



# Cultural Knowledge, Attitudes, Behaviors and Beliefs Affect How Latinas Perceive Symptoms of Pelvic Floor Disorders

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## BACKGROUND

Pelvic floor disorders (PFDs) encompass a number of conditions that affect nearly 25% of women in the United States,<sup>1</sup> most commonly urinary incontinence, pelvic organ prolapse, and fecal incontinence.<sup>2</sup> Latina women have been reported to have higher rates of prolapse and incontinence when compared to other ethnicities in some studies,<sup>3</sup> although not in others.<sup>4</sup> Moreover, they have been reported to seek care much later than women from other racial/ethnic groups. The reasons underlying these disparities are not fully understood.

## OBJECTIVES

In this study, we aim to identify the prevalence of symptoms of PFDs in community-dwelling Latinas in Los Angeles, and to assess the medical, cultural, and social factors associated with patients identifying those symptoms as a PFD.

We hypothesized that increased symptom severity would be associated with an increase in self-identification of a PFD. We further hypothesized that acculturation would impact whether a woman identifies having a PFD once she experiences urinary, fecal and/or pelvic organ prolapse symptoms.

## MATERIALS & METHODS

We conducted a cross-sectional study of Latina women in the city of Los Angeles. A community health worker (“*promotora de salud*”) identified women at health fairs, schools, parks, and community centers throughout the city of Los Angeles between June 2019-October 2019, and administered surveys, in English or Spanish, on site.

- Demographics
- Acculturation Rating Scale for Mexican-Americans-II
- Mexican American Cultural Values Scale for Adolescents and Adults
- Knowledge, Attitude, Behaviors and Beliefs (KABB) about PFDs
  - a 20 question survey developed for this study
- Pelvic Floor Distress Index-20
- Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire (PISQ-12)
- Perceived Stress Scale (PSS)
- Healthcare Stereotype Threat Measure (HSTM)
- Everyday Discrimination Scale (EDS)

Table 1: Patient Characteristics

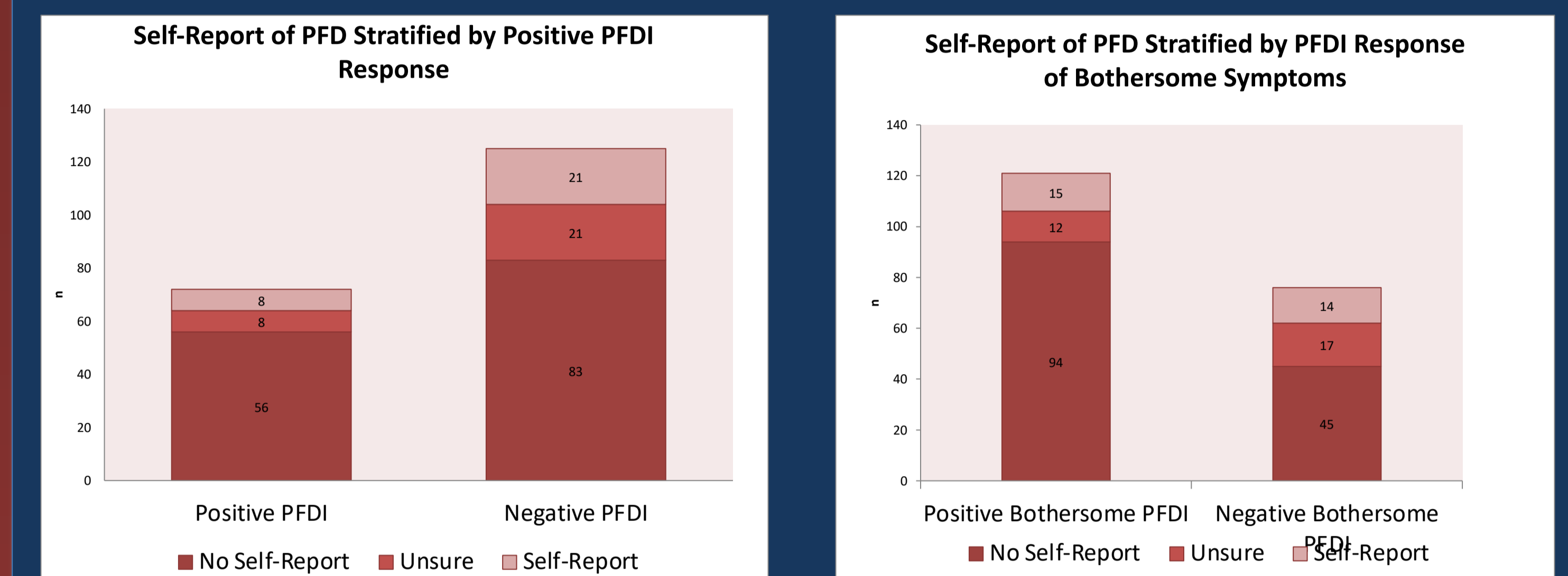
	All	"Do you have symptoms of pelvic floor disorders?"			P-Value
		No	Unsure	Yes	
N (%)	197	139 (68.6%)	29 (14.7%)	29 (14.7%)	
<b>Demographics</b>					
Age (mean, SD)	49.80	48.80	57.20	48.40	<b>0.039</b>
Marital Status (n,%)					0.360
Unknown	8	7	0	1	
Married	89	61	11	17	
Unmarried	98	70	17	11	
Religion (n, %)					0.430
Catholic	147	101	24	22	
Protestant	11	9	2	0	
Other	38	28	3	7	
Education Level (n,%)					0.130
Primary School	52	30	11	11	
Secondary School	92	66	14	12	
College	52	42	4	6	
Nativity (n,%)					0.380
Foreign born	146	99	24	23	
all others	50	39	5	6	
Employment (n,%)					0.150
Unemployed	69	48	15	6	
Homemaker	43	29	6	8	
Employed	85	62	8	15	
<b>Symptom Assessment</b>					
Pelvic Organ Prolapse Distress Index	4.17	0.00	20.83	25.00	<b>&lt;0.001</b>
Colorectal Distress Scale	6.25	3.12	9.38	15.62	<b>0.014</b>
Urinary Distress Index	12.50	12.50	45.83	29.17	<b>&lt;0.001</b>
Pelvic Floor Distress Index	30.21	20.83	70.83	78.12	<b>&lt;0.001</b>
Number of bother symptoms	0.00	0.00	1.00	0.00	<b>0.004</b>

Table 2: Psychosocial Assessments

	All	"Do you have symptoms of pelvic floor disorders?"			P-Value
		No	Unsure	Yes	
<b>Acculturation</b>					
Anglo Orientation Score	1.46	1.54	1.00	1.54	0.310
Mexican Orientation Score	3.59	3.65	3.29	3.41	<b>0.003</b>
<b>Values</b>					
Familism	3.28	3.38	3.00	3.25	0.380
Respect	3.25	3.37	3.12	3.00	0.270
Religion	3.71	3.57	3.57	3.71	0.350
Gender Roles	2.00	1.80	2.40	2.20	0.540
Material Success	1.20	1.20	1.60	1.00	0.220
Independence	3.00	3.20	3.00	2.60	<b>0.017</b>
Competition	3.00	3.00	3.00	2.75	0.480
Mexican-American Values	3.00	3.09	2.96	3.00	0.730
Mainstream Values	2.37	2.38	2.50	2.25	0.096
<b>Psychosocial Assessment</b>					
Health System Threat Measure	1.00	1.00	0.75	1.25	0.600
Everyday Discrimination Scale	0.78	0.89	0.33	0.94	0.760
Perceived Stress Scale	15.00	14.00	18.50	16.00	<b>0.006</b>

## RESULTS

Figure 1: Relationship between PFDI Results and Self-Identification of PFD



A significant proportion of women with at least one positive PFDI symptom denied having a PFD. This was slightly less when considering bothersome PFDI symptoms

Table 3: Multivariate estimates of association between PFDI scores and self-identification of PFD

	Yes vs No		Unsure vs No	
	OR	pvalue	OR	pvalue
Number of bothersome symptoms	1.2	0.009	1.0	0.888
Age	1.0	0.036	---	---
Mexican Orientation score	0.5	0.046	1.1	0.786
Anglo Orientation score	1.1	0.800	1.9	0.059
Value of religion	---	---	4.0	0.015
Value of independence	---	---	0.2	0.003

	Yes vs No		Unsure vs No	
	OR	pvalue	OR	pvalue
Number of bothersome symptoms	1.2	0.004	1.1	0.158
Age	1.0	0.018	---	---
Mexican Orientation Score	0.5	0.014	---	---
Value of religion	---	---	2.8	0.015
Value of independence	---	---	0.3	0.003
Perceived Stress Scale	---	---	1.1	0.042

Decreased independence and increased religiosity and perceived stressors were independently associated with a decreased self-identification of PFDs. Among women with a positive PFDI-20, cultural values differed significantly between women who were unsure versus self-identifying PFD which symptoms did not

## CONCLUSIONS

The prevalence of PFD symptoms among Latina women in Los Angeles is considerable. Self-identification of PFDs among this Latina population seems to be driven by severity of symptoms, as well as cultural exposures and values such as independence and religiosity, which may affect their likelihood of seeking care.

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