

Center for
International
Reproductive Health
Training (CIRHT)
Journal Article
Writing Series

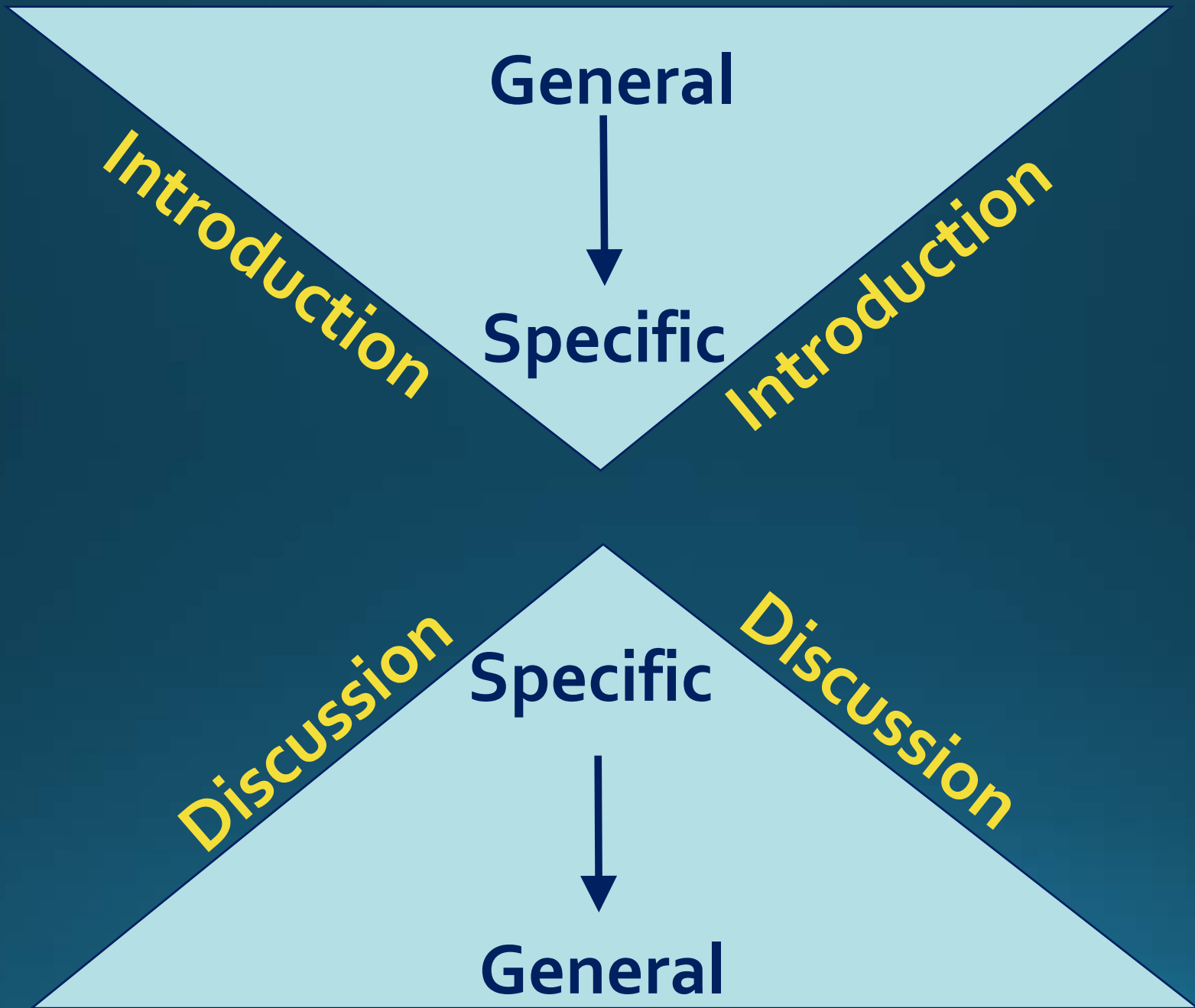
Module 4
Discussion Section

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Overview of Module

- “Shape” of discussion
- Elements of discussion with examples
- Tips



Discussion Elements

- Mini synopsis
- Restate main findings
- Significance of results & interpret meaning
- Compare results with other research
- Pathways that might explain results
- Strengths of study
- Limitations of study
- Impact and applications of research
- Suggestions for future work

Discussion Elements

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'They'll be judging us' a qualitative study of pregnant women's experience of being offered participation in a supportive intervention

Sara Pihl Jakobsen, MSc (Research Assistant)*, Charlotte Overgaard, RM, MSc, PhD (Associate Professor, Women's, Child & Family Health)

A B S T R A C T

Objective: to explore pregnant women's experience of being offered participation in a supportive intervention and how their experience influenced the outcome of the intervention.

Design and setting: a qualitative, phenomenological hermeneutic study based on semi-structured interviews with eight Danish first-time mothers.

Findings: the study revealed a divergence between the professional's and the women's perception of their vulnerability. The women typically felt the offer of participation as a stigma, which they met with anxiety and confusion. Insufficient information led to uncertainty and a feeling of being evaluated as inadequate mothers or parents. The information offered failed to provide the basis of informed choice. However, the development of a trusting, supportive and non-judgemental relationship with the health professionals ensured most women a positive outcome of the intervention.

Key conclusion: being invited to participate in an intervention targeting vulnerable women may induce unintended feelings in relation to stigmatization and judgement, leading to doubt about own ability to cope with motherhood. Inadequate information and explication about aims and contents of the intervention are likely to cause confusion and anxiety and a feeling of being judged as parents. Information combined with establishing a trusting and non-judgemental relationship between women and professionals appears to have significant impact on outcomes.

Implications for practice: care providers should be aware of the induced negative feelings and sense of judgement and stigmatization as a result of being categorized as vulnerable and perceived in need of help to cope with motherhood, and that they may play a key role in helping women cope with this. Furthermore, detailed information about the intervention and the background of the offer should be ensured as well as an informed choice of participation.

Example

Mini synopsis
Restate main findings

Discussion

In this study we explored eight first-time mothers' experience of being offered participation in a supportive intervention and how their experiences influenced the outcome of the intervention. The categorization as vulnerable generally elicited feelings of stigmatization in the women. Many reacted with anxiety and a sense of inadequacy. A lack of information about the aim and content of the intervention led to confusion, unclear expectations and worries about being evaluated as parents. The women had various reasons for accepting the midwife's suggestion about participation, although they had no sense that an informed choice was being offered. Despite this, the negative feelings subsided for the majority of the women, and positive outcomes were achieved. The professionals' ability to establish a trusting and non-judgemental relationship with the women or the couple was a key factor in this.

Mini
synopsis

Recap most
important finding

Don't overstate
your findings

Include
unexpected &
null findings

Contraceptive use and unplanned pregnancy among female sex workers in Zambia^{☆,☆☆,★}

Michael M. Chanda^a, Katrina F. Ortblad^b, Magdalene Mwale^a, Steven Chongo^a, Catherine Kanchele^a, Nyambe Kamungoma^a, Leah G. Barresi^c, Guy Harling^{b,d}, Till Bärnighausen^{b,e,f}, Catherine E. Oldenburg^{g,*}

Abstract

Objectives: Access to reproductive healthcare, including contraceptive services, is an essential component of comprehensive healthcare for female sex workers (FSW). Here, we evaluated the prevalence of and factors associated with contraceptive use, unplanned pregnancy, and pregnancy termination among FSW in three transit towns in Zambia.

Study design: Data arose from the baseline quantitative survey from a randomized controlled trial of HIV self-testing among FSW. Eligible participants were 18 years of age or older, exchanged sex for money or goods at least once in the past month, and were HIV-uninfected or status unknown without recent HIV testing (<3 months). Logistic regression models were used to assess factors associated with contraceptive use and unplanned pregnancy.

Results: Of 946 women eligible for this analysis, 84.1% had been pregnant at least once, and among those 61.6% had an unplanned pregnancy, and 47.7% had a terminated pregnancy. Incarceration was associated with decreased odds of dual contraception use (aOR=0.46, 95% CI 0.32–0.67) and increased odds of unplanned pregnancy (aOR=1.75, 95% CI 1.56–1.97). Condom availability at work was associated with increased odds of using condoms only for contraception (aOR=1.74, 95% CI 1.21–2.51) and decreased odds of unplanned pregnancy (aOR=0.63, 95% CI 0.61–0.64).

Conclusions: FSW in this setting have large unmet reproductive health needs. Structural interventions, such as increasing condom availability in workplaces, may be useful for reducing the burden of unplanned pregnancy.

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Example

Restate main findings
Significance of results & interpret meaning

4. Discussion

In this study of FSW in transit towns in Zambia with historically high HIV prevalence, we found a high prevalence of unplanned and terminated pregnancy. However, nearly three-quarters of women reported using a method of contraception, which is considerably higher than women in the general population in Zambia (approximately 25%) [10]. Approximately two-thirds of participants reported using a non-barrier method for contraception, but fewer than 20% of participants indicated they were using both condoms and a non-barrier method. For women without current pregnancy intention, access to and use of dual protection (the simultaneous use of both condoms and female-controlled modern non-barrier method) is an essential component of comprehensive reproductive health services [11,12]. Modern non-barrier methods are the most

Recap main finding

Summarize significance

Spectrum of symptoms in women diagnosed with endometriosis during adolescence vs adulthood

Amy D. DiVasta, MD, MMSc; Allison F. Vitonis, SM; Marc R. Laufer, MD; Stacey A. Missmer, ScD

BACKGROUND: Endometriosis symptoms often start at a young age, and the time between symptom onset and endometriosis diagnosis can be several years. It is not clear whether the symptoms that are experienced by adolescents differ from adults. Better understanding may shorten the often lengthy delay in diagnosis.

OBJECTIVE: The purpose of the study was to further elucidate the symptom presentation of adolescents as compared with adults to determine whether differences existed, based on age at surgical diagnosis that could impact time to diagnosis.

STUDY DESIGN: This investigation was a cross-sectional study at enrollment within a longitudinal cohort of adolescents and women with endometriosis. The population-based cohort was recruited from 2 tertiary care centers and the surrounding communities. Participants included adolescents (diagnosed at ≤ 18 years old; $n=295$) and adults (diagnosed at >18 years old; $n=107$) with surgically confirmed endometriosis who were enrolled into The Women's Health Study: From Adolescence to Adulthood. Participants completed an expanded version of the World Endometriosis Research Foundation Endometriosis Phenome and Biobanking Harmonization Project standard clinical questionnaire that included items regarding menstrual history, associated symptoms, and pain. Chi-square or Fisher's exact tests were applied to categorical data; Wilcoxon rank sum tests were applied to continuous data.

RESULTS: Most participants (90%) experienced moderate-severe menstrual pain. On average, 3 doctors were seen before diagnosis, regardless of age at presentation (range, 0-25 years). Time from symptoms to diagnosis averaged 2 years for adolescents and 5 years for adults ($P<.001$). More adolescents (50%) than adults (33%) reported pain starting at menarche ($P=.002$) and nausea accompanying pain (69% vs 53%; $P=.01$). Noncyclic, general pelvic pain was prevalent. One-half of the participants reported relief of their general pelvic pain after a bowel movement. Pain interfered with work/school, daily activities, exercise, and sleep to a moderate-extreme degree; difficulties were similar by age at diagnosis.

CONCLUSIONS: Pelvic pain was severe and noncyclic and negatively impacted quality of life. At our tertiary care centers, symptoms of endometriosis did not differ between women surgically diagnosed during adolescence compared with those diagnosed as adults. Adolescents had more nausea and symptom onset at menarche. Multi-year delays in diagnosis were common. Clinicians should be aware of these alternate symptom patterns and include endometriosis in their differential diagnosis for both adolescent and young adult women who experience noncyclic pelvic pain and nausea.

Key words: adolescents, diagnosis, endometriosis, pelvic pain

Spectrum of symptoms in women diagnosed with endometriosis during adolescence vs adulthood

Amy D. DiVasta, MD, MMSc; Allison F. Vitonis, SM; Marc R. Laufer, MD; Stacey A. Missmer, ScD

Contrary to our original hypothesis, pain patterns were similar between female participants who were diagnosed with endometriosis during adolescence compared with adulthood. Pain significantly impaired the women's daily lives, was frequently associated with nausea, and frequently improved after a bowel movement.



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Avoid this approach

“Researcher X found this. We found that.”

“Researcher X found this. We found that.”

Focus of sentence should not be a particular study, or study's author. Focus on core ideas and results; how they connect your study and broader literature.

Example | Differences in Results

More than half of women who reported a lifetime pregnancy also reported a history of unplanned pregnancy, which may indicate a large unmet need for family planning. Previous work has shown a high incidence of pregnancy among FSW [12], and a large proportion of FSW may have positive pregnancy intentions [14]. However, in our study, few (less than 2%) reported that they were currently trying to get pregnant as a reason for not using birth control. Although we did not specifically measure pregnancy or fertility desires in this study, this may be indicative that overall pregnancy intention is lower in this sample compared to previous work. The large percentage of women reporting unplanned pregnancy and termination of pregnancy indicates the urgent need for comprehensive reproductive healthcare for this population. For FSW populations, who frequently face large barriers to accessing healthcare, ensuring reproductive health services are accessible and providers are not stigmatizing will be essential to ensuring access to comprehensive care.

Comparison

Discussion adds context and depth.

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Example | Pathways

Adults experienced longer time from symptom onset to first seeing a clinician and then again from first seeing a clinician to a diagnosis. This “double delay” implies that it is not a delay in care-seeking that prolongs the time to diagnosis but that other factors are contributing. We speculate that these factors may include normalization of menstrual pain,²⁴ fear of stigmatization regarding a gynecologic complaint,²⁵ lack of parental advocacy as young women transition into adulthood, and issues with health insurance coverage.²⁶ Additional reasons may include comorbidities or false diagnoses that lead to confusion regarding the endometriosis diagnosis.²⁴ Although our sample rep-

Soft
(indirect)
language

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Example | Limitations

Our study has several limitations.

Our data also relied on electronic medical records from a single health care system; immunizations administered by providers not affiliated with our system may not have been completely captured.

This may result in a potential over-estimation of missed opportunities.

However, in our study population, this is unlikely to have been a major issue. In a different study from our institution, a sample of adult women who sought care at our clinic were interviewed to assess all prior sources of care since 2006, when the HPV vaccine was introduced. We found that an accurate HPV vaccine history could be ascertained in 82% of these women by reviewing electronic medical records because the majority of

these adult women received care either exclusively at our clinic or at one of the other sites within the Yale—New Haven Hospital System (unpublished data).

Acknowledge
limitations...

but defend
where
appropriate.

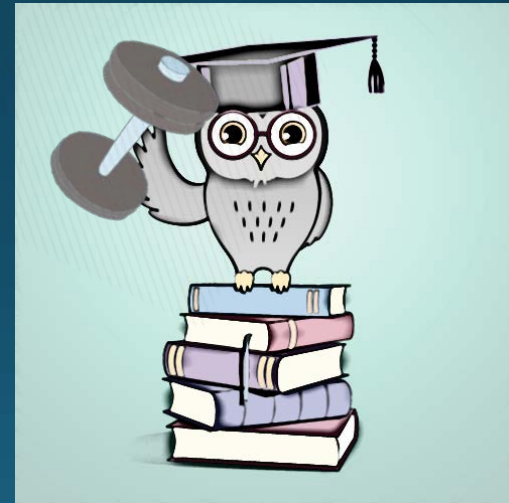
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Don't forget your strengths!

As a cross-sectional baseline analysis of our longitudinal cohort, our study has many strengths. Our cohort includes a large number of adolescents with endometriosis, more than double that of the case series and cross-sectional studies frequently referenced, and required a surgical diagnosis for inclusion. We also have collected standardized,²⁹ validated, detailed information regarding self-reported and clinically evaluated symptoms across a variety of pain types, locations, and patterns.

- Start with most impressive strength



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Example | Impact & Applications

4.3. Implications

Our findings suggest that women employ CCU to hide family planning from their partners as well as the community. This information can help programmers, clinicians, and family planning practitioners tailor clinical care and community mobilization campaigns to provide welcoming and inclusive care. It also underscores the importance of confidentiality and discretion when providing reproductive healthcare, for a woman may be trying to hide her contraception from both her partner and the community. Moreover, clinicians and practitioners should be aware that CCU may be common and provide education to women on the wide variety of contraceptive methods to help them understand if their current method is best for their safety, health, and well-being.

Appropriate for audience

Not too ambitious

It takes many studies with high-quality designs to show causal association

Suggestions for Future Work

anaesthesia. Further research is needed into the aetiology, outcomes and prevention of neonatal hypothermia during CS. Well-designed meta-analyses and systematic reviews of the current literature on the prevention of IPH are needed, due to the high number of published trials.

Be as specific as possible

Avoid the cliché: “This problem needs further studies.”



Summary

- When comparing your work with other research, make summary statements connecting ideas, results and themes and use citations to support statements
- Use “soft” language where appropriate to avoid overstating (see Tips sheet for suggestions)
- Be specific in describing your strengths, limitations, applications and suggestions for future work
- Defend your work after describing limitations where appropriate
- Describe findings and applications appropriately given study design and context
- Additional tips on preparing your discussion in “Tips For Preparing Your Discussion Section”