

The Impact of Pelvic Health Literacy on Preventative and Self-Care Practices Among Young Adult Women

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BACKGROUND

Pelvic health literacy involves understanding and applying knowledge related to pelvic health (PH).¹ Although PH conditions are common,²⁻³ overall knowledge remains limited.^{1,4} Barriers such as stigma,^{5,6} embarrassment, cultural beliefs,^{5,6} normalization of symptoms,^{5,6} and limited education^{2,7} contribute to delayed care and reduced engagement in preventative behaviors.

PURPOSE & RESEARCH QUESTIONS

The purpose of this study was to better understand how PH knowledge, attitudes, and preventative behaviors are related in young adult women.

Q1. PH Literacy & Behaviors: Do PH knowledge and attitudes predict engagement in preventative behaviors?

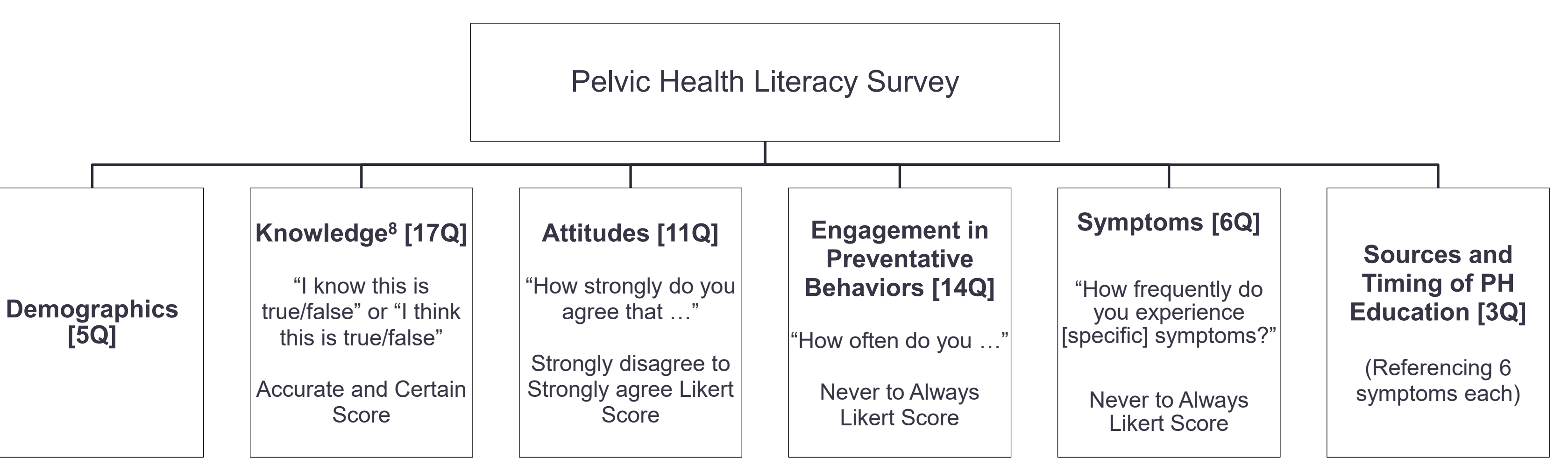
Q2. PH Symptoms & Care Seeking Patterns: What PH symptoms do young adult women experience, and how do they seek care?

Q3. Timing & Adequacy of PH Education: When is PH education actually received, and when do women believe it should be received?

METHODS

- IRB-approved cross-sectional survey study
- Inclusion: Women ages 18-25
- Recruitment: campus and community advertisements; social media platform outreach

INSTRUMENTS



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RESULTS

Participants Characteristics:

- N= 108 (mean age 21.9 ± 1.9 years)
- Highly educated group (46.3% pursuing graduate or professional degree; 38.9% pursuing bachelor's degree)
- 64 of 108 (59.3%) reported receiving some prior formal pelvic health education

Q1. PH Literacy & Behaviors

- PH knowledge positively predicts Engagement in Preventative Behaviors ($P < .001$)
- Knowledge positively predicts attitudes ($P = .001$)
- Attitudes do not predict behavior when controlling for knowledge ($P = .079$)

Q2. PH Symptoms & Care Seeking Patterns (Figure 1)

- Most frequently reported: menstrual pain & irregularities and bowel symptoms
- Less common: urinary symptoms and exercise related symptoms
- Among 83 of 108 (76.9%) who consulted a healthcare provider for symptoms:
 - 54.22% consulted 1 provider, 32.53% consulted 2 providers
 - Most frequently consulted providers: 53.7% PCP, 43.52% GYN, 13.0% PT

Q3. Timing & Adequacy of PH Education (Figure 2)

- Greatest distributed percentage for all symptoms was “Received LATER in Life than Ideal”
- Match between ideal and actual education timing relatively small except for menstrual pain & irregularities

CLINICAL IMPLICATIONS

- Knowledge drives behavior change.**¹ Timing and accurate knowledge are critical factors in promoting early intervention.

- PTs need to bridge the knowledge to action gap.**⁶ Knowledge alone may be insufficient without clinical guidance and environmental support. PTs need to encourage, validate, and provide resources.

- We need efforts to increase awareness for PT interventions.** PT is underutilized,^{6,7} with only 13% of respondents consulting PT. Common awareness of PH-PT benefits for conservative management of common PH concerns like urinary leakage and pelvic pain is limited.¹⁰

- We need to actively address stigma.** Many women normalize symptoms like pain and incontinence.⁶ Societal and emotional barriers silence women. Clinical and educational interventions must be trauma-informed and sensitive.

- Early education is critical.**⁸ There is a gap between ideal and actual timing of PH education. PH curricula introduced as early as early secondary education is ideal to ensure early awareness and readiness for preventative practices.

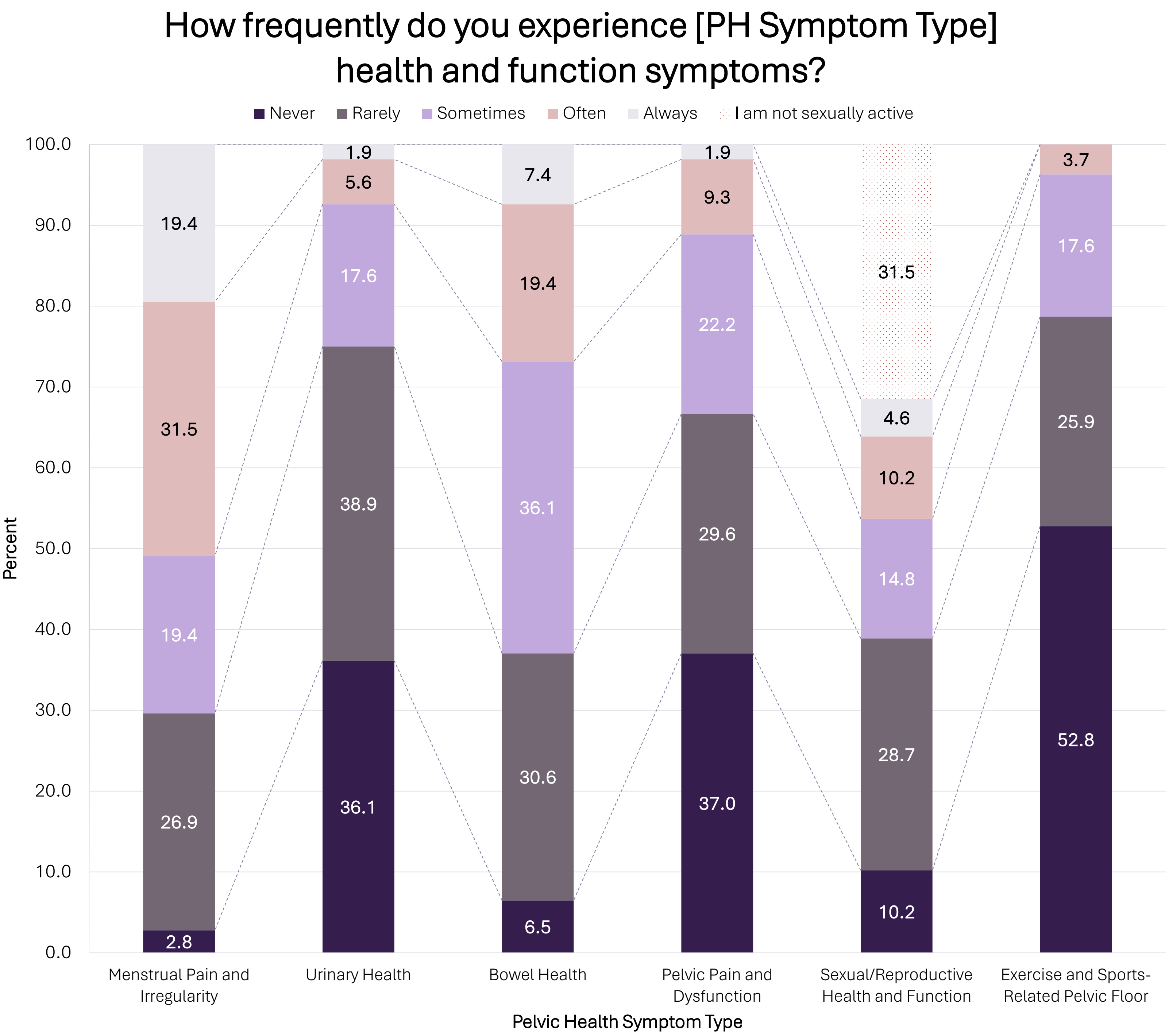


Figure 1. Stacked bar chart showing frequency of pelvic health symptoms across six domains. Menstrual and bowel symptoms are reported most often, while urinary, pelvic pain, and exercise-related symptoms are largely “never” or “rarely.” Sexual/reproductive responses vary widely, with one-third reporting no sexual activity.

At what point in your lifetime did you FIRST receive vs. IDEALLY receive education from a healthcare provider about each of these pelvic health topics?



Figure 2. Stacked bar chart comparing when participants first received pelvic health education versus when it would have been ideal. Across all six domains, most respondents report receiving information later than ideal or never receiving it at all. Ideal-timing education is uncommon, especially for menstrual pain/irregularity and exercise-related pelvic floor topics, highlighting substantial gaps in early pelvic health education.