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CLINICAL ARTICLE

Prevalence and knowledge of heavy menstrual bleeding among African American women

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ABSTRACT

Objective: To assess self-reported prevalence, knowledge, and health literacy regarding heavy menstrual bleeding (HMB) among African American women. **Methods:** A quantitative cross-sectional survey study was conducted. An original survey was developed and distributed to a convenience sample of African American women aged 18–60 years at a community fair in a large city in the Midwestern region of the USA. **Results:** Of the 274 surveys distributed, 247 were returned, 193 of which met the inclusion criteria. Overall, 163 (84.5%) participants demonstrated adequate health literacy; however, 168 (87.0%) answered fewer than 8 of 15 knowledge questions correctly. Although 75 (38.9%) women reported seeing a clinician for HMB, 89 (46.1%) believed that there was nothing that they could do to prevent it from occurring. **Conclusion:** The present study found that the proportion of HMB among participants was higher than the nationwide prevalence. However, a gap existed in knowledge of HMB among the women surveyed. The study findings indicate an opportunity for community-based education to raise awareness of HMB, its associated clinical presentations, and available treatment modalities.

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1. Introduction

Heavy menstrual bleeding (HMB) is one of the most common gynecologic disorders affecting women of reproductive age. It is subjectively defined as heavy cyclical menstrual bleeding occurring over several consecutive cycles. Objectively, it is a total blood loss of at least 80 mL per menstrual cycle or a menstrual cycle lasting longer than 7 days [1]. It is estimated that 10%–35% of US women of reproductive age experience HMB, and the condition is associated with lower quality of life, loss of productivity, and increased healthcare expenses [2–6]. Heavy menstrual bleeding accounts for up to one-third of gynecologic office visits and is the leading cause of hysterectomy in the USA [1,7]. Evidence indicates that African American women experience HMB in disproportionate numbers compared with non-Hispanic white women, which may be largely attributable to the increased prevalence of uterine fibroids among African American women and the potential biological differences in their hormonal milieu [8–12].

Despite the high prevalence of HMB, many women lack a fundamental understanding of the disorder and often present to the emergency department seeking treatment rather than obtaining preventive care in outpatient health clinics [4,13]. Patterns of ambulatory care

use for HMB differ across the racial spectrum, with African American women twice as likely as non-Hispanic white women to frequent the emergency department or hospital outpatient department [13]. This discrepancy in health behavior is indicative of differences in the diverse set of factors that drive health behavior, including health literacy and health knowledge.

The Institute of Medicine defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health-related decisions” [14]. Low health literacy has been linked to lower health knowledge, lower rates of medication adherence, higher hospitalization rates, and poorer control of chronic diseases [15–18]. Given the low rates of health literacy in the USA, many women who experience HMB may be health illiterate and knowledge deficient with regard to their personal health [14]. Consequently, they may be unaware of the clinical presentations associated with HMB, its potential severity, and the available treatment options.

Although there is an abundance of published material regarding the substantial impact of HMB on quality of life, its association with increased healthcare costs, and available treatment options, there are—to the best of our knowledge—no published data assessing women’s fundamental understanding of the condition, particularly within the contexts of health literacy and health knowledge [4,19,20]. The aim of the present study was to assess the presence and knowledge of HMB in a cohort of African American women of reproductive and postmenopausal ages. We also sought to assess the health literacy status of the study population. We hypothesized that the proportion of HMB would be higher than the national prevalence of 10%–35% and that there

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would be a significant gap in HMB knowledge among the participants. In addition, we hypothesized that there would be adequate health literacy in the study population.

2. Materials and methods

The present cross-sectional survey study involved a convenience sample of female attendees at a community fair hosted by a faith-based organization on August 4, 2012, in Chicago, IL, USA. Women were recruited as they approached study personnel at a designated area and were offered a brochure describing the study. Participation was restricted to English-speaking women between the ages of 18 and 60 years who self-identified as being African American. The study was reviewed and approved by the institutional review board of Northwestern University. Verbal consent was required and obtained from all study participants.

The authors developed a survey based on current literature to assess knowledge of HMB and normal menstrual cycle characteristics. The survey was reviewed by a multidisciplinary team of experts in community-based participatory research, health communications, and gynecology. A revised survey was then developed and cognitive testing was performed with individuals who met the profile of the target participants; the survey was then further revised based on their feedback. Eligible participants were given a self-administered 53-item survey. The anonymous survey focused on 5 topics: demographic data; menstrual/HMB history; HMB knowledge; HMB attitudes and efficacy; and health literacy. The survey had not been validated.

Given the format of the survey, we opted to use a validated single-question method to assess health literacy. The question “How confident are you filling out medical forms by yourself?” is a single Likert-scale question validated by Chew et al. [21] to identify individuals with inadequate health literacy. Adequate health literacy indicates that an individual is able to read at a high-school level or higher and implies that they could probably read and understand most patient education materials. Inadequate health literacy indicates a secondary-school or lower reading level and implies that an individual might struggle with most patient education materials.

Frequency analyses were performed on all knowledge, history, and demographic items. Heavy menstrual bleeding knowledge was analyzed as composite data. Composite HMB knowledge was determined to be adequate if the participant answered at least 8 of 15 knowledge questions correctly. The Pearson χ^2 test was used to determine the interactions between composite knowledge and demographics, menstrual/HMB history, attitudes and efficacy, and health literacy. $P < 0.05$ was considered to be statistically significant. All statistical analyses were conducted using SPSS version 18 (IBM, Armonk, NY, USA).

3. Results

In total, 247 of the 274 distributed surveys were returned, giving a response rate of 90.1%. Fifty-four surveys were excluded from the data analysis because they did not meet the inclusion criteria and/or were more than 50% incomplete. Thus, the final sample size was 193. The mean age of participants was 46.5 ± 0.74 years (range, 18–60 years). In total, 186 (96.4%) participants had at least a high-school diploma or a General Equivalency Diploma and 137 (71.0%) reported an annual household income of less than US \$50,000.

Overall, 163 (84.5%) participants had adequate health literacy, as measured by the single validated Likert-scale question [21]; 134 (69.4%) reported having some form of private health insurance or public aid; 103 (53.4%) women still had menses, of whom 43 (41.8%) reported their menses to be heavy or very heavy. Using a scaled question, 29/103 (28.1%) rated their quality of life during their menstrual cycle as “fair” or “poor.”

Of all participants, 75 (38.9%) indicated that they had seen a doctor in clinic for HMB; 34 (17.6%) had presented to the emergency

department for HMB and 35 (18.1%) had been hospitalized for HMB; 61 (31.6%) women indicated that they had received treatment for HMB (Fig. 1A and B); 62 (32.1%) reported missing activities such as school or work in relation to HMB; 59 (30.6%) participants had uterine fibroids and 5 (2.6%) had adenomyosis.

Overall, 131 (67.9%) surveyed participants indicated experiencing at least 1 symptom consistent with anemia during their menstrual cycle. While most women reported fatigue ($n = 84$ [43.5%]), some

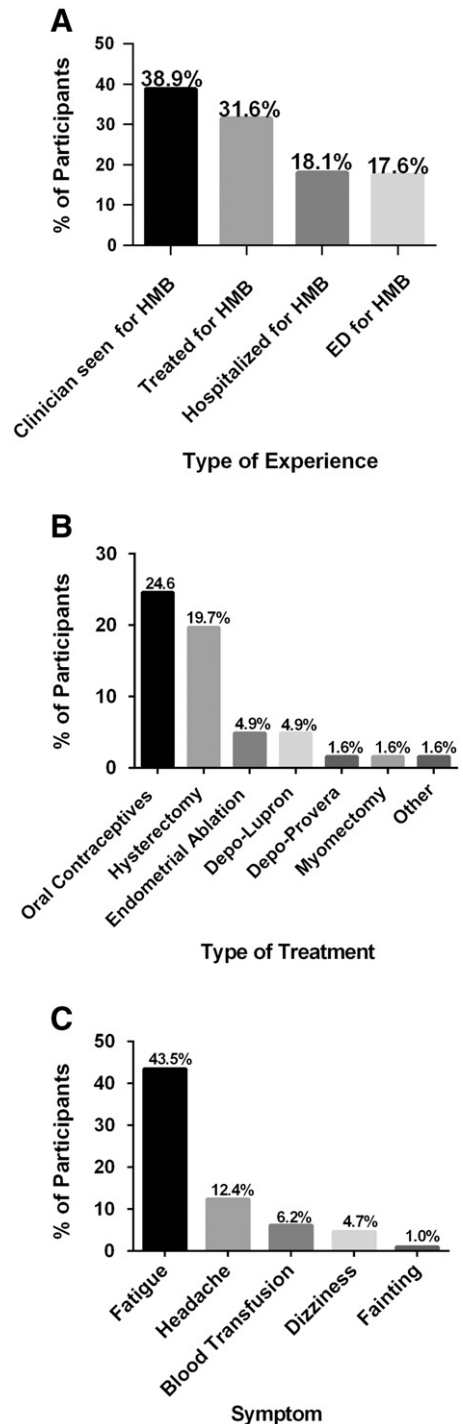


Fig. 1. Participant menstrual/heavy menstrual bleeding (HMB) history. (A) Percentage of participants who had seen a doctor in clinic, presented to the emergency department (ED), been hospitalized, and/or been treated for HMB. (B) Percentage of participants who indicated that they had received 1 or more types of treatment for HMB. (C) Percentage of participants who indicated that they had experienced 1 or more symptoms consistent with anemia during their menstrual cycle.

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