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Gendered Differences in Consent and Brochures for Permanent Birth Control

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Abstract

Background Gendered differences have been documented for many healthcare outcomes. One cause of such differences is gendered differences in language, which has been documented in many fields. The difference in language used to describe permanent birth control to women (tubal ligation) versus men (vasectomy) has not been studied.

Objectives To analyze consent forms and brochures for female and male permanent sterilization for gendered differences in language.

Methods A convenience sample of consent forms and brochures was obtained and analyzed for differences in the emphasis on various subject matter.

Results Physiologic explanations and insurance and/or cost was discussed more in documents for men. Side effects, patient autonomy, permanence, children/family, reversible birth control, and mental competence were discussed more in documents for women.

Conclusion Most findings were not statistically significant due to small sample size. However, the trends suggest that stereotypes of men being more logical and financially stable are ingrained in the documents and that more deterrent language is used in the documents for women.

Introduction

Gender differences have been documented for many outcomes in healthcare, including pharmacologic therapy for pain relief,[1] substance use disorder outcomes,[2] stroke risk factors,[3] vaccination status,[4] antithrombotic therapy,[5] and access to care.[6]

Subconscious bias contributes to discrimination. One way in which subconscious bias is revealed is in language differences when referring to different genders. Gendered language includes both that used by a person identifying with a specific gender and language used toward or to describe an individual of a perceived gender. For example, females tend to use more hedges, references of emotion, dependent clauses, and intensive adverbs (e.g. very, really), whereas males tend to use more quantitative terms, judgmental adjectives, directives (i.e. commands), and locatives (e.g. "in the coffee shop).[7] Potentially more damaging when it comes to discriminative behavior is gendered language when talking to or about a perceived gender. Differences in language about women versus men has been demonstrated in essentially every area, from job advertising[8] to recommendation letters for surgery fellowship applicants.[9,10]

Language pertaining to female persons tends to employ words such as support, nurturing, or referring to family), whereas language pertaining to male persons tends to employ words such as leader, competitive, dominant.[8-10] Furthermore, research has demonstrated that gendered language affects how the recipient feels and responds.[8,11]

In this study, we analyze the way in which permanent birth control is presented differently to women (tubal ligation) versus men (vasectomy) through consent forms and brochures.

Methods

Study Design

Consent forms and brochures for tubal ligation and vasectomy were collected through internet search (convenience sample). The documents were compared for the following variables: Site-specific versus standard federal form (consent only), page count, word count, need for pre-procedure consult, presence of patient reaffirmation (consent only), identity of signatures needed (consent only), and quantity of the terms or ideas in the table below:

Simple	Surgical explanation of procedure	Do not need partner consent	Egg/sperm preservation and/or retrieval
Safe	Serious step	No repercussions	Liability release
Effective	Children and/or family	Patient expressed questions and/or concerns	Assessment of mental competence
Permanent	Age of patient	Regret and/or change of mind	Normal sexual function post-procedure
Reversible	Patient autonomy	Health issue as reason to get procedure	STIs
Risk of failure	Partner referenced	Reversible birth control	Insurance and/or cost
Side effects and/or complications	Partner as factor in decision	Emergency contraception	Images (brochures only)
Physiologic explanation of procedure	Partner and/or family pressure	Opposite sex sterilization	

Results

Consent forms from all sites for tubal ligation used the standard US federal form from the US Department of Health and Human Services, Office of Population Affairs. Data was notable for a significantly lower ($p<0.05$) number of physiologic explanations and mentions of side effects and/or complications in consent forms for tubal ligation when compared to vasectomy (Fig 1). No other variables were significantly different between tubal ligation and vasectomy, although the mentions of the risk of failure, patient autonomy, and permanence of the procedure in consent forms and mentions of insurance and/or cost in brochures were marginal ($0.05<p<0.1$; Fig 1). Although anecdotal, one brochure for tubal ligation mentioned that the procedure was discreet and non-hormonal, whereas these factors were not discussed in any brochures for vasectomy. In a similar anecdotal fashion, one brochure for vasectomy stated "It [vasectomy] does not […] make you less of a man." Another brochure for vasectomy discussed the dignity and respect of female physicians performing the procedure. In brochures for tubal ligation, there was no mention of the procedure "making you less of a woman" or a discussion of the dignity and respect of male physicians performing the procedure.

Figure 1. Data from Consent Forms

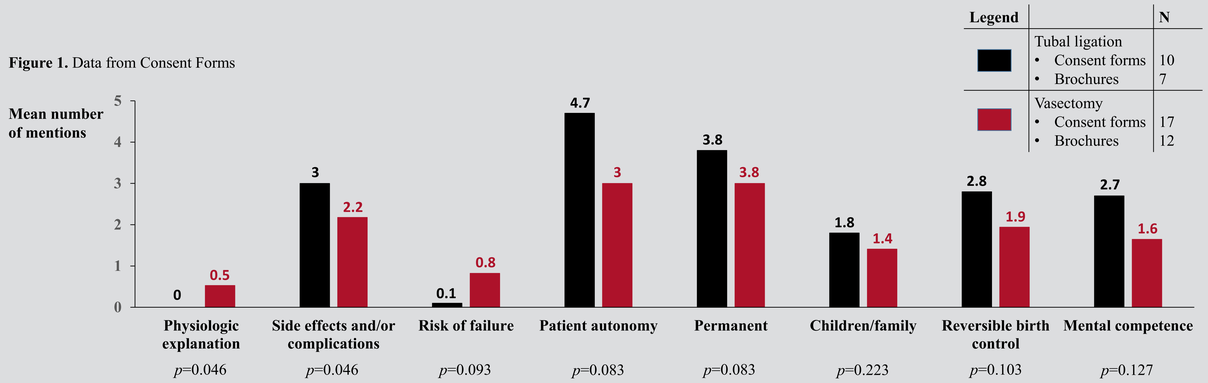
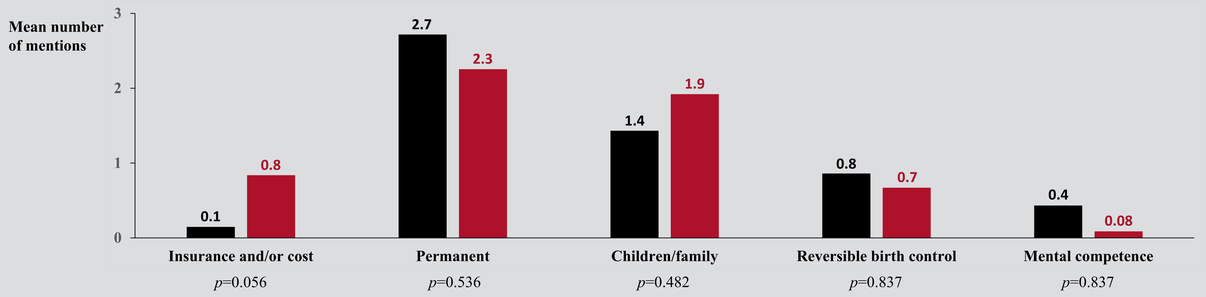


Figure 2. Data from Brochures



Discussion

There were clearly trends noted in the data, although most were not significantly different, likely due to small sample size. The significantly lower number of physiologic explanations in consent forms for tubal ligation (i.e. absence of this explanation) and the marginally significant lower number of of mentions of insurance and/or cost could be a result of gender stereotypes that dictate that men are more logical and financially independent. Potentially more concerning, however, are the trends in which side effects and/or complications, patient autonomy, permanence, children/family, reversible birth control, and mental competence are discussed more in consent forms and brochures for tubal ligation (with the exception of children/family discussed more in brochures only for vasectomy). These trends indicate language that is more deterrent in consent and education for tubal ligation than vasectomy. Finally, the marginally significant lower number of mentions of risk of failure in consent forms for tubal ligation suggests that the importance of the risk of unwanted children is not as high for women as it is for men, potentially due to stereotypes of "mother" as a defining role of a woman.

Future Directions

This project was a pilot study looking at a small sample size to assess for generic trends. We will continue this study with a larger sample size. Further efforts should be taken to assure more robust sampling methods which will allow for (1) representative sampling and (2) comparison of consent forms and brochures based on location, community versus academic, etc. Finally, we will continue to analyze consent forms and brochures in more granular detail, including the addition of more variables (e.g. returning to work versus housework, additional resources provided, statistics on procedure provided) and measuring the intricacies of how topics are discussed (e.g. complexity of vocabulary, emphasis with language, font, or italics, etc.).

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