

A Frequency Analysis of Gynecological Complaints in a Migrant Farmworker Community

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Introduction/Objectives

While numerous studies have elucidated the most common gynecological complaints overall, as well as among various groups (adolescent, post-menopausal, race), there is little evidence looking at the frequency of gynecologic complaints among the underserved population of migrant farmworkers. Analyzing the frequency of complaints and comparing these frequencies to the general population can give insight to hardships faced by this marginalized community and improve care outcomes.

Methods

Study was approved by the UCF IRB (STUDY00001905). Data was extracted and deidentified from the electronic health record (EHR) at a student run clinic regarding 71 gynecology patients seen over 6 clinics from 2019-2020. Chief complaints were sub-categorized into the following categories: contraception, abdominopelvic pain, breast mass, menorrhagia, amenorrhea, other uterine bleeding, dysmenorrhea, vaginal discomfort, ano-urinary symptoms, testing, pregnancy, associated menstrual symptoms, other symptoms.

Results

In total, 71 patients with a total of 163 gynecological complaints were analyzed. The frequencies of complaint categories will be analyzed using SPSS. On preliminary analysis, the complaint category that appeared most frequently was abdominopelvic pain (22.1%), followed by vaginal discomfort (12.3%), which includes pruritis, odor and discharge. Following those two, amenorrhea and associated menstrual symptoms (acne, headache, fatigue) were reported 8.6% of the time. The least reported complaint was ano-urinary symptoms, such as foul-smelling urine.

Conclusions

The most common gynecological complaint among underserved migrant farmworkers was abdominal pelvic pain, followed by vaginal discomfort. However, the reported numbers of these complaints are much lower than the national reported averages for the same complaints. For example, Simon's Vaginal Health Survey in 2013 determined that more than 48% of women experienced vaginal discomfort. Yet, the population here, while not large enough to be representative of a whole, still was much lower than the national average at only 12.3%. Some potential causes of this decrease include cultural differences and embarrassment, such that many migrant women may be ashamed to discuss their sexual health because they believe themselves to be "dirty" or believe it to be inappropriate to discuss with others.