

# Comparison of Pelvic Floor Disorder Communication Between Younger and Older Women in Rural Communities

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## Research Questions

- 1. What are the differences between younger and older rural women’s perceptions of pelvic floor disorders (PFDs)?
- 2. What are the differences in modes of PFD communication between younger and older rural women?

## Background

PFDs are common, affecting one in four women and will become more prevalent in older women as the population ages; however, only a small percent of older women with a PFD actively seek care due to not knowing treatment options, lack of sources, and the belief it is a normal part of aging [1]. Large gaps of knowledge and stigma about PFDs exist within younger and older women. A study found that older women with urinary incontinence (a common PFD) in rural areas have reported great negative impact on quality of life than among older urban women [2]. This study focuses in looking at the differences between younger and older women’s PFD perceptions and modes of communication to understand and promote specialized prevention and education efforts for the different age groups.

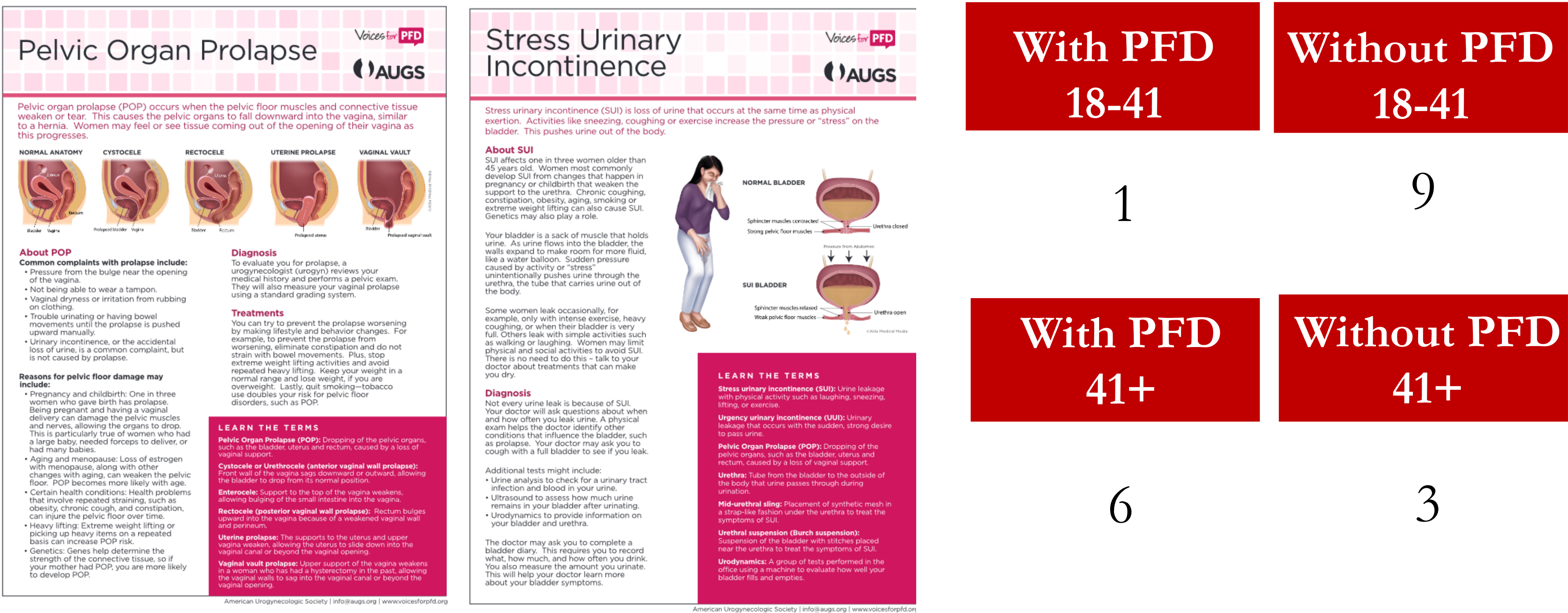
[1] V.A. Minassian & X. Yan, M.J. Lichttenfeld, H.Sun, W.F. Stewart, The Iceberg of Health Care Utilization in Women with Urinary Incontinence, Int Urogynecol J. 2012 Aug; 23(8): 1087–1093.

[2] R.R. Murukesu, D. Singh, S. Shahar Urinary incontinence among urban and rural community dwelling older women: prevalence, risk factors and quality of life, BMC Public Health volume 19, Article number: 529 (2019)

[3] What are PFDs? (N. D.). Voices for PFD. Retrieved from www.voicesforpfd.org/about/what-are-pfds/

## Methods

Nineteen women with and without PFDs from various rural communities were recruited to be interviewed once IRB approval was received. A total of 10 younger (18-40 years old) and 9 older (41+ years old) women participated in one-on-one interviews lasting 25-60 minutes. During the interviews, participants were asked about their perceptions on PFDs and their opinions on two fliers on common PFDs [3]. The interviews were then transcribed by the student investigator and analyzed to find the differences in communication and themes, as shown below.



## Results

### Major Differences with Quotes

- Less stigma about pelvic health in older women, but prevalent in younger.-*Anything that you wouldn't bring up at school or in church, I guess you don't really discuss it with people.*
- PFD knowledge and accessibility gap in younger women-*And so I don't think that there is a lot of inclusive information, specific to different types of health issues. It's very one sided for the most part. And so I don't think that people here have access to certain things unless they leave the area.*
- Most older and younger women feel comfortable speaking to others about PFDs but would not initiate the conversation. A young woman said -*In situations where it [a PFD] was brought up to me first, I thought it was relevant to the conversation, but I never would just walk up to like everyone I know like “Hey, like, are you aware these are issues you should know about?”*
- Online information is utilized in both age groups, but younger rural women were most open in sharing and finding PFD information online than older rural women. An older woman added [I would not share resources on Facebook] *Because I just have an aversion to Facebook anyway, I love seeing pictures of my grandchildren and all that they were doing and everything, but I'm just not that kind of a public person to go and put stuff out there.*

## Conclusion

Data showed older women had more knowledge, communication, perceptions, and personal experience with PFDs than younger women. A higher level of stigma and discomfort was present among the younger women in comparison to the older women when talking about pelvic health in their community. Although both younger and older women said they would speak to other women about PFDs, most mentioned they would not initiate the conversation. More open conversations with medical professionals and older family members can increase PFD communication and reduce stigma among young rural women. Both age groups would aid in more online and in-person PFD messaging. Introducing PFD in school may also help younger women be more informed and comfortable in communication with their community and doctors.

By understanding women’s PFD perceptions at different points of their life, medical groups and health advocacy agencies can provide better suited education and preventative care according to their needs. It is important to further study other health perceptions within rural communities, such as reproductive and mental health, to ensure women have resources and information for their needs and eliminate any possible stigma. Having PFD resources in Spanish is also critical to reach information and to remove any barriers within PFD advocacy messaging.

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