

PELVIC HEALTH PERSPECTIVES AMONG LOW INCOME, MINORITY WOMEN ON CHICAGO'S WESTSIDE

Hypothesis / aims of study

The objective of this focus group research study was to discern knowledge and perceptions of pelvic health among low income, women of color. The purpose of this study was to gain insight on perceptions and language of pelvic conditions expressed by minority populations in order to design culturally tailored educational materials and interventions.

Study design, materials and methods

Four (4) focus groups with 8-10 participants each were conducted on Chicago's Westside. Two groups included African American (AA) women and the other two groups included Mexican women (MEX).

To account for the effect of age of pelvic health perceptions, one AA and one MEX group included younger women (18-40); while the other AA and MEX groups included women over 40 years of age. Focus group participants had to be vaginally parous (at least one vaginal delivery).

A focus group guide was developed by medical and public health professionals to facilitate discussion. The guide included probes on pelvic health and general wellness, knowledge of pelvic health anatomy and reactions to specific messages about pelvic conditions such as urinary incontinence, bladder control, pelvic floor muscle exercise and uterine prolapse.

The focus group participants signed a Loyola University Stritch School of Medicine, IRB-approved consent document and completed a brief demographic survey. The groups were conducted by experienced focus group moderators, one whom was bilingual in Spanish. Each focus group utilized an assistant moderator to take notes and attend to the needs of the study group.

The focus group discussions were recorded on Sony Digital recorders. The audio files were transcribed and the focus groups conducted in Spanish were translated into English.

Atlas Ti, a qualitative data analysis software package is the major tool for the analysis. Data reduction and analysis involves coding, memoing and analysis of codes and memos. Excel was used to analyze the participant surveys.

Results

Out of the 37 focus group participants, 51% of women reported that they currently worked fulltime; 13% were working part time; and 33% were not employed. The majority of the respondents were Hispanic (60%); 40% were African American. 41% of the respondents indicated being currently married, 16% were living with their partner, 14% were never married, 11% were widowed, and 8% were separated.

Over half of the respondents (20) reported to have very little to no knowledge about pelvic health disorders and only 1 person reported having a lot of knowledge on the issue. Despite limited knowledge of pelvic health disorders, 64% of the respondents felt moderate to very comfortable talking about pelvic health.

During the focus groups, Latinas expressed feeling more embarrassed talking freely about the topic, whereas African American women reported that they could openly talk about bladder problems.

Both groups agreed that having access to health care was a main concern. Many women did not have health insurance and could not afford to seek medical help if they had a problem. Therefore, they had to deal with the ongoing issue without any medical help. Home remedies were also discussed among both groups as an alternative measure to seeking medical help.

Latinas reported having more knowledge and education on uterine prolapse due to the experiences in their social network. Latinas also talked more openly about natural remedies learned in Mexico.

African American women reported that a hotline to answer questions about health problems be useful due to busy work/family schedules. Both groups expressed receiving inadequate information from health care providers.

African American women reported felt that they wanted to learn more about these issues but would prefer a female professional to educate them.

Interpretation of results

Women from this low income, minority community on the westside of Chicago displayed limited awareness and knowledge of women's pelvic health. Women responses differed by ethnicity. AA women were more comfortable discussing bladder problems and MEX women felt embarrassed. Despite their limited awareness most women were interested in learning more about the topic and provided suggestion on appropriate settings to learn more about pelvis health as a woman's issue. Women discussed barriers to seeking health care but also reasons for not following-through on recommended treatments and advice. Access to health care was described as a barrier, lack the time to address their personal health concerns because of their role as caregiver to family and

children whose needs they address first. Future research is needed to discern the barriers to care and treatment for low income minority women. Women suggested small group workshops facilitated by physicians and/or women with pelvic health disorders.

Concluding message

Future studies should explore the feasibility of culturally tailored awareness, outreach and community education for Pelvic health specifically designed for African American and Latina women.

References

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<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No