Connotative Meanings of Sexuality-related Terms among Nursing Students in the Dominican Republic

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ABSTRACT

The attributes assigned by 733 nursing students in the Dominican Republic to constructs representing sexuality-related events (e.g., abortion), objects/people (e.g., penis, lesbian), and abstract terms (e.g., femininity) were examined. A survey comprised of semantic differential scales, 49 sexuality-related terms, and selected demographic items was administered. Gender differences in the evaluation of constructs were assessed by means of t-tests. Males and females differed significantly on only 1 of 9 abstract terms ($p<.006$) and 2 of 25 events ($p<.002$). Overall, 27 of the 49 terms (55.1%) were assigned predominantly negative attributes. The representational meaning and semantic significance of some sexuality-related constructs could influence aspects of education and care, including medical and sexual history taking.

Introduction

The relationship between a word and its meanings can be complex, and in studies of language, is known as *semantics* (Megginson, 1996). Communication involving sexuality-related words can encounter significant roadblocks. The mere articulation or description of certain words, objects, actions, and even people can generate two types of meaning for individuals -- denotative (referential) and connotative (representational). A person may find it easy to state the denotative meaning or dictionary definition of a word, but simultaneously have considerably more difficulty in successfully articulating its connotative meaning, due to an association (emotional or otherwise) that the word evokes (Megginson, 1996). In the theoretical framework of the meaning assigned to language discussed by Osgood, Suci, and Tannenbaum (1957), connotative meanings of specific constructs can vary depending on factors such as personal experience, age, gender, culture, language, ethnicity, religiosity, time, and setting.

In the health fields a large pool of sexuality-related terms is used by health care providers, including health educators, nurses, therapists, counselors, physicians, and other health professionals to convey meaning about sexual health, functions, relationships, behaviors, lifestyles, and consequences of sexual practices. The selection of terms by health professionals and the connotative translations of these terms by patients may not always produce optimal communication in the health care setting. Previous research supports the notion that an independent rating or evaluation can be applied to determine the connotative meanings assigned to various forms of birth control (McDermott & Gold, 1986-87) and to sexuality-related terms in general (McDermott, Drolet, & Fetro, 1989).

Under certain circumstances language may lose its communicative value and even contribute to the creation of significant communication barriers. In fact, two individuals may assign entirely different connotative or representational meanings to the same constructs due to differences in their previous experiences and sets of beliefs.

An example is the connotative or inferred meaning of the word *drugs*. Few people would argue against a denotative or referential meaning as "substances, other than food and water, that have a direct effect on the structure or function of an individual" (Mullen, McDermott, Gold, & Belcastro, 1996, p.458). However, the representational meaning to each person may be unique. To some individuals, *drugs* may be defined in terms of their positive and therapeutic effects on the body systems to combat disease, correct metabolic disorders, or restore well-being. To other persons, *drugs* may represent social deviance and call to mind the negative consequences of substance abuse and lawlessness. The meaning of *drug* clearly is not

limited to the relative simplicity of the material substance itself.

Berg (1995) reminds historiographers that the connotative meanings of words can change over time. For instance, a hundred years ago the word *nurse* gave rise to images of "hand maidens" and "clinical subservient helpers to physicians" (Berg, 1995, p.163). While these images may not have been shed universally even today, the connotation of *nurse*, at least in the U.S., is much less rigid, much more enlightened, and considerably more professionalized. Similarly, since the 1950s, words like "Negro" and "crippled" have acquired negative connotations, and according to Megginson (1996), have been replaced in the English language by either more "neutral" terms (e.g., "black" and "handicapped") or by words with a "positive" polarity (e.g., African-American" and "differently-abled").

Another example of connotative interpretation is the lack of a universally accepted sexual language and the dual meaning of words that make it difficult to discuss an area that already is laden with emotion and feeling. Connotative meanings assigned to sexuality-related constructs may present significant impediments to optimal sexual health and functioning. Such impediments may prevent individuals from being open to sexuality education, from obtaining sexual counseling and therapy, or from achieving favorable outcomes from such interventions. They also may limit a person's ability to provide a reliable medical and sexual history, to feel comfortable during a physical exam, or to describe symptoms related to sexual organs or sexual functioning. It cannot necessarily be assumed that the health professional has any greater comfort with sexual language than the patient she or he is trying to serve, since the practitioner is also a product of a complex belief and value system as well as cumulative experience.

In a somewhat different context, the problem of intended meaning and actual interpretation is augmented when language is used as a "power tool" between the sexes. To illustrate this point, Roffman (1991) refers us to the baseball vernacular used as sexual metaphors in some geographic regions of North America. Most people who are baseball literate understand the denotative meanings of the baseball terms: *first base*, *striking out*, and *home run*. However, the connotative meanings may be quite different. Whereas a male can speak of getting to "first base" or "striking out" with his date, one similarly expects scoring a "home run" to be nothing short of genital intercourse.

To represent this point in still another way, one need only look at the scientific definition of sexually transmissible infections. These disorders and their corresponding acronym (STIs) are part of everyday language. However, what thoughts, feelings, and visceral reactions come to mind when some of these words are spoken? The STIs get labeled by health professionals as a collection of disorders, but perhaps with only casual regard for the connotative meanings they create for the patient getting screened, diagnosed, educated, or counseled. Roffman (1991) notes that such words are anti-sexual in tone and lead one to believe that the diseases are linguistically blamed on sex. Quite unlike the STIs, problems such as the common cold, influenza, or tuberculosis do not get labeled as BTIs (breath transmitted infections).

Baudhim (1973) assessed the offensiveness of selected words and found that words with sexual connotations were judged to be the most offensive. Robinson, Balkwell, and Ward (1980) reported that males and females associated different meanings for the word *intercourse*. Moreover, among women who had experienced sexual intercourse, the word *love* was associated with intercourse, but among sexually inexperienced women, the word *marriage* was more likely to be associated. Kutner and Brogan (1974) showed that men had a larger slang vocabulary than women to describe sexual intercourse, a finding also demonstrated by Walsh and Leonard (1974). In general, in mainstream U.S. culture, males may have a larger vocabulary to represent and describe other aspects of sexual activity than their female counterparts (Sanders & Robinson, 1979). Other investigators refute these notions (Kramer, Thorne, & Henely, 1978; Rubenstein, Watson, Drolette, & Rubenstein, 1976).

Purpose of the Study

In the past, research often has focused either on the analyses of words synonymous with male and female genitalia and the act of sexual intercourse, or else the creation, use, or impact of other slang expressions (Sanders & Robinson, 1979; Simkins & Rinck, 1982). Although investigations of connotative meanings of sexual vocabulary have been reported previously on university students in the U.S. (McDermott & Gold, 1986-87; McDermott, Drolet, & Fetro, 1989) studies of a similar nature in non-English speaking countries are more difficult to find in the literature. The purpose of this study was to examine the attributes assigned to selected constructs representing sexuality-related *events*, *objects/people*, and *abstract terms* by nursing students at a university in the Dominican Republic.

Nurses are included in the array of health care practitioners whose work necessitates their having sensitivity to, and understanding of, complex sexuality-related matters. This fact may be even more relevant in Latin American countries such as the Dominican Republic where nurses are confronted with unique sexuality-related issues that impact the educational and therapeutic aspects of patient care, including strong, culturally-ascribed gender roles, limited sexual dialogue, and a religious tradition predominated by Roman Catholicism. All of these factors may influence sexuality-related beliefs and potentially affect exchanges and interactions between nurses and patients. Unlike in the U.S. and a few other countries, where health educators are specially prepared, credentialed, and recognized as a health occupational group, it is nurses who conduct much of the formal, as well as the informal health education that takes place in the Dominican Republic. A study of nursing students at a university in the Dominican Republic is further warranted to examine their assigned meanings to the language of sexuality so that relevant educational experiences that reflect the role of language might be incorporated into their pre-professional experience and training.

Procedures

This study used the *Connotative Meanings of Sexuality-related Terms Survey* developed by McDermott, et al. (1989) that employs three sets of scales representing *events*, *objects/people*, and *abstract terms*. McDermott, et al. (1989) reported Cronbach alphas of .93, .95, and .91 respectively for the three scales. Details concerning the identification of terms and the development and validation of these scales can be found in Gold, Regin, McDermott, and Drolet (1985). The three scales included 25 sexuality-related events, 15 sexuality-related objects or people, and 9 sexuality-related abstracts terms. Fifteen pairs of bipolar adjectives were arranged at opposite ends of a seven-point scale as described in Osgood, et al. (1957). Data from Gold, et al. (1985) indicated that these bipolar adjectives were not necessarily identical for the three categories of terms. The relevant adjectival pairs are shown in both English and Spanish in Table 1. In addition, demographic data related to gender, age, ethnicity, and religion were collected. The original English version of the survey was translated into Spanish by two bilingual professors, one from the United States and the other from the Dominican Republic. A panel of bilingual health professionals in the Dominican Republic reviewed the translated version. The survey was back-translated, and then pretested in the Dominican Republic, a process known as cultural *decentering* that helps assure item validity (Pasick, Sabogal, Bird, D'Onofrio, Jenkins, Lee, Engelstad & Hiatt, 1996).

Surveys were distributed in classroom settings by one of the researchers to students enrolled in nursing courses at a university in Santo Domingo. Nursing students were given written and verbal instruction "to rate each sexuality-related construct according to their initial impressions" and were encouraged "not to spend too long on any one item." The bipolar scales were scored from 1 (positive) to 7 (negative). Values were summed and overall means were calculated for each term as illustrated in previously published works (Gold, et al., 1985; McDermott & Gold, 1986-87; McDermott, et al., 1989).

Comparisons between the attributes assigned to sexuality-related terms by males and females were made through a series of *t*-tests with an initial alpha level of .05. The Bonferroni step-down correction, as recommended by Pedhazur (1982), was applied to the alpha level to account for multiple comparisons. This correction made the criterion for statistical significance more rigorous and decreased the probability of making a type I error. With these adjustments, the new criterion values for *events*, *physical objects/people*, and *abstract terms* were .002, .003, and .006 respectively. The research plan was reviewed and approved by the Institutional Review Board of the primary sponsoring university.

Results

The survey of 49 sexuality-related terms was completed by 733 nursing students. The respondents included 522 females (71.2%) and 174 males (23.8%) with a mean age of 23.0 years. In all, 65.5 percent of the nursing students reported themselves to be Hispanic, 21.8 percent Native (Indian), 2.9 percent Black, and 9.8 percent "other" ethnic backgrounds. The relatively high percentage of persons self-classifying as Native (Indian) might be due to the government's use of *Indio* as one classification of skin color on citizen identification documents. Among the students surveyed, 68.3 percent indicated that they were Roman Catholics, 11.1 percent said that they were Protestants, and 20.6 percent reported themselves to be of other religious denominations.

Table 1 Bipolar Adjectives Used to Assess Connotative Meanings of Sexuality-Related Terms

Sexuality-related events (with Spanish translation)

Good-Bad (bueno-malo)
Sociable-Unsociable (sociable-antisociable)
Potent-Impotent (potente-impotente)
Valuable-Worthless (valioso-sin valor)
Kind-Cruel (bondadoso-cruel)
Pleasurable-Painful (placentero-doloroso)
Successful-Unsuccessful (exitoso-sin éxito)
Healthy-Sick (saludable-enfermo)
Useful-Useless (útil-inútil)
Honest-Dishonest (honesto-deshonesto)
Right-Wrong (correcto-falso)
Innocent-Guilty (inocente-culpable)
Hopeful-Hopeless (promisorio-sin futuro)
Virtuous-Sinful (virtuoso-pecador)
Careful-Careless (cuidadoso-descuidado)

Sexuality-related physical objects/people (with Spanish translation)

Good-Bad (bueno-malo)
Positive-Negative (positivo-negativo)
Strong-Weak (fuerte-débil)
Merciful-Merciless (compasivo-despiadado)
Potent-Impotent (potente-impotente)
Courteous-Discourteous (cortés-descortés)
Visible-Invisible (visible-invisible)
Kind-Cruel (bondadoso-cruel)
Healthy-Sick (sano-enfermo)
Right-Wrong (correcto-falso)
Innocent-Guilty (innocente-culpable)
Sensitive-Insensitive (sensitivo-insensitivo)
Perfect-Imperfect (perfecto-imperfecto)
Virtuous-Sinful (virtuoso-pecador)
Friendly-Unfriendly (amistoso-desamigado)

Sexuality-related abstract terms (with Spanish translation)

Sociable-Unsociable (sociable-antisociable)
Fortunate-Unfortunate (afortunado-desafortunado)
Visible-Invisible (visible-invisible)
Kind-Cruel (bondadoso-cruel)
Pleasurable-Painful (placentero-doloroso)
Beautiful-Ugly (lindo-feo)
Successful-Unsuccessful (exitoso-sin éxito)
Honest-Dishonest (honesto-deshonesto)
New-Old (nuevo-viejo)
Friendly-Unfriendly (amistoso-desamistoso)
Careful-Careless (cuidadoso-descuidado)
Open-Closed (abierto-cerrado)
Consistent-Inconsistent (consistente-inconsistente)
Regular-Irregular (regular-irregular)
Reliable-Unreliable (confianza-indigno de confianza)

Table 2 Mean Gender Differences in Evaluation of Sexuality-Related Events

	Male Index		*Female Index*			
Event	M	SD	M	SD	*t*	*p*
Miscarriage	5.56	0.75	5.40	0.78	-0.411	.687 ns
Menopause	3.67	1.20	3.45	1.30	-0.313	.754 ns
Masturbation	3.75	1.77	4.39	1.67	0.801	.566 ns
Incest	6.42	0.59	6.37	1.09	-0.083	.932 ns
HIV/AIDS	5.88	1.04	6.65	0.67	1.615	.111 ns
Divorce	4.86	1.35	5.42	1.19	1.869	.062 ns
Date rape	5.83	1.49	6.75	0.39	4.380	.000 *
Cohabitation	2.16	0.07	2.47	1.78	0.748	.537 ns
Chlamydia	6.09	0.68	6.40	0.83	1.577	.115 ns
Abortion	5.96	0.07	6.60	0.49	3.064	.003 ns
Herpes	5.85	1.27	6.23	0.72	1.613	.108 ns
Gonorrhea	6.44	0.59	6.51	0.67	0.384	.704 ns
Extramarital sex	4.05	1.28	5.30	1.23	3.855	.001 *
Erection	2.12	0.82	2.84	1.53	2.080	.040 ns
Ejaculation	1.89	0.38	2.66	1.43	2.372	.020 ns
Sexual abuse	6.28	0.65	6.56	0.51	1.253	.217 ns
Rape	6.46	0.44	6.56	0.71	0.355	.725 ns
Premarital sex	4.51	1.83	4.71	1.80	0.263	.790 ns
Pregnancy	1.96	0.60	1.86	0.71	-0.309	.757 ns
Orgasm	2.09	0.90	1.97	1.00	-0.247	.801 ns
Sexual assault	5.78	1.06	5.85	1.22	0.216	.824 ns
VD	6.03	1.07	5.64	1.36	-1.171	.245 ns
Vasectomy	4.23	1.63	3.25	1.85	-2.173	.031 ns
Syphilis	5.95	0.80	5.50	1.38	-1.423	.156 ns
Sexual monogamy	1.70	0.90	1.64	0.63	-0.334	.739 ns

*p<.002 (Bonferroni corrected) ns = nonsignificant

Assessments of sexuality-related events by this sample of nursing students are reported in Table 2. Of the 25 events evaluated, both males and females assigned their most positive attributes to the same constructs: *sexual monogamy*, *pregnancy*, *orgasm*, *erection*, *cohabitation*, and *ejaculation*. The events given the most negative evaluations by male and female respondents also were relatively consistent. Both groups identified *rape*, *chlamydia*, *gonorrhea*, and *sexual abuse* as the most negative events. There were statistically significant gender differences (p=.002) found in the evaluation of two terms: *date rape* and *extramarital sex*, where females' evaluations were more negative for both items. Although not statistically significant using the more rigorous alpha level derived through the Bonferroni method, the term *vasectomy* was evaluated as being slightly positive by female nursing students (M=3.25), but slightly negative by their male counterparts (M=4.23) where "4" was considered as the midpoint of the rating scale. Conversely, female respondents evaluated *masturbation* as a slightly negative event (M=4.39), whereas male respondents assessed it as being a slightly positive event (M=3.75).

Nursing students' assessments of sexuality-related objects/people are reported in Table 3. Of the 15 objects/people rated, both males and females assigned their most positive evaluation to *nipples* and *clitoris*, with females reporting *penis* and males reporting *vagina* as the third most "positive" word choices respectively. Males and females also were similar in their relatively negative evaluations of the following constructs: *transsexual person*, *multiple sex partners*, *homosexual person*,

Table 3 Mean Gender Differences in Evaluation of Sexuality-Related Physical Objects/People

	Male Index		*Female Index*			
Object/person	M	SD	M	SD	*t*	*p*
Pubic hair	2.86	1.44	2.64	1.06	-0.679	.506 ns
Scrotum	2.71	1.53	2.67	0.85	-0.145	.880 ns
Nipples	2.29	1.09	2.17	0.88	-0.475	.641 ns
Clitoris	2.41	1.09	2.47	0.93	0.164	.865 ns
Feminist	3.49	1.81	2.74	1.31	-2.014	.045 ns
Vagina	2.42	0.97	2.61	1.21	0.610	.551 ns
Transsexual person	5.04	1.71	4.82	1.46	-0.544	.595 ns
Testicles	2.68	1.01	2.61	1.00	-0.247	.801 ns
Penis	2.77	1.04	2.52	1.14	-0.858	.602 ns
Multiple sex partners	4.39	1.74	4.88	1.41	1.233	.219 ns
Homosexual person	4.71	0.88	5.24	0.89	1.553	.123 ns
Heterosexual person	5.06	0.93	5.08	1.07	0.044	.964 ns
Breasts	2.79	1.23	2.79	1.45	0.000	.995 ns
Bisexual person	3.07	0.68	2.57	1.41	0.973	.663 ns
Lesbian	4.82	0.71	4.75	1.06	0.162	.867 ns

$^{*}p<.003$ (Bonferroni corrected) ns= nonsignificant

heterosexual person, and *bisexual person.* Among the 15 rated objects/people, there were no statistically significant differences in evaluation of constructs with gender as the criterion for comparison (p=.003).

Evaluations of sexuality-related abstract terms by these nursing students are reported in Table 4. Of the 9 abstract terms, the most positive assessments by male respondents were given to *virginity*, and *birth control*. Among female respondents, the most positive attributes were assigned to *virginity* and *femininity*. Abstract constructs evaluated most negatively by both male and female nursing students were *prochoice*, *gay*, and *impotence*. However, a statistically significant gender difference (p=.006) was found for only the term *femininity*. The term was rated less positively by male nursing students (M=3.41) than by their female peers (M=1.92).

Discussion

In the present study, only 3 out of the 49 constructs surveyed were found to have attributes assigned significantly differently with respect to gender. In addition, when comparing the most positive and most negative evaluations given to constructs, there was far more agreement than disagreement across gender. Since a comparable study of U.S. nursing or other health professions students does not exist, the best comparison of these results is made to U.S. students in general university studies. In contrast to some U.S. studies (Kutner & Brogan, 1974; McDermott, et al, 1989; Terry, 1983; Walsh & Leonard, 1974), differences along gender lines among these respondents in the Dominican Republic clearly were less pronounced. For instance, McDermott, et al. (1989) used a similar survey with a sample of general education students at one large midwestern U.S. university and found gender differences for 9 of 25 sexuality-related events, 5 of 14 sexuality-related objects/people, and 2 of 11 sexuality-related abstract terms. The similarities found in the present study might be attributable to the homogeneity of persons selecting nursing as an occupational endeavor with respect to relevant dimensions of sexuality-related attitudes. Alternatively, the similarity of responses between male and female nursing students might be explained by a

stronger cultural and religious homogeneity of values, beliefs, and experiences than what is found in a general sample of university students in a U.S. university. Perhaps the explanation is a combination of these factors.

Examination of the data in Table 2, where a rating of "4" represents the midpoint of the semantic differential scale, reveals the terms that evoke the strongest negative reactions by both male and female nursing students are *rape*, *gonorrhea*, and *incest*. The most negative term for males is *rape*, a somewhat surprising response considering that there was a statistically significant gender difference for the term *date rape*, where males responded less negatively than females. Females assigned the most negative attributes to *date rape* among all the constructs surveyed. The connotative difference in meaning between the constructs *rape* and *date rape* may be a subtle one, but one that could potentially evoke quite different degrees of negativity among health professionals who are presented with a patient victimized by one of these events. At the very least, these results suggest that subtle differences in representational meaning assigned to *rape* and *date rape* may require special sensitivity on the part of the health professional both in times of emergency care or during more routine history taking. Moreover, it suggests that the gender of the practitioner may influence the nature of the exchange with the patient in some subliminal manner. Galanti (1991) points out that among some Hispanics (e.g. Mexicans), even in a health care setting, the discussion of female "private parts" by a male practitioner may be considered inappropriate. Though anecdotal evidence might support her statement, its generalizability across Latin America is unknown, so any applicability to the Dominican Republic is mostly speculative. Clearly, professional education of nurses is unlikely to alter years of cultural inculcation, but it may be able to alert students to their own predisposing attitudes and beliefs around particular events, as well as those of their future patients.

Table 4 Mean Gender Differences in Evaluation of Sexuality-Related Abstract Terms

	Male Index		*Female Index*			
Abstract Term	M	SD	M	SD	t	*p*
Prochoice	5.61	1.10	5.97	0.92	1.030	.308 ns
Pornography	4.08	1.18	4.82	1.51	1.323	.188 ns
Masculinity	3.66	1.39	2.85	1.49	1.503	.135 ns
Frigidity	4.21	1.04	4.48	1.50	0.498	.626 ns
Birth control	2.58	0.51	2.65	0.96	0.181	.851 ns
Impotence	4.72	0.97	5.14	0.96	1.518	.131 ns
Gay	5.29	1.12	5.38	0.96	0.356	.724 ns
Femininity	3.41	1.13	1.92	0.82	-5.760	.000 *
Virginity	3.04	0.96	2.55	1.07	-1.722	.087 ns

*p<.006 (Bonferroni corrected) ns=nonsignificant

In this study, *sexual monogamy* produced a strong positive response by males and females. Moreover, *extramarital sex*, while assigned negative attributes by both sexes, was evaluated significantly more negatively by female nursing students than by males. In sexual history taking, the interviewer needs to be aware of personal biases as well as the possible reluctance of patients to give full disclosure of their sexual behavior, even when it is pertinent to diagnosis and treatment. These data suggest that biases may have a gender basis in selected instances.

Strong negative evaluations associated with *transsexual person*, *bisexual person*, *homosexual person*, *multiple sex partners*, and *gay* would suggest a strong posture against variation in sexual behavior in this sample of student nurses. Since these student nurses undoubtedly will see patients who exhibit an array of sexual behaviors, practices, and orientations, it is important for them to confront their feelings and address possible phobic reactions prior to initiating their professional career. However, it is important to point out that the construct

heterosexual person also yielded a highly negative mean score among male and female nursing students alike. Moreover, it should be noted that most of the sexuality-related terms surveyed in this study (27 of 49, 55.1%) were given a negative evaluation by the nursing students. Thus, it may be that the level of discomfort with sexuality-related topics is a more general one for this particular sample. According to Galanti (1991, p.33): "Patients may be too embarrassed to discuss certain problems, particularly those of a sexual nature. A health care provider needs excellent communication skills to be able to handle sensitive issues." The patient's reluctance is no doubt magnified when the health professional's participation in such discourse is also tentative.

This study has some notable limitations. The sampling scheme tapped only one university in the Dominican Republic and only the nursing students in attendance on the day of the survey. Therefore, it cannot be assumed to represent all universities or all nursing students in this particular country. Second, the entire universe of possible sexuality-related terms was not presented. Other constructs might elicit different degrees of positive or negative responses from nursing students in the Dominican Republic. Moreover, the set of scales used in this study was developed and validated for English speakers. Despite the back-translation approach used, the actual validity of these scales for these Spanish-speaking respondents cannot be known with certainty. Berg (1995, p.163) emphatically warns researchers not to pass judgment on the "rightness" or "wrongness" of connotations or meanings within cultures. Matsumoto (1994) reminds researchers that even if the words used in translation are the same, there is no guarantee that the constructs have identical meanings and idiomatic interpretation across languages (English and Spanish in this case) or cultures. Galanti (1991) refers to this concept as "cultural relativism," and it could have profoundly influenced the interpretation of the constructs assessed here. The language issue is one of the practical limitations of performing cross-cultural research, but does not categorically negate the value of cross-cultural comparisons (Matsumoto, 1994).

Conclusions

Promoting the understanding of cultural factors in the patient-provider exchange during professional preparation is essential if the twenty-first century health care environment is to be navigated successfully (Leininger, 1996). A clear understanding of the semantics of language is also a necessary component of culturally competent health education since *communicative competence* is a desired condition for any provider-patient transaction. Sexuality-related words and the constructs they represent to people can be powerful forces (McDermott, 1994). Depending on how a word is perceived connotatively by the sender and the receiver during a transaction in the health care setting, the word may be a channel to learning and understanding, a channel to self-acceptance, a channel to gaining new insights, or a channel to communication block. Communicative competence in provider-patient settings is increased when professionals are alerted to, and reminded of, the idiosyncratic nature of language. Leininger (1985) describes a need for what she calls *ethnonursing research* to reveal a more in-depth understanding of important connotative and communication issues. In patient education about sexual matters, or in other forms of health education, a more thorough examination of sexual language might be similarly constructive, especially as various aspects of health education attempt to become globalized. Similarity of responses, such as the ones identified in this study, or a more diverse set of responses, as found in other studies cited in this paper, confirm that failure to consider the connotative meanings assigned to words creates the unfortunate possibility that a potentially vital variable in education and therapeutic settings will be ignored.

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