

## KNOWLEDGE, SOURCE OF KNOWLEDGE AND PRACTICES OF PELVIC FLOOR MUSCLE TRAINING IN 20-50 YEARS OLD WOMEN: A COMPARISON STUDY OF WOMEN WITH OR WITHOUT URINARY INCONTINENCE

### Hypothesis / aims of study

Pelvic floor dysfunction (PFD) is a common disorder that includes different symptoms and affects the quality of life of at least one third of adult women. Urinary incontinence (UI) represents the main clinical symptom of PFD. Prevention of UI is provided by reinforcement of pelvic floor muscles tone and a subsequent strengthening of the perineum. PFMT is recommended as the first line intervention for women with UI [1]. There is limited information regarding the knowledge, source of knowledge and practices of PFMT, in young women and limited data regarding who exercises more, women with UI or those without UI. The aim of the study was to evaluate the knowledge, source of knowledge and practices of PFMT in women who are 20-50 years old and to compare the findings between women with and without UI.

### Study design, materials and methods

This was a descriptive-comparative study. A convenience sample of women 20-50 years old, employed at a medical center participated in this study. The women answered 3 questionnaires: 1) A demographic and general health questionnaire. 2) The International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF), that included a Likert scale of 0-21 points. Internal consistency was 0.90 in the Hebrew version as measured by Alpha Cronbach, and the stability was 0.58-0.90 when measured by test-retest. 3) The assessment of Knowledge, Source of Knowledge and Practices of Pelvic Floor Muscle Training was assessed by a new questionnaire (KSKP-PFMT) that was developed by the researchers for the current study. The questionnaire included 16 questions related to 3 components. Each component was scored as follows: I. Knowledge with 3 questions, scored from 0 to 3; II. Source of Knowledge with 7 questions scored from 0 to 6 points (with scores derived from 2 of the questions only); III. Practice with 2 questions with responses from a Likert scale scored from 3 to 35. The KSKP-PFMT had an Alpha Cronbach of 0.90 and test-retest reliability of 0.44-0.94. Sample size calculation yielded 322 women, based on previous research [2], with UI prevalence of 30%, and assumption that the proportion of the incontinent women in the sample would not exceed more than 5% with a confidence level of 95%.

### Results

Three hundred and twenty three women participated in this research. Most of the participants were nurses 208, (66.5%), and married 248, (80.5%). The mean age was 38.6 [7.3], mean past deliveries of 2.38 [0.97], with no significant differences between women with or without UI. Out of the two hundred and seventy seven who answered the ICIQ-SF questionnaire, 56 women had UI (20.2%), most of them, 37 (%66.1) had mild UI. The knowledge level was higher in women who suffered from UI 2.3[±0.9] compared to those without UI, 2.1[0.8] (p=0.26). The origin of the knowledge or instructions to practice PMFT mostly came from the internet 56 (25.8%), or exercises classes 52 (24%) in women with UI and 23 (41.1%) and 17 (30.4%) in women without UI respectively. Women with UI did more PFMT with a mean score of 9.9 [±6.4] compared to those without UI who had a mean score of 7.8 [±4.1] P=0.02, however, both groups showed low scores, in general, out of a maximum of 35.

### Interpretation of results

In this survey, knowledge of PMFT was not translated into actual practicing of the technique, perhaps because most of the participants were hospital nurses whose work schedule includes working long hours and different shifts within each week. UI seems to be a trigger for doing PFMT.

### Concluding message

The innovation of this research is the utilization of a new PFMT questionnaire. Since PMFT has demonstrated efficacy, organized programs should be undertaken in order to improve awareness and level of practice among women.

### References

1. Abrams, P., Andersson, K. E., Bird, L., Brubaker, L., Cardozo, L., Chapple, C., et al. (2010). Fourth International Consultation on Incontinence Recommendations of the International Scientific Committee: Evaluation and treatment of urinary incontinence, pelvic organ prolapse, and fecal incontinence. *Neurourol Urodyn*, 29(1), 213-240.
2. Liebergall-Wischnitzer, M., Cnaan, T., Hochner, H., & Paltiel, O. (2015). Self-reported Prevalence of and Knowledge About Urinary Incontinence Among Community-Dwelling Israeli Women of Child-Bearing Age. *J Wound Ostomy Continence Nurs*, 42(4), 401-406.

### Disclosures

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