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Data Article

Socioeconomic status and treatment outcomes in women with genito-pelvic pain penetration disorder: A longitudinal study of a therapeutic educational program dataset



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ABSTRACT

Sexual health is crucial for overall well-being, and dyspareunia (genito-pelvic pain/penetration disorder) is a common sexual disorder that can be addressed through multimodal physiotherapy approaches, including education. However, it's unclear whether socioeconomic factors influence the effectiveness of educational therapies for dyspareunia. The dataset presented in this article was used in a pilot randomized controlled trial that aimed to investigate any potential correlation between socioeconomic status and the outcomes of a therapeutic educational program for dyspareunia, evaluating the impact of a therapeutic educational program on 69 women. The data measured pain intensity, pain-related outcomes, and sexual functioning over time. In February 2022, socioeconomic status measurements (age, educational level, household monthly income, and job rank) were collected. The analysis used Pearson's correlation index and Spearman's

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rho statistic to assess any correlations between these variables.

The results of the correlation analysis indicated that there was no significant correlation between any of the outcomes of the intervention and the socioeconomic status measurements.

The data analysis findings suggest that a therapeutic educational program can effectively improve pain intensity, pain-related outcomes, and sexual functioning in patients with persistent pelvic pain, regardless of their socioeconomic status. These findings have policy implications, as they suggest that education is a powerful tool that can improve sexuality outcomes for patients with dyspareunia, regardless of their socioeconomic background.

The dataset contains the collected raw data, including partial participant demographics data and scores categorized by question group, as well as scores for each participant at each time point (before and after the intervention). This dataset can be used to further analyze the results and the study can be potentially replicated.

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Specifications Table

| | |
|--------------------------------|---|
| Subject | Gynecology; Obstetrics, Midwifery and Women's Health. |
| Specific subject area | Genito-Pelvic Pain Penetration Disorders and Socioeconomic Status. |
| Type of data | Table |
| How the data were acquired | The research team recruited participants using hospital databases, an online campaign disseminated through their social network accounts, and the Chartered Society of Physiotherapists of the area. An infographic image and a Google Forms survey were used to register potential participants. The research team then assessed each registry to determine eligibility for inclusion. All data were collected and subsequently introduced into an excel file. The questionnaire is referred in References. |
| Data format | Raw Analyzed |
| Description of data collection | The therapeutical education program consisted of four weekly workshops delivered by experienced physiotherapists who specialized in treating pelvic floor disorders. Each workshop lasted approximately 40 minutes and covered topics such as pelvic floor anatomy, pain neuroscience, and sexuality. The workshops were designed to be interactive, with both theoretical approaches and practical exercises to actively involve participants. Data was collected before and after the educational program along with some sociodemographic and socioeconomic information. The link to the repository contains the dataset, the questionnaires used (translated into English) and the codebook for a better understanding of the information available in the dataset. |
| Data source location | Physiotherapy and Translational Research Group (FINTRA-RG). Institute of Health Research of the Principality of Asturias (ISPA). Faculty of Medicine and Health Sciences University of Oviedo - Spain. |
| Data accessibility | Repository name: Mendeley Data Data identification number: DOI: 10.17632/tr3y82y2jy.2 Direct URL to data: https://data.mendeley.com/datasets/tr3y82y2jy/2 |
| Related research article | Lopez-Brull, A., Perez-Dominguez, B., Canton-Vitoria, L. et al. Association Levels Between Results from a Therapeutic Educational Program on Women Suffering from Genito-pelvic Pain Penetration Disorder and Their Socioeconomic Status. <i>Sex Res Soc Policy</i> (2023). 10.1007/s13178-023-00790-7 |

Value of The Data

- The dataset includes information on the effectiveness of a therapeutic educational program for dyspareunia, which is a common sexual disorder. This information can be used by healthcare professionals to improve treatment approaches for patients with this condition.
- The dataset evaluates the impact of socioeconomic factors on the outcomes of a therapeutic educational program for dyspareunia, which is important because understanding the influence of socioeconomic status can help healthcare professionals tailor treatment approaches to better serve different patient populations.
- The dataset contains raw data on pain intensity, pain-related outcomes, and sexual functioning over time, which can be used for further analysis and to inform future research in the field of sexual health.
- The repository's URL provides access to the dataset, translated questionnaires, and a codebook to enhance comprehension of the information contained within the dataset.
- The dataset was collected in a pilot randomized controlled trial, which is a rigorous study design that enhances the reliability and validity of the findings. This increases the confidence in the accuracy of the data and makes it a valuable resource for researchers and healthcare professionals in the field of sexual health.
- The findings of the study have policy implications, as they suggest that education is a powerful tool for improving sexual outcomes for patients with dyspareunia, regardless of their socioeconomic background. This information can be used to develop policies and guidelines for healthcare professionals treating patients with this condition.

1. Objective

The dataset was generated as part of a pilot randomized controlled trial that aimed to investigate the potential correlation between socioeconomic status and the outcomes of a therapeutic educational program for dyspareunia. Dyspareunia, or genito-pelvic pain/penetration disorder, is a common sexual disorder that can have a significant impact on the overall well-being of people. Multimodal physiotherapy approaches, including education on pelvic floor anatomy, pain neuroscience, and sexuality, are effective in addressing this condition.

The trial was conducted on 69 women, for evaluating the impact of an educational program on pain intensity, pain-related outcomes, and sexual functioning over time. The program was designed and delivered by experienced physiotherapists specialized in pelvic floor disorders. The four-week program had workshops with both theory and practice to actively engage participants and provide tools to improve their pain intensity, pain-related outcomes, and sexual functioning.

The trial also collected measurements of socioeconomic status, including age, educational level, household monthly income, and occupation. The aim was to investigate the correlation between socioeconomic status and the outcomes of the therapeutic educational program for dyspareunia. By understanding the impact of socioeconomic status on treatment outcomes, healthcare professionals can tailor treatment approaches to better serve different patient populations.

The dataset includes participant demographics and pre- and post-intervention scores categorized by groups. It can be used to analyze trial results and inform sexual health research. Findings suggest education is effective in improving sexual outcomes for dyspareunia patients, regardless of socioeconomic background, with policy implications.

The repository that is being referred to in this text serves as a centralized location that contains a diverse range of essential resources, including the dataset, the questionnaires used (which have been translated into English), and a codebook. The primary objective of providing these resources is to facilitate easy access to valuable information and ensure that the dataset is as comprehensive as possible.

By including the dataset, interested parties can have access to a wealth of information that may be beneficial to their research, analysis, or other related projects. The dataset itself contains

a broad range of information that has been compiled from various sources and can be used to extract useful insights and draw conclusions based on the data provided.

Furthermore, the translated questionnaires are an essential resource that is provided to enable researchers who may not be fluent in the native language to understand the questions and ensure accurate data collection. These questionnaires have been translated into English to ensure that non-native speakers of the language can make sense of the data and make use of it.

Finally, the codebook is another resource provided in the repository that serves as a guidebook to understand the information contained within the dataset. This codebook provides essential information on what variables are included in the dataset, a short description of them, and how the data is structured. This information is valuable to those who intend to work with the dataset as it ensures a thorough understanding of the data and reduces the likelihood of errors or misunderstandings.

Overall, the repository serves as a valuable resource for researchers, analysts, and other interested parties, as it provides easy access to the dataset, translated questionnaires, and a codebook that facilitates a thorough understanding of the information contained within the dataset.

In conclusion, the dataset provides valuable insights into the potential correlation between socioeconomic status and the outcomes of a therapeutic educational program for dyspareunia. The data collected can be used to inform future research in the field of sexual health and to improve treatment approaches for patients with this condition.

2. Data Description

The dataset provided in the attached file is presented in a tabular form with the aim of facilitating an easy understanding of its contents. The table is divided into several columns, each of which contains specific information relevant to the study. The first columns of the table (B to G) contain demographic data about the study participants, providing important insights into the characteristics of the sample population, especially regarding the age of the participants. The demographic information is completed with socioeconomic information of the participants (columns R, S and T). Also, in column F, it is indicated whether the participant attended the educational intervention in person. Column G indicates the group to which each participant was assigned in order to perform the corresponding statistical analysis; thus, "P" indicates "In-Person/Face-to-Face," "O" indicates "Online" and "C" indicates "Control Group".

These demographic variables include age, educational level, household monthly income, and job rank, which can potentially have a significant impact on the effectiveness of therapeutic interventions for dyspareunia.

The subsequent columns of the table display the results of the questionnaire answered by each participant, both before (columns H to L) and after (columns M to Q) the educational intervention. These results are organized by question group and provide detailed information about the participants' pain intensity, pain-related outcomes, and sexual functioning over time. The scores for each participant are displayed in separate columns, allowing for a quick comparison of the results before and after the intervention. These columns mentioned above correspond to the following indicators: Visual Analogue Scale (EVA), Numerical Rating Scale (NRS), Survey of Pain Attitudes (SPA) and Pain Catastrophizing Scale (PCS). These questionnaires have been assessed, as mentioned above, before and after the intervention for each study participant. The data collected are presented in the attached dataset.

It is worth noting that the raw dataset contains valuable information that can be further analyzed to gain deeper insights into the impact of socioeconomic factors on the effectiveness of therapeutic educational programs for dyspareunia. By examining the dataset, researchers can potentially uncover hidden relationships between different variables and draw conclusions that may inform future studies and clinical practice. Overall, the dataset provides a valuable resource for researchers, practitioners, and policymakers interested in improving the sexual health outcomes of patients with dyspareunia.

The mean age of the 69 participants was 33, 42 years with Standard Deviation of 8,83 and Interquartile range of 11,13. Attending to the group to which they were assigned, 18 (26,1%) participants were assigned to the "In-Person" group, 29 (42,0%) participants were assigned to the Online group and 22 (31,9%) were assigned to the Control group.

The raw data for this table is attached and is also available on an open data repository.

Data Upload: The raw data is uploaded in *.xlsx format ("Data file.xlsx").

Supplemental Data: Original Article: The original research article, published in the "Sexuality Research and Social Policy" journal, is attached.

A brief description of each of the columns of the raw dataset is presented in the table below.

| Column | Title | Description |
|--------|---------------------|---|
| A | — | Empty |
| B | Code | Consecutive numbers |
| C | Birthdate | Birthdate |
| D | Origin | Where the participant was recruited. |
| E | Living in Valencia? | Is the participant living in the city of Valencia? |
| F | In-person? | In-person participant? |
| G | Group (P/O/C) | Group to which the participant was assigned. |
| H | EVA PRE | EVA score - previously to intervention |
| I | NRS PRE | NRS score - previously to intervention |
| J | PCS PRE | PCS score - previously to intervention |
| K | SPA PRE | SPA score - previously to intervention |
| L | FSFI PRE | FSFI score - previously to intervention |
| M | EVA POST | EVA score - post intervention |
| N | NRS POST | NRS score - post intervention |
| O | PCS POST | PCS score - post intervention |
| P | SPA POST | SPA score - post intervention |
| Q | FSFI POST | FSFI score - post intervention |
| R | SES EDU | SocioEconomic Status Participant's Education level |
| S | SES INC | SocioEconomic Status Participant's Income level |
| T | SES OCU | SocioEconomic Status Participant's Occupation |

3. Experimental Design, Materials and Methods

This dataset [1] derives from a randomized controlled pilot trial [2] that was conducted to examine the correlation between the socioeconomic status of women with persistent pelvic pain and the results of a therapeutic educational intervention. The trial followed ethical guidelines in accordance with the Helsinki declaration and was approved by the Ethics Committees of the University of Valencia, Hospital de La Plana, and Hospital de Sagunto in Spain. The initial intervention involved a randomized controlled trial, with the outcomes measured including changes in pain intensity, other pain-related outcomes, and sexual functioning. The study was registered in Clinical Trials under the protocol number NCT05114473. The results of this parallel trial revealed significant associations between socioeconomic factors and the effectiveness of the educational intervention in treating persistent pelvic pain in women.

To address persistent pelvic pain in women, a therapeutic education program was developed and delivered by experienced physiotherapists. The program consisted of four weekly workshops that provided information on pelvic floor anatomy, pain neuroscience, and sexuality. The workshops, which were 40 minutes long each, incorporated both theoretical approaches and practical exercises to ensure active participation. To access the content of the program, follow this link: <https://mariaplazacarrasco.com/dolor-relaciones-sexuales/>.

Participants were randomly assigned to one of the following three groups: face-to-face workshops (FG), online access to the educational program (OG), or no intervention or control group (CG). The FG and OG groups received the therapeutic education program, while the CG group

initially received no intervention but was granted access to the program once the study concluded.

Adult women who had been experiencing persistent pelvic pain for at least three months and had no medical explanation for the pain were eligible to participate in the study. Participants were recruited through hospital databases and an online campaign that was distributed through the research team's social network accounts and the Chartered Society of Physiotherapists in the area. An infographic image accompanied by a Google Forms survey was used to collect information from potential participants. Each entry was screened by the research team to determine eligibility. Participants who were diagnosed with a medical condition that could explain the pain or whose initial episode of pain had occurred less than three months before the study were excluded from the sample.

The randomized controlled trial produced various outcomes related to pain. The Visual Analogue Scale (VAS or EVA) was used to evaluate pain intensity, which is a 10 cm horizontal scale ranging from 0 to 10, where 0 indicates no pain and 10 represents the highest possible pain level [3]. Also the the Numerical Rating Scale (NRS) was prepared to be used in case that any participant could not complete the survey in the online mode [4]. Pain-related outcomes were also evaluated using the Pain Catastrophizing Scale (PCS), which measures an individual's pain experience and ranges from 0 to 52, with higher scores indicating worse outcomes [5]. Also the results for the Survey of Pain Attitudes (SPA) were collected [6]. Additionally, sexual functioning was evaluated using the Female Sexual Function Index (FSFI), a questionnaire that assesses female sexual function in terms of desire, arousal, lubrication, orgasm, satisfaction, and pain. The FSFI ranges from 2 to 36, where higher scores indicate better function [7].

The dataset also collects the participants' socio-economic status (SES) using a questionnaire [8,9] that included questions related to their educational level (SES EDU), household monthly income (SES INC), and job position or occupation (SES OCU). The educational level was classified according to the International Standard Classification of Education (ISCED) [10] in 9 different levels, ranging from pre-scholar educational level to doctorate education level. The household monthly income was established based on the Spanish National Institute of Statistics (INE) annual survey [11], which had 11 different levels ranging from 0 to more than 5.000€ per month. The job rank was classified according to the Spanish Ministry of Labor collective occupational agreement [12] in 6 different levels, ranging from a job that requires no degree to a job that requires a college-level degree. Participant's age was also recorded. The SES questionnaire was an adaptative resource that allowed for the establishment of SES level or category based on responses to simple questions related to income, occupation, educational level, and other outcomes of interest.

For this data collection, before allocation, participants were divided into two groups based on their proximity to the location where the face-to-face program was implemented. Those who lived close to the location were assigned to either the FG or the CG, while those who lived farther away were assigned to either the OG or the CG. Randomization was done using a sealed opaque envelope system with a 2:1 ratio in the OG and CG for participants not living close to the study location, and in the FG and CG for participants living close to the study location. It was not possible to blind participants or researchers in charge of delivering the programs. However, blinding was possible in the researchers carrying out the assessments and the researcher in charge of statistical analysis.

Ethics Statements

The study followed the ethical principles of the Helsinki Declaration and was approved by the Ethics Committees of University of Valencia (Valencia, Spain), La Plana Hospital (Castellon, Spain), and Sagunto Hospital (Valencia, Spain). The protocol was registered in Clinical Trials with the following reference: *NCT05114473*. Anonymity and confidentiality of data were preserved during the entire study to ensure the protection of participants' information.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests.

Data Availability

[Socioeconomic Status and Treatment Outcomes for Women with Genito-Pelvic Pain Penetration Disorder: A dataset. \(Original data\)](#) (Mendeley Data).

CRedit Author Statement

Borja Perez-Dominguez: Resources, Data curation; **Alvaro Manuel Rodriguez-Rodriguez:** Methodology, Validation, Resources, Data curation, Writing – original draft, Writing – review & editing, Visualization, Supervision; **Marta De la Fuente-Costa:** Validation, Formal analysis, Investigation; **Mario Escalera-de la Riva:** Validation, Investigation, Resources; **Jose Casana-Granell:** Methodology, Validation; **Isabel Escobio-Prieto:** Conceptualization, Resources, Visualization; **Maria Blanco-Diaz:** Conceptualization, Methodology, Validation, Resources, Writing – original draft, Writing – review & editing, Visualization, Supervision.

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