

A SURVEY OF THAI WOMEN TOWARDS PELVIC FLOOR MUSCLE TRAINING

Hypothesis / aims of study

The study aims to evaluate the knowledge, attitude and practice of Thai women towards Pelvic Floor Muscle Training (PFMT).

Study design, materials and methods

A cross sectional survey by questionnaire was administered to women who visited the gynecologic out-patient clinic at King Chulalongkorn Memorial Hospital from November 2010 to December 2011. Demographic data, pelvic floor dysfunctions such as urinary incontinence, fecal incontinence and pelvic organ prolapse were recorded.

Results

There were 415 women completing the questionnaires. Mean age was 42.9 years (range 17-77), 52.8% of patients were multiparous, and median number of vaginal deliveries was 2 (range 1-6). One-third of women (32%) were menopausal and 27.8% of them had hormone therapy. Urinary incontinence was prevalent in 42.7% of patients. Stress urinary incontinence (SUI) was the most common type (22.1%). Mixed urinary incontinence (MUI) and urgency incontinence were 15.3% and 5.3%, respectively. Urgency was shown in 20% of women. Fecal incontinence (FI) was less prevalent (5.8%). There were 10.4% of women who had pelvic organ prolapse (POP). A total of 218 women (52.5%) were not aware of PFMT. Furthermore, 43.6% and 43.9% of women were not aware that PFMT can prevent UI and POP, respectively. Only half of them realized that UI can prevent and improve with PFMT (54.2% and 47.5%, respectively). While, 53.7% and 51.8% of women realized that POP can prevent and improve with PFMT, respectively. Most women (86.5%) did not know the location of pelvic floor muscle and 80.7% did not know that pelvic floor muscle has a role in bowel movement control and preventing fecal incontinence. Of these, 333 women (80.2%) had never been educated from health care providers. However, 76.3% of them would request PFMT instruction if available. Less than half of women (48.4%) had ever performed PFMT but only 1.2% of them practiced regularly. Interestingly, 13.7% of women were confident that they practiced PFMT correctly.

Interpretation of results

This survey indicated that the knowledge about PFMT was limited among Thai women. Health care providers seldom advised PFMT to their patients. However, most women request the instructions after being informed of PFMT. Although, some women had practiced PFMT, very few women practiced PFMT regularly with a low level of confidence.

Concluding message

PFMT should be offered to all Thai women. Health care providers should be encouraged to provide PFMT to their patients and motivate them to practice regularly.

Table 1 Demographic characteristics

Age (years) Mean \pm SD (range)	42.9 \pm 11.5 (17-77)
Multiparous, n (%)	219 (52.8)
Number of vaginal delivery Median (range)	2 (1-6)
Body mass index (kg/m ²) Mean \pm SD (range)	23.3 \pm 4.3 (14.3-40.9)
Education, n (%) Illiterate Primary school High school College	4 (1.0) 88 (21.2) 81 (19.5) 242 (58.3)

Menopause, n (%)	133 (32.0)
Hormone therapy, n (%)	37 (27.8)

<i>Specify source of funding or grant</i>	I have no disclosure
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	The Institutional Review Board of the Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes