4 (1.4%)	11 (3.7%)	280 (94.9%)
Skin conditions	3 (1.0%)	53 (18.0%)	239 (81.0%)
Asthma	6 (2.0%)	10 (3.4%)	279 (94.6%)
Gastrointestinal/stomach issues	5 (1.7%)	69 (23.4%)	221 (74.9%)
Dental complications	6 (2.0%)	17 (5.8%)	272 (92.2%)
Headache/migraine	5 (1.7%)	17 (5.8%)	272 (92.5%)
Concussion	8 (2.7%)	14 (4.7%)	273 (92.5%)

Table 9. Psychological Conditions

Condition	Male preferred	Female preferred	Indifferent
Overall psych health	18 (4.1%)	78 (17.6%)	348 (78.4%)
Depression	17 (3.8%)	125 (28.2%)	302 (69.0%)
Addictions (physical)	22 (5.0%)	75 (16.9%)	346 (78.1%)
Addictions (substance)	29 (6.5%)	73 (16.4%)	342 (77.0%)
Disordered eating behavior	18 (4.1%)	143 (32.2%)	283 (63.7%)
Body image	27 (6.1%)	210 (47.3%)	207 (46.6%)
Anxiety	19 (4.3%)	80 (18.2%)	341 (77.5%)
Family/friends issues	16 (3.6%)	145 (32.7%)	283 (63.7%)
Emotional distress	17 (3.8%)	142 (32.1%)	283 (64.0%)
Life style changes	17 (3.9%)	103 (23.4%)	321 (72.8%)
Stress	12 (2.7%)	76 (17.2%)	353 (80.0%)

Males ONLY

Condition	Male preferred	Female preferred	Indifferent
Overall psych health	13 (8.7%)	22 (14.7%)	115 (76.5%)
Depression	12 (8.0%)	31 (20.7%)	107 (71.3%)
Addictions (physical)	16 (10.7%)	17 (11.3%)	117 (78.0%)
Addictions (substance)	21 (14.0%)	16 (10.7%)	113 (75.3%)
Disordered eating behavior	12 (8.0%)	19 (12.7%)	119 (79.3%)
Body image	22 (14.7%)	20 (13.3%)	108 (72.0%)
Anxiety	13 (8.7%)	16 (10.7%)	120 (80.5%)
Family/friends issues	13 (8.7%)	30 (20.0%)	107 (71.3%)
Emotional distress	13 (8.7%)	26 (17.4%)	110 (73.8%)
Life style changes	13 (8.7%)	19 (12.8%)	117 (78.5%)
Stress	8 (5.4%)	19 (12.8%)	122 (81.9%)

Females ONLY

Condition	Male preferred	Female preferred	Indifferent
Overall psych health	5 (1.7%)	56 (19.0%)	233 (79.3%)
Depression	5 (1.7%)	94 (32.0%)	195 (66.3%)
Addictions (physical)	6 (2.0%)	58 (19.8%)	229 (78.2%)
Addictions (substance)	8 (2.7%)	57 (19.4%)	229 (77.9%)
Disordered eating behavior	6 (2.0%)	124 (42.2%)	164 (55.8%)
Body image	5 (1.7%)	190 (64.6%)	99 (33.7%)
Anxiety	6 (2.1%)	64 (22.0%)	221 (75.9%)
Family/friends issues	3 (1.0%)	115 (39.1%)	176 (59.9%)
Emotional distress	4 (1.4%)	116 (39.6%)	173 (59.0%)
Life style changes	4 (1.4%)	84 (28.8%)	204 (69.9%)
Stress	4 (1.4%)	57 (19.5 %)	231 (79.1%)

Table 10. Other Conditions

Condition	Male preferred	Female preferred	Indifferent
Sexual abuse	43 (9.7%)	241 (54.3%)	160 (36.0%)
Physical abuse	41 (9.2%)	137 (30.8%)	267 (60.0%)
Use of alcohol	31 (7.0%)	38 (8.6%)	375 (84.5%)
Use of tobacco	32 (7.2%)	37 (8.3%)	376 (84.5%)
Illegal substance use	30 (6.7%)	43 (9.7%)	372 (83.6%)
Sexual activity	55 (12.4%)	247 (55.6%)	142 (32.0%)
Team related issues	38 (8.6%)	78 (17.6%)	328 (73.9%)
Academic conflicts	15 (3.4%)	32 (7.2%)	397 (89.4%)
Administrative conflicts	19 (4.3%)	30 (6.8%)	395 (89.0%)
Financial conflicts	23 (5.2%)	35 (7.9%)	385 (86.9%)

Males ONLY

Condition	Male Preferred	Female Preferred	Indifferent
Sexual abuse	39 (26.0%)	23 (15.3%)	88 (58.7%)
Physical abuse	30 (20.0%)	18 (12.0%)	102 (68.0%)
Use of alcohol	20 (13.3%)	9 (6.0%)	121 (80.7%)
Use of tobacco	21 (14.0%)	9 (6.0%)	120 (80.0%)
Illegal substance use	21 (14.0%)	11 (7.3%)	118 (78.7%)
Sexual activity	52 (34.7%)	16 (10.7%)	82 (54.7%)
Team related issues	31 (20.7%)	12 (8.0%)	107 (71.3%)
Academic conflicts	11 (7.3%)	10 (6.7%)	129 (86.0%)
Administrative conflicts	12 (8.0%)	12 (8.0%)	126 (84.0%)
Financial conflicts	13 (8.7%)	11 (7.3%)	126 (84.0%)

Females ONLY

Condition	Male Preferred	Female Preferred	Indifferent
Sexual abuse	4 (1.4%)	218 (74.1%)	72 (24.5%)
Physical abuse	11 (3.7%)	119 (40.3%)	165 (55.9%)
Use of alcohol	11 (3.7%)	29 (9.9%)	254 (86.4%)
Use of tobacco	11 (3.7%)	28 (9.5%)	256 (86.8%)
Illegal substance use	9 (3.1%)	32 (10.8%)	254 (86.1%)
Sexual activity	3 (1.0%)	231 (78.6%)	60 (20.4%)
Team related issues	7 (2.4%)	66 (22.4%)	221 (75.2%)
Academic conflicts	4 (1.4%)	22 (7.5%)	268 (91.2%)
Administrative conflicts	7 (2.4%)	18 (6.1%)	269 (91.5%)
Financial conflicts	10 (3.4%)	24 (8.2%)	259 (88.4%)

Table 11. Gender Specific Conditions**Female ONLY**

Condition	Male preferred	Female preferred	Indifferent
Menstrual cycle	0 (0.0%)	248 (84.1%)	47 (15.9%)
Menstrual abnormalities	0 (0.0%)	257 (87.1%)	38 (12.9%)
Break through bleeding	0 (0.0%)	257 (87.1%)	38 (12.9%)
Menstrual cramps	0 (0.0%)	236 (80.0%)	59 (20.0%)
Possible pregnancy	0 (0.0%)	248 (84.1%)	47 (15.9%)
Abnormal discharge	0 (0.0%)	265 (90.1%)	29 (9.9%)
Painful intercourse	0 (0.0%)	264 (85.8%)	31 (10.5%)
Lumps in breast	0 (0.0%)	253 (85.8%)	42 (14.2%)
Genital skin conditions	0 (0.0%)	264 (85.8%)	31 (10.5%)

Male ONLY

Condition	Male preferred	Female preferred	Indifferent
Testicular pain	102 (68.0%)	9 (6.0%)	39 (26.0%)
Abnormal discharge	82 (54.7%)	7 (4.7%)	61 (40.7%)
Sexual dysfunction	96 (64.0%)	6 (4.0%)	48 (32.0%)
Impotence	83 (55.3%)	7 (4.7%)	60 (40.0%)
Groin pain	81 (54.7%)	12 (8.1%)	55 (37.2%)
Testicular swelling	99 (66.0%)	7 (4.7%)	44 (29.3%)
Genital skin conditions	91 (60.3%)	9 (6.0%)	51 (33.8%)
Painful intercourse	90 (60.0%)	8 (5.3%)	52 (34.7%)

Table 12. Athletic Injuries

Condition	Preference	Sex	Explanation					Total
			Gender related comfort level	Confident-ality	Gender related reliance	Confidence in AT	Unknown	
Head/ Neck	Male preferred	Male	1 (6.7%)	0 (0.0%)	0 (0.0%)	1 (6.7%)	1 (6.7%)	3 (20.0%)
		Female	0 (0.0%)	0 (0.0%)	1 (6.7%)	10 (66.7%)	1 (6.7%)	12 (80.0%)
	Female preferred	Male	6 (24.0%)	1 (4.0%)	1 (4.0%)	3 (12.0%)	1 (4.0%)	12 (48.0%)
		Female	6 (24.0%)	0 (0.0%)	2 (8.0%)	5 (20.0%)	0 (0.0%)	12 (52.0%)
	Indifferent	Male	1 (0.5%)	0 (0.0%)	0 (0.0%)	44 (24.0%)	10 (5.5%)	55 (30.1%)
		Female	5 (2.7%)	3 (1.6%)	0 (0.0%)	92 (50.3%)	28 (15.3%)	128 (69.9%)
Shoulder	Male preferred	Male	1 (5.0%)	1 (5.0%)	2 (10.0%)	2 (10.0%)	1 (5.0%)	7 (35.0%)
		Female	1 (5.0%)	0 (0.0%)	2 (10.0%)	9 (45.0%)	1 (5.0%)	13 (65.0%)
	Female preferred	Male	3 (15.0%)	1 (5.0%)	1 (5.0%)	2 (10.0%)	0 (0.0%)	7 (35.0%)
		Female	6 (30.0%)	0 (0.0%)	2 (10.0%)	5 (25.0%)	0 (0.0%)	13 (65.0%)
	Indifferent	Male	1 (0.6%)	0 (0.0%)	0 (0.0%)	44 (24.4%)	11 (6.1%)	56 (31.1%)
		Female	6 (3.3%)	2 (1.1%)	1 (0.6%)	90 (50.0%)	25 (13.9%)	124 (68.9%)
Breast/ Chest	Male preferred	Male	4 (40.0%)	0 (0.0%)	0 (0.0%)	3 (30.0%)	1 (10.0%)	8 (80.0%)
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (10.0%)	1 (10.0%)	2 (20.0%)
	Female preferred	Male	6 (3.1%)	1 (0.5%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	8 (4.1%)
		Female	174 (89.7%)	0 (0.0%)	7 (3.6%)	4 (2.1%)	1 (0.5%)	186 (95.9%)
	Indifferent	Male	1 (1.1%)	0 (0.0%)	0 (0.0%)	43 (49.4%)	10 (11.5%)	54 (62.1%)
		Female	1 (1.1%)	1 (1.1%)	1 (1.1%)	26 (29.9%)	4 (4.6%)	33 (37.9%)
Ribs	Male preferred	Male	4 (28.6%)	0 (0.0%)	0 (0.0%)	2 (14.3%)	1 (7.1%)	7 (50.0%)
		Female	0 (0.0%)	0 (0.0%)	1 (7.1%)	5 (35.7%)	1 (7.1%)	7 (50.0%)
	Female preferred	Male	5 (7.8%)	1 (1.6%)	1 (1.6%)	1 (1.6%)	0 (0.0%)	8 (12.5%)
		Female	53 (82.8%)	0 (0.0%)	0 (0.0%)	3 (4.7%)	0 (0.0%)	56 (87.5%)
	Indifferent	Male	1 (0.6%)	0 (0.0%)	0 (0.0%)	44 (27.5%)	10 (6.2%)	55 (34.4%)
		Female	2 (1.2%)	2 (1.2%)	1 (0.6%)	77 (48.1%)	23 (14.4%)	105 (65.6%)
Hip	Male preferred	Male	11 (55.0%)	0 (0.0%)	0 (0.0%)	2 (10.0%)	1 (5.0%)	14 (70.0%)
		Female	1 (5.0%)	0 (0.0%)	0 (0.0%)	4 (20.0%)	1 (5.0%)	6 (30.0%)
	Female preferred	Male	8 (10.0%)	1 (1.2%)	0 (0.0%)	2 (2.5%)	1 (1.2%)	12 (15.0%)
		Female	63 (78.8%)	1 (1.2%)	1 (1.2%)	3 (3.8%)	0 (0.0%)	68 (85%)
	Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	39 (26.7%)	8 (5.5%)	47 (32.2%)
		Female	2 (1.4%)	2 (1.4%)	0 (0.0%)	78 (53.4%)	17 (11.6%)	99 (67.8%)
Groin	Male preferred	Male	35 (79.5%)	1 (2.3%)	2 (4.5%)	2 (4.5%)	1 (2.3%)	41 (93.2%)
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (4.5%)	1 (2.3%)	3 (6.8%)
	Female preferred	Male	11 (6.2%)	1 (0.6%)	0 (0.0%)	1 (0.6%)	0 (0.0%)	13 (7.3%)
		Female	153 (86.4%)	0 (0.0%)	6 (3.4%)	4 (2.3%)	1 (0.6%)	164 (92.7%)
	Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	26 (35.6%)	3 (4.1%)	29 (39.7%)
		Female	2 (2.7%)	1 (1.4%)	0 (0.0%)	37 (50.7%)	4 (5.5%)	44 (60.3%)
Abdomen	Male preferred	Male	8 (53.3%)	1 (6.7%)	0 (0.0%)	1 (6.7%)	1 (6.7%)	11 (73.3%)
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (20.0%)	1 (6.7%)	4 (26.7%)
	Female preferred	Male	9 (16.1%)	1 (1.8%)	1 (1.8%)	2 (3.6%)	0 (0.0%)	13 (23.2%)
		Female	39 (69.6%)	0 (0.0%)	1 (1.8%)	3 (5.4%)	0 (0.0%)	43 (76.8%)
	Indifferent	Male	1 (0.6%)	0 (0.0%)	0 (0.0%)	39 (24.2%)	11 (6.8%)	51 (31.7%)
		Female	4 (2.5%)	2 (1.2%)	0 (0.0%)	84 (52.2%)	20 (12.4%)	110 (68.3%)
Back	Male preferred	Male	2 (11.1%)	0 (0.0%)	2 (11.1%)	1 (5.6%)	1 (5.6%)	6 (33.3%)
		Female	0 (0.0%)	0 (0.0%)	5 (27.8%)	6 (33.3%)	1 (5.6%)	12 (66.7%)
	Female preferred	Male	5 (20.0%)	1 (4.0%)	1 (4.0%)	3 (12.0%)	0 (0.0%)	10 (40.0%)
		Female	11 (44.0%)	0 (0.0%)	1 (4.0%)	3 (12.0%)	0 (0.0%)	15 (60.0%)
	Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	43 (24.2%)	10 (5.6%)	53 (29.8%)
		Female	4 (2.2%)	2 (1.1%)	0 (0.0%)	93 (52.2%)	26 (14.6%)	125 (70.2%)
Ankle/ Foot	Male preferred	Male	1 (5.9%)	0 (0.0%)	1 (5.9%)	2 (11.8%)	0 (0.0%)	4 (24.5%)
		Female	0 (0.0%)	0 (0.0%)	2 (11.8%)	10 (58.8%)	1 (5.9%)	13 (76.5%)
	Female preferred	Male	3 (18.8%)	1 (6.2%)	0 (0.0%)	4 (25.0%)	0 (0.0%)	8 (50.0%)
		Female	5 (31.2%)	0 (0.0%)	1 (6.2%)	2 (12.5%)	0 (0.0%)	8 (50.0%)
	Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	44 (23.7%)	11 (5.9%)	55 (29.6%)
		Female	5 (2.7%)	2 (1.1%)	0 (0.0%)	96 (51.6%)	28 (15.1%)	131 (70.4%)
Knee	Male preferred	Male	1 (5.0%)	0 (0.0%)	2 (10.0%)	3 (15.0%)	1 (5.0%)	7 (35.0%)
		Female	1 (5.0%)	0 (0.0%)	2 (10.0%)	9 (45.0%)	1 (5.0%)	13 (65.0%)
	Female preferred	Male	3 (17.6%)	1 (5.9%)	0 (0.0%)	3 (17.6%)	0 (0.0%)	7 (41.2%)
		Female	6 (35.3%)	0 (0.0%)	1 (5.9%)	3 (17.6%)	0 (0.0%)	10 (58.8%)
	Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	45 (24.9%)	9 (5.0%)	54 (29.8%)
		Female	5 (2.8%)	3 (1.7%)	1 (0.6%)	93 (51.4%)	25 (13.8%)	127 (70.2%)

Table 13. General Medical Conditions

Condition	Preference	Sex	Explanation					Total
			Gender related comfort level	Confidentiality	Gender related reliance	Confidence in AT	Unknown	
Hypertension	Male preferred	Male	2 (20.0%)	0 (0.0%)	0 (0.0%)	2 (20.0%)	1 (10.0%)	5 (50.0%)
		Female	1 (10.0%)	0 (0.0%)	0 (0.0%)	4 (40.0%)	0 (0.0%)	5 (50.0%)
	Female preferred	Male	1 (5.6%)	0 (0.0%)	0 (0.0%)	1 (5.6%)	1 (5.6%)	3 (16.7%)
		Female	9 (50.0%)	0 (0.0%)	2 (11.1%)	4 (22.2%)	0 (0.0%)	15 (83.3%)
	Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	41 (22.8%)	13 (7.2%)	54 (30.0%)
		Female	2 (1.1%)	3 (1.7%)	0 (0.0%)	90 (50.0%)	31 (17.2%)	126 (70.0%)
Urinary tract infections	Male preferred	Male	40 (76.9%)	5 (9.6%)	6 (11.5%)	0 (0.0%)	0 (0.0%)	51 (98.1%)
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.9%)	0 (0.0%)	1 (1.9%)
	Female preferred	Male	2 (1.3%)	1(0.6%)	0 (0.0%)	0 (0.0%)	1 (0.6%)	4 (2.6%)
		Female	125 (80.1%)	10 (6.4%)	14 (9.0%)	2 (1.3%)	1 (0.6%)	152 (97.4%)
	Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	15 (24.2%)	5 (8.1%)	20 (32.3%)
		Female	1 (1.6%)	1 (1.6%)	0 (0.0%)	31 (51.6%)	8 (12.9%)	42 (67.7%)
Sexually transmitted infections	Male preferred	Male	46 (73.0%)	8 (12.7%)	7 (11.1%)	1 (1.6%)	0 (0.0%)	62 (98.4%)
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.6%)	0 (0.0%)	1 (1.6%)
	Female preferred	Male	2 (1.1%)	2 (1.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (2.1%)
		Female	144 (76.6%)	20 (10.6%)	16 (8.5%)	2 (1.1%)	2 (1.1%)	184 (97.9%)
	Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	13 (35.1%)	3 (8.1%)	16 (43.2%)
		Female	0 (0.0%)	1 (2.7%)	0 (0.0%)	16 (43.2%)	4 (10.8%)	21 (56.8%)
Influenza/ common cold	Male preferred	Male	1 (16.7%)	0 (0.0%)	0 (0.0%)	1 (16.7%)	0 (0.0%)	2 (33.3%)
		Female	1 (16.7%)	0 (0.0%)	0 (0.0%)	3 (50.0%)	0 (0.0%)	4 (66.7%)
	Female preferred	Male	0 (0.0%)	1 (7.1%)	1 (7.1%)	1 (7.1%)	2 (14.3%)	5 (35.7%)
		Female	5 (35.7%)	0 (0.0%)	1 (7.1%)	2 (14.2%)	1 (7.1%)	9 (64.3%)
	Indifferent	Male	0 (0.0%)	1 (0.5%)	0 (0.0%)	42 (22.6%)	11 (5.9%)	54 (29.0%)
		Female	2 (1.1%)	2 (1.1%)	0 (0.0%)	95 (51.1%)	33 (17.7%)	132 (71.0%)
Skin condition	Male preferred	Male	6 (50.0%)	3 (25.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	9 (75.0%)
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (25.0%)	0 (0.0%)	3 (25.0%)
	Female preferred	Male	0 (0.0%)	1 (1.9%)	1 (1.9%)	3 (5.8%)	2 (3.8%)	7 (13.5%)
		Female	38 (73.1%)	1 (1.9%)	3 (5.8%)	2 (3.8%)	1 (1.9%)	45 (86.5%)
	Indifferent	Male	0 (0.0%)	1 (0.6%)	0 (0.0%)	37 (23.6%)	10 (6.4%)	48 (30.6%)
		Female	2 (1.3%)	3 (1.9%)	0 (0.0%)	79 (50.3%)	25 (15.9%)	109 (69.4%)
Asthma	Male preferred	Male	2 (25.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (25.0%)
		Female	2 (25.0%)	0 (0.0%)	0 (0.0%)	4 (50.0%)	0 (0.0%)	6 (75.0%)
	Female preferred	Male	1 (7.1%)	0 (0.0%)	1 (7.1%)	1 (7.1%)	3 (21.4%)	6 (42.9%)
		Female	5 (35.7%)	0 (0.0%)	1 (7.1%)	2 (14.3%)	0 (0.0%)	8 (57.1%)
	Indifferent	Male	0 (0.0%)	1 (0.5%)	1 (0.5%)	40 (21.7%)	11 (6.0%)	53 (28.8%)
		Female	2 (1.1%)	2 (1.1%)	0 (0.0%)	94 (51.1%)	33 (17.9%)	131 (71.2%)
Gastro-intestinal/ stomach issues	Male preferred	Male	13 (56.5%)	3 (13.0%)	2 (8.7%)	0 (0.0%)	0 (0.0%)	18 (78.3%)
		Female	1 (4.3%)	0 (0.0%)	0 (0.0%)	4 (17.4%)	0 (0.0%)	5 (21.7%)
	Female preferred	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.8%)	2 (3.5%)	3 (5.3%)
		Female	47 (82.5%)	1 (1.8%)	2 (3.5%)	2 (3.5%)	2 (3.5%)	54 (94.7%)
	Indifferent	Male	0 (0.0%)	1 (0.7%)	0 (0.0%)	34 (23.3%)	11 (7.5%)	45 (31.5%)
		Female	2 (1.4%)	2 (2.1%)	0 (0.0%)	74 (50.7%)	21 (14.4%)	100 (68.5%)
Dental issues	Male preferred	Male	3 (27.3%)	0 (0.0%)	1 (9.1%)	1 (9.1%)	0 (0.0%)	5 (45.5%)
		Female	0 (0.0%)	0 (0.0%)	1 (9.1%)	5 (45.5%)	0 (0.0%)	6 (54.5%)
	Female preferred	Male	0 (0.0%)	0 (0.0%)	1 (5.3%)	1 (5.3%)	2 (10.5%)	4 (21.1%)
		Female	9 (47.4%)	0 (0.0%)	1 (5.3%)	3 (15.8%)	2 (10.5%)	15 (78.9%)
	Indifferent	Male	0 (0.0%)	1 (0.6%)	0 (0.0%)	39 (21.8%)	13 (7.3%)	53 (29.6%)
		Female	2 (1.1%)	3 (1.7%)	0 (0.0%)	89 (49.7%)	32 (17.9%)	125 (70.4%)
Headache migraines	Male preferred	Male	2 (25.0%)	0 (0.0%)	0 (0.0%)	1 (12.5%)	0 (0.0%)	3 (37.5%)
		Female	1 (12.5%)	0 (0.0%)	0 (0.0%)	4 (50.0%)	0 (0.0%)	5 (62.5%)
	Female preferred	Male	0 (0.0%)	1 (4.5%)	2 (9.1%)	2 (9.1%)	2 (9.1%)	7 (31.8%)
		Female	8 (36.4%)	0 (0.0%)	1 (4.5%)	4 (18.2%)	2 (9.1%)	15 (68.2%)
	Indifferent	Male	0 (0.0%)	1 (0.6%)	0 (0.0%)	39 (22.2%)	11 (6.2%)	51 (29.0%)
		Female	2 (1.1%)	2 (1.1%)	0 (0.0%)	91 (51.7%)	30 (17.0%)	125 (71.0%)
Concussion	Male preferred	Male	1 (7.7%)	0 (0.0%)	1 (7.7%)	3 (23.1%)	1 (7.7%)	6 (46.2%)
		Female	1 (7.7%)	0 (0.0%)	2 (15.4%)	4 (30.8%)	0 (0.0%)	7 (53.8%)
	Female preferred	Male	1 (6.2%)	1 (6.2%)	1 (6.2%)	0 (0.0%)	1 (6.2%)	4 (25.0%)
		Female	8 (50.0%)	0 (0.0%)	0 (0.0%)	3 (18.8%)	1 (6.2%)	12 (75.0%)
	Indifferent	Male	0 (0.0%)	1 (0.6%)	0 (0.0%)	38 (21.3%)	12 (6.7%)	51 (28.7%)
		Female	2 (1.1%)	2 (1.1%)	0 (0.0%)	94 (52.8%)	29 (16.3)	127 (71.3%)

Table 14. Psychological Conditions

Condition	Preference	Sex	Explanation					Total
			Gender related comfort level	Confident-ality	Gender related reliance	Confidence in AT	Unknown	
Overall psych health	Male preferred	Male	2 (20.0%)	1 (10.0%)	0 (0.0%)	1 (10.0%)	1 (10.0%)	5 (50.0%)
		Female	1 (10.0%)	0 (0.0%)	1 (10.0%)	2 (20.0%)	1 (10.0%)	5 (50.0%)
	Female preferred	Male	6 (10.9%)	1 (1.8%)	4 (7.3%)	0 (0.0%)	1 (1.8%)	12 (21.8%)
		Female	30 (54.5%)	2 (3.6%)	7 (12.7%)	3 (5.5%)	1 (1.8%)	43 (78.2%)
	Indifferent	Male	1 (0.7%)	1 (0.7%)	0 (0.0%)	31 (21.5%)	12 (8.3%)	45 (31.2%)
		Female	3 (2.1%)	7 (4.9%)	0 (0.0%)	68 (47.2%)	21 (14.6%)	99 (68.8%)
Depression	Male preferred	Male	3 (30.0%)	1 (10.0%)	0 (0.0%)	1 (10.0%)	1 (10.0%)	6 (60.0%)
		Female	1 (10.0%)	1 (10.0%)	0 (0.0%)	2 (20.0%)	0 (0.0%)	4 (40.0%)
	Female preferred	Male	8 (9.5%)	1 (1.2%)	6 (7.1%)	1 (1.2%)	0 (0.0%)	16 (19.0%)
		Female	48 (57.1%)	5 (6.0%)	11 (13.1%)	3 (3.6%)	1 (1.2%)	68 (81.0%)
	Indifferent	Male	1 (0.8%)	1 (0.8%)	0 (0.0%)	28 (22.6%)	11 (8.9%)	41 (33.1%)
		Female	2 (1.6%)	8 (6.5%)	0 (0.0%)	56 (45.2%)	17 (13.7%)	83 (66.9%)
Addiction (physical)	Male preferred	Male	4 (28.6%)	2 (14.3%)	1 (7.1%)	1 (7.1%)	2 (14.3%)	10 (71.4%)
		Female	1 (7.1%)	1 (7.1%)	0 (0.0%)	1 (7.1%)	1 (7.1%)	4 (28.6%)
	Female preferred	Male	3 (5.8%)	2 (3.8%)	3 (5.8%)	1 (1.9%)	0 (0.0%)	9 (17.3%)
		Female	28 (53.8%)	3 (5.8%)	9 (17.3%)	3 (5.8%)	0 (0.0%)	43 (82.7%)
	Indifferent	Male	1 (0.7%)	1 (0.7%)	0 (0.0%)	29 (21.5%)	9 (6.7%)	40 (29.6%)
		Female	1 (0.7%)	7 (5.2%)	0 (0.0%)	65 (48.1%)	22 (16.3%)	95 (70.4%)
Addiction (drug, alcohol, emotional)	Male preferred	Male	6 (35.2%)	2 (11.8%)	1 (5.9%)	1 (5.9%)	2 (11.8%)	12 (70.6%)
		Female	1 (5.9%)	1 (5.9%)	0 (0.0%)	2 (11.8%)	1 (5.9%)	5 (29.4%)
	Female preferred	Male	2 (3.7%)	1 (1.9%)	3 (5.6%)	1 (1.9%)	0 (0.0%)	7 (13.0%)
		Female	30 (55.6%)	4 (7.4%)	10 (18.5%)	3 (5.6%)	0 (0.0%)	47 (87.0%)
	Indifferent	Male	1 (0.7%)	2 (1.5%)	0 (0.0%)	30 (22.1%)	9 (6.6%)	42 (30.9%)
		Female	2 (1.5%)	7 (5.1%)	0 (0.0%)	63 (46.3%)	22 (16.2%)	94 (69.1%)
Disorder eating behaviors	Male preferred	Male	4 (30.8%)	2 (15.4%)	1 (7.7%)	0 (0.0%)	0 (0.0%)	7 (53.8%)
		Female	1 (7.7%)	2 (15.4%)	0 (0.0%)	2 (15.4%)	1 (7.7%)	6 (46.2%)
	Female preferred	Male	4 (4.1%)	0 (0.0%)	4 (4.1%)	0 (0.0%)	2 (2.1%)	10 (10.3%)
		Female	57 (58.8%)	4 (4.1%)	20 (20.6%)	5 (5.2%)	1 (1.0%)	87 (89.7%)
	Indifferent	Male	2 (1.7%)	1 (0.9%)	0 (0.0%)	30 (26.1%)	11 (9.6%)	44 (38.3%)
		Female	2 (1.7%)	7 (6.1%)	0 (0.0%)	45 (29.2%)	17 (14.8%)	71 (61.7%)
Body image	Male preferred	Male	10 (47.6%)	3 (14.3%)	2 (9.5%)	2 (9.5%)	0 (0.0%)	17 (81.0%)
		Female	1 (4.8%)	2 (9.5%)	0 (0.0%)	1 (4.8%)	0 (0.0%)	4 (19.0%)
	Female preferred	Male	4 (2.8%)	0 (0.0%)	4 (2.8%)	0 (0.0%)	2 (1.4%)	10 (7.0%)
		Female	89 (62.2%)	4 (2.8%)	35 (24.5%)	4 (2.8%)	1 (0.7%)	133 (93.0%)
	Indifferent	Male	0 (0.0%)	1 (1.4%)	0 (0.0%)	27 (36.2%)	8 (10.8%)	36 (48.6%)
		Female	0 (0.0%)	4 (5.4%)	0 (0.0%)	27 (36.5%)	7 (9.5%)	39 (51.4%)
Anxiety	Male preferred	Male	4 (33.3%)	2 (16.7%)	0 (0.0%)	0 (0.0%)	1 (8.3%)	7 (58.3%)
		Female	1 (8.3%)	1 (8.3%)	1 (8.3%)	2 (16.7%)	0 (0.0%)	5 (41.7%)
	Female preferred	Male	4 (7.1%)	0 (0.0%)	3 (5.4%)	3 (5.4%)	0 (0.0%)	10 (17.9%)
		Female	29 (51.8%)	2 (3.6%)	11 (19.6%)	3 (5.4%)	1 (1.8%)	46 (82.1%)
	Indifferent	Male	1 (0.7%)	1 (0.7%)	0 (0.0%)	30 (21.6%)	12 (8.6%)	44 (31.7%)
		Female	2 (1.4%)	7 (5.0%)	0 (0.0%)	63 (45.3%)	23 (16.5%)	95 (68.3%)
Family/ friend issues	Male preferred	Male	4 (44.4%)	2 (22.2%)	0 (0.0%)	0 (0.0%)	1 (11.1%)	7 (77.8%)
		Female	0 (0.0%)	1 (11.1%)	0 (0.0%)	1 (11.1%)	0 (0.0%)	2 (22.2%)
	Female preferred	Male	9 (8.4%)	0 (0.0%)	9 (8.4%)	2 (1.9%)	0 (0.0%)	20 (18.7%)
		Female	51 (47.7%)	4 (3.7%)	28 (26.2%)	4 (3.7%)	0 (0.0%)	87 (81.3%)
	Indifferent	Male	1 (0.9%)	1 (0.9%)	0 (0.0%)	27 (24.3%)	10 (9.0%)	39 (35.1%)
		Female	1 (0.9%)	5 (4.5%)	0 (0.0%)	47 (42.3%)	19 (17.1%)	72 (64.9%)
Emotional distress	Male preferred	Male	4 (44.4%)	2 (22.2%)	0 (0.0%)	0 (0.0%)	1 (11.1%)	7 (77.8%)
		Female	0 (0.0%)	1 (11.1%)	0 (0.0%)	1 (11.1%)	0 (0.0%)	2 (22.2%)
	Female preferred	Male	6 (5.8%)	0 (0.0%)	6 (5.8%)	3 (2.9%)	0 (0.0%)	15 (14.6%)
		Female	51 (49.5%)	3 (2.9%)	28 (27.2%)	5 (4.9%)	1 (1.0%)	88 (85.4%)
	Indifferent	Male	1 (0.9%)	1 (0.9%)	0 (0.0%)	32 (28.1%)	10 (8.8%)	44 (38.6%)
		Female	1 (0.9%)	5 (4.4%)	0 (0.0%)	46 (40.4%)	18 (15.8%)	70 (61.4%)
Life style changes	Male preferred	Male	4 (36.4%)	1 (9.1%)	0 (0.0%)	2 (18.2%)	1 (9.1%)	8 (72.7%)
		Female	1 (9.1%)	0 (0.0%)	0 (0.0%)	2 (18.2%)	0 (0.0%)	3 (27.3%)
	Female preferred	Male	2 (2.7%)	0 (0.0%)	8 (10.7%)	0 (0.0%)	1 (1.3%)	11 (14.7%)
		Female	40 (53.3%)	2 (2.7%)	17 (22.7%)	5 (6.7%)	0 (0.0%)	64 (85.3%)
	Indifferent	Male	1 (0.8%)	1 (0.8%)	0 (0.0%)	31 (24.4%)	10 (7.9%)	43 (33.9%)
		Female	1 (0.8%)	6 (4.7%)	0 (0.0%)	55 (43.3%)	22 (17.3%)	84 (66.1%)

Stress	Male Preferred	Male	4 (50.0%)	1 (12.5%)	0 (0.0%)	0 (0.0%)	1 (12.5%)	6 (75.0%)
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (25.0%)	0 (0.0%)	2 (25.0%)
	Female Preferred	Male	3 (5.6%)	0 (0.0%)	4 (7.4%)	2 (3.7%)	1 (1.9%)	10 (18.5%)
		Female	24 (44.4%)	2 (3.7%)	14 (25.9%)	4 (7.4%)	0 (0.0%)	44 (81.5%)
	Indifferent	Male	0 (0.0%)	2 (1.4%)	0 (0.0%)	31 (21.5%)	11 (7.6%)	44 (30.6%)
		Female	2 (1.4%)	6 (4.2%)	0 (0.0%)	70 (48.6%)	22 (15.3%)	100 (69.4%)

Table 15. Other Conditions

Condition	Preference	Sex	Explanation					Total
			Gender Related Comfort Level	Confident-iality	Gender Related Reliance	Confidence in AT	Unknown	
Sexual Abuse	Male Preferred	Male	18 (60.0%)	5 (16.7%)	1 (3.3%)	1 (3.3%)	1 (3.3%)	26 (86.7%)
		Female	2 (6.7%)	0 (0.0%)	1 (3.3%)	1 (3.3%)	0 (0.0%)	4 (13.3%)
	Female Preferred	Male	7 (4.1%)	1 (0.6%)	5 (2.9%)	1 (0.6%)	0 (0.0%)	14 (8.2%)
		Female	121 (70.8%)	8 (4.7%)	24 (14.0%)	3 (1.8%)	1 (0.6%)	157 (91.8%)
	Indifferent	Male	0 (0.0%)	2 (3.6%)	0 (0.0%)	20 (35.7%)	5 (8.9%)	27 (48.2%)
		Female	0 (0.0%)	2 (3.6%)	0 (0.0%)	20 (35.7%)	7 (12.5%)	29 (51.8%)
Physical Abuse	Male Preferred	Male	12 (40.0%)	4 (13.3%)	2 (6.7%)	1 (3.3%)	1 (3.3%)	20 (66.7%)
		Female	4 (13.3%)	0 (0.0%)	3 (10.0%)	3 (10.0%)	0 (0.0%)	10 (33.3%)
	Female Preferred	Male	6 (6.5%)	0 (0.0%)	4 (4.3%)	0 (0.0%)	1 (1.1%)	11 (12.0%)
		Female	61 (66.3%)	6 (6.5%)	10 (10.9%)	3 (3.3%)	1 (1.1%)	81 (88.0%)
	Indifferent	Male	0 (0.0%)	2 (2.0%)	0 (0.0%)	25 (24.8%)	5 (5.0%)	32 (31.7%)
		Female	2 (2.0%)	8 (7.9%)	0 (0.0%)	47 (46.5%)	12 (11.9%)	69 (68.3%)
Use of Alcohol	Male Preferred	Male	7 (35.0%)	2 (10.0%)	2 (10.0%)	1 (5.0%)	1 (5.0%)	13 (65.0%)
		Female	3 (15.0%)	0 (0.0%)	0 (0.0%)	4 (20.0%)	0 (0.0%)	7 (35.0%)
	Female Preferred	Male	2 (8.0%)	0 (0.0%)	2 (8.0%)	0 (0.0%)	0 (0.0%)	4 (16.0%)
		Female	14 (56.0%)	1 (4.0%)	2 (8.0%)	3 (12.0%)	1 (4.0%)	21 (84.0%)
	Indifferent	Male	0 (0.0%)	2 (1.3%)	0 (0.0%)	28 (18.2%)	11 (7.1%)	41 (26.6%)
		Female	2 (1.9%)	10 (6.5%)	0 (0.0%)	75 (48.7%)	25 (16.2%)	113 (73.4%)
Use of Tobacco	Male Preferred	Male	7 (30.4%)	4 (17.4%)	2 (8.7%)	1 (4.3%)	1 (4.3%)	15 (65.2%)
		Female	4 (17.4%)	0 (0.0%)	0 (0.0%)	4 (17.4%)	0 (0.0%)	8 (34.8%)
	Female Preferred	Male	2 (8.3%)	0 (0.0%)	2 (8.3%)	0 (0.0%)	0 (0.0%)	4 (16.7%)
		Female	14 (58.3%)	1 (4.2%)	2 (8.3%)	3 (12.5%)	0 (0.0%)	20 (83.3%)
	Indifferent	Male	0 (0.0%)	2 (1.3%)	0 (0.0%)	28 (18.4%)	10 (6.6%)	40 (26.3%)
		Female	3 (2.0%)	10 (6.6%)	0 (0.0%)	73 (48.0%)	26 (17.1%)	112 (73.7%)
Use of Illegal Substance	Male Preferred	Male	5 (26.3%)	3 (15.8%)	3 (15.8%)	1 (5.3%)	1 (5.3%)	13 (68.4%)
		Female	2 (10.5%)	0 (0.0%)	1 (5.3%)	3 (15.8%)	0 (0.0%)	6 (31.6%)
	Female Preferred	Male	2 (6.5%)	1 (3.2%)	2 (6.5%)	0 (0.0%)	0 (0.0%)	5 (16.1%)
		Female	17 (54.8%)	4 (12.9%)	2 (6.5%)	3 (9.7%)	0 (0.0%)	26 (83.9%)
	Indifferent	Male	0 (0.0%)	2 (1.4%)	0 (0.0%)	30 (20.3%)	9 (6.1%)	41 (27.7%)
		Female	4 (2.7%)	8 (5.4%)	0 (0.0%)	69 (46.6%)	26 (17.6%)	107 (72.3%)
Sexual Activity	Male Preferred	Male	23 (60.5%)	6 (15.8%)	4 (10.5%)	2 (5.3%)	1 (2.6%)	36 (94.7%)
		Female	1 (2.6%)	0 (0.0%)	0 (0.0%)	1 (2.6%)	0 (0.0%)	2 (5.3%)
	Female Preferred	Male	5 (2.9%)	3 (1.7%)	1 (0.6%)	0 (0.0%)	0 (0.0%)	9 (5.1%)
		Female	131 (74.9%)	11 (6.3%)	17 (9.7%)	5 (2.9%)	2 (1.1%)	166 (94.9%)
	Indifferent	Male	0 (0.0%)	1 (2.3%)	0 (0.0%)	16 (37.2%)	7 (16.3%)	24 (55.8%)
		Female	0 (0.0%)	4 (9.3%)	0 (0.0%)	13 (30.2%)	2 (4.7%)	19 (44.2%)
Team Related Issues	Male Preferred	Male	8 (28.6%)	4 (14.3%)	7 (25.0%)	2 (7.1%)	1 (3.6%)	22 (78.6%)
		Female	3 (10.7%)	0 (0.0%)	1 (3.6%)	2 (7.1%)	0 (0.0%)	6 (21.4%)
	Female Preferred	Male	2 (3.9%)	1 (2.0%)	2 (3.9%)	0 (0.0%)	0 (0.0%)	5 (9.8%)
		Female	28 (54.9%)	3 (5.9%)	11 (21.6%)	4 (7.8%)	0 (0.0%)	46 (90.2%)
	Indifferent	Male	0 (0.0%)	1 (0.8%)	0 (0.0%)	24 (18.5%)	8 (6.2%)	33 (25.4%)
		Female	3 (2.3%)	8 (6.2%)	0 (0.0%)	65 (50.0%)	21 (16.2%)	97 (74.6%)
Academic Conflicts	Male Preferred	Male	4 (44.4%)	2 (22.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	6 (66.7%)
		Female	1 (11.1%)	0 (0.0%)	0 (0.0%)	2 (22.2%)	0 (0.0%)	3 (33.3%)
	Female Preferred	Male	1 (4.5%)	1 (4.5%)	3 (13.6%)	0 (0.0%)	1 (4.5%)	6 (27.3%)
		Female	11 (50.0%)	0 (0.0%)	1 (4.5%)	3 (13.6%)	1 (4.5%)	16 (72.7%)
	Indifferent	Male	0 (0.0%)	2 (1.2%)	0 (0.0%)	32 (19.3%)	13 (7.8%)	47 (28.3%)
		Female	3 (1.8%)	9 (5.4%)	0 (0.0%)	79 (47.6%)	28 (16.9%)	119 (71.7%)
Admin Conflicts	Male Preferred	Male	4 (40.0%)	2 (20.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	6 (60.0%)
		Female	1 (10.0%)	0 (0.0%)	1 (10.0%)	2 (20.0%)	0 (0.0%)	4 (40.0%)
	Female Preferred	Male	2 (9.1%)	1 (4.5%)	3 (13.6%)	0 (0.0%)	1 (4.5%)	7 (31.8%)
		Female	11 (50.0%)	0 (0.0%)	1 (4.5%)	3 (13.6%)	0 (0.0%)	15 (68.2%)
	Indifferent	Male	0 (0.0%)	2 (1.2%)	0 (0.0%)	32 (19.3%)	12 (7.2%)	46 (27.3%)
		Female	3 (1.8%)	8 (4.8%)	0 (0.0%)	78 (47.0%)	31 (18.7%)	120 (72.3%)
Financial Conflicts	Male Preferred	Male	3 (23.1%)	4 (30.8%)	0 (0.0%)	0 (0.0%)	1 (7.7%)	8 (61.5%)
		Female	1 (7.7%)	0 (0.0%)	1 (7.7%)	3 (23.1%)	0 (0.0%)	5 (38.5%)
	Female Preferred	Male	2 (8.0%)	1 (4.0%)	3 (12.0%)	0 (0.0%)	0 (0.0%)	6 (24.0%)
		Female	12 (48.0%)	0 (0.0%)	2 (8.0%)	4 (16.0%)	1 (4.0%)	19 (76.0%)
	Indifferent	Male	0 (0.0%)	2 (1.2%)	0 (0.0%)	30 (18.6%)	13 (8.1%)	45 (28.0%)
		Female	3 (1.9%)	12 (7.5%)	0 (0.0%)	72 (44.7%)	29 (18.0%)	116 (72.0%)

Table 16. Gender Specific (Female)

Condition	Preference	Sex	Explanation					Total
			Gender Related Comfort Level	Confidentiality	Gender Related Reliance	Confidence in AT	Unknown	
Menstrual Cycle	Male Preferred	Male						
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	Female Preferred	Male						
		Female	149 (84.2%)	1 (0.6%)	27 (15.3%)	0 (0.0%)	0 (0.0%)	177 (100.0%)
Indifferent	Male							
	Female	0 (0.0%)	2 (10.5%)	0 (0.0%)	15 (78.9%)	2 (10.5%)	19 (100.0%)	
Menstrual Abnormalities	Male Preferred	Male						
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	Female Preferred	Male						
		Female	156 (85.%)	1 (0.5%)	25 (13.7%)	0 (0.0%)	0 (0.0%)	182 (100.0%)
Indifferent	Male							
	Female	0 (0.0%)	2 (14.3%)	0 (0.0%)	10 (71.4%)	2 (14.3%)	182 (100.0%)	
Break Through Bleeding	Male Preferred	Male						
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	Female Preferred	Male						
		Female	159 (87.8%)	1 (0.6%)	21 (11.6%)	0 (0.0%)	0 (0.0%)	181 (100.0%)
Indifferent	Male							
	Female	0 (0.0%)	2 (13.3%)	1 (6.7%)	10 (66.7%)	2 (13.3%)	15 (100.0%)	
Menstrual Cramps	Male Preferred	Male						
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	Female Preferred	Male						
		Female	141 (86.0%)	0 (0.0%)	23 (14.0%)	0 (0.0%)	0 (0.0%)	164 (100.0%)
Indifferent	Male							
	Female	0 (0.0%)	2 (8.0%)	0 (0.0%)	18 (72.0%)	5 (20.0%)	25 (100.0%)	
Possible Pregnancy	Male Preferred	Male						
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	Female Preferred	Male						
		Female	148 (84.6%)	8 (4.6%)	19 (10.9%)	0 (0.0%)	0 (0.0%)	175 (100.0%)
Indifferent	Male							
	Female	3 (20.0%)	0 (0.0%)	0 (0.0%)	9 (60.0%)	3 (20.0%)	15 (100.0%)	
Abnormal Discharge	Male Preferred	Male						
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	Female Preferred	Male						
		Female	162 (86.2%)	3 (1.6%)	23 (12.2%)	0 (0.0%)	0 (0.0%)	188 (100.0%)
Indifferent	Male							
	Female	0 (0.0%)	1 (8.3%)	0 (0.0%)	9 (75.0%)	2 (16.7%)	12 (100.0%)	
Painful Intercourse	Male Preferred	Male						
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	Female Preferred	Male						
		Female	158 (84.5%)	5 (2.7%)	23 (12.3%)	0 (0.0%)	1 (0.5%)	187 (100.0%)
Indifferent	Male							
	Female	0 (0.0%)	1 (11.1%)	0 (0.0%)	6 (66.7%)	2 (22.2%)	9 (100.0%)	
Lumps in Breast	Male Preferred	Male						
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	Female Preferred	Male						
		Female	156 (87.6%)	1 (0.6%)	21 (11.8%)	0 (0.0%)	0 (0.0%)	178 (100.0%)
Indifferent	Male							
	Female	1 (6.2%)	3 (18.8%)	0 (0.0%)	11 (69.8%)	1 (6.2%)	16 (100.0%)	
Genital Skin Condition	Male Preferred	Male						
		Female	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	Female Preferred	Male						
		Female	160 (85.1%)	6 (3.2%)	22 (11.7%)	0 (0.0%)	0 (0.0%)	188 (100.0%)
Indifferent	Male							
	Female	1 (9.1%)	2 (18.2%)	0 (0.0%)	7 (63.6%)	1 (9.1%)	11 (100.0%)	

Table 17. Gender Specific (Male)

Condition	Preference	Sex	Explanation					Total
			Gender Related Comfort Level	Confidentiality	Gender Related Reliance	Confidence in AT	Unknown	
Testicular Pain	Male Preferred	Male	49 (69.0%)	6 (8.5%)	12 (16.9%)	2 (2.8%)	2 (2.8%)	71 (100.0%)
		Female						
	Female Preferred	Male	2 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (100.0%)
		Female						
Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	8 (80.0%)	2 (20.0%)	10 (100.0%)	
	Female							
Abnormal Discharge	Male Preferred	Male	41 (71.2%)	7 (11.9%)	8 (13.6%)	1 (1.7%)	1 (1.7%)	59 (100.0%)
		Female						
	Female Preferred	Male	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (100.0%)
		Female						
Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	14 (77.8%)	4 (22.2%)	18 (100.0%)	
	Female							
Sexual Dysfunction	Male Preferred	Male	48 (71.6%)	8 (11.9%)	7 (10.4%)	2 (3.0%)	2 (3.0%)	67 (100.0%)
		Female						
	Female Preferred	Male	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (100.0%)
		Female						
Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	10 (83.3%)	2 (16.7%)	12 (100.0%)	
	Female							
Impotence	Male Preferred	Male	43 (71.7%)	7 (11.7%)	6 (10.0%)	2 (3.3%)	2 (3.3%)	60 (100.0%)
		Female						
	Female Preferred	Male	2 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (100.0%)
		Female						
Indifferent	Male	1 (5.9%)	0 (0.0%)	2 (11.8%)	10 (58.8%)	4 (23.5%)	17 (100.0%)	
	Female							
Groin Pain	Male Preferred	Male	43 (70.5%)	5 (8.2%)	9 (14.8%)	2 (3.3%)	2 (3.3%)	61 (100.0%)
		Female						
	Female Preferred	Male	3 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (100.0%)
		Female						
Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	12 (80.0%)	3 (20.0%)	15 (100.0%)	
	Female							
Testicular Swelling	Male Preferred	Male	49 (72.1%)	5 (7.4%)	10 (14.7%)	2 (2.9%)	2 (2.9%)	68 (100.0%)
		Female						
	Female Preferred	Male	2 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (100.0%)
		Female						
Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	9 (81.8%)	2 (18.2%)	11 (100.0%)	
	Female							
Genital Skin Condition	Male Preferred	Male	48 (73.8%)	5 (7.7%)	8 (12.3%)	2 (3.1%)	2 (3.1%)	65 (100.0%)
		Female						
	Female Preferred	Male	0 (0.0%)	2 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (100.0%)
		Female						
Indifferent	Male	1 (7.1%)	1 (7.1%)	0 (0.0%)	10 (71.4%)	2 (14.3%)	14 (100.0%)	
	Female							
Painful Intercourse	Male Preferred	Male	46 (71.9%)	7 (10.9%)	7 (10.9%)	2 (3.1%)	2 (3.1%)	64 (100.0%)
		Female						
	Female Preferred	Male	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (100.0%)
		Female						
Indifferent	Male	0 (0.0%)	0 (0.0%)	0 (0.0%)	11 (78.6%)	3 (21.4%)	14 (100.0%)	
	Female							