

A Frequency Analysis of Gynecological Complaints in a Migrant Farmworker Community

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Objective

The University of Central Florida Comprehensive Medical Care Outreach Team provides quarterly free healthcare to a local farmworker community in Apopka, FL in the setting of a student-run free clinic.

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.

Not only can the frequency and characteristics of complaints help better prepare and care for these patients, but they can also give insight into other facets that may be occurring that may underly the complaints, such as lack of access to care, lack of hygiene products, inadequate sexual education, domestic abuse, and poor diet.

Methods

Data Extraction

- 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.

Complaint Organization

- 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

Data Analysis

- Statistical analysis (one way ANOVA) was conducted utilizing SPSS software.

Complaint	Total	Percentage	Notes
Contraceptive	8	4.91%	Including removal or change of IUD, rx for OCPs
Abdominopelvic pain	36	22.09%	Not specifically during menses, includes dyspareunia
Breast pain	8	4.91%	Including painful breast mass or discharge
Menorrhagia	9	5.52%	Including when patients states heavy, prolonged or clotted menstrual bleeding
Amenorrhea	14	8.59%	Primary and secondary
Other uterine bleeding	9	5.52%	Not during menses; including post-coital bleeding and spotting
Dysmenorrhea	8	4.91%	Primary and secondary
Vaginal discomfort	20	12.27%	Pruritis, odor, discharge
Ano-urinary symptoms	5	3.07%	Including dysuria, foul smelling urine, rectal bleeding or prolapse, rectal pain
Testing	11	6.75%	Pregnancy tests, STI, pap smear request
Pregnancy	10	6.13%	Some requesting ultrasound
Associated menstrual symptoms	14	8.59%	Acne, headache, nausea, vomiting, weight changes, fatigue
Other	11	6.75%	PCOS, vestibulitis, uterine dehiscence

Table 1: Percentage of Complaints Among Patients Visiting OBGYN Specialist. Frequency of complaints related to gynecology at migrant farmworker clinic shown in both raw data values and percentage of total (n=163). Notes column dictates explanation of special circumstances or qualifiers.

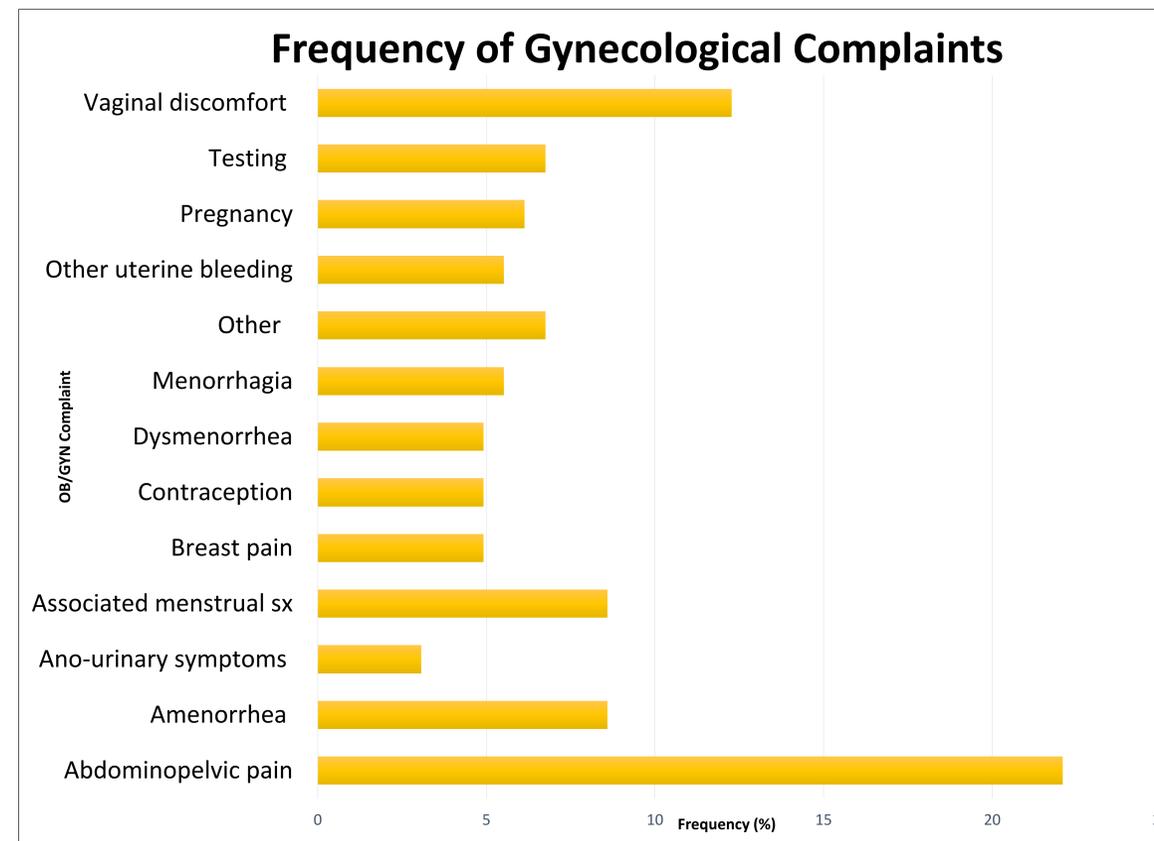


Figure 1: Frequency of Gynecological Complaints in a Migrant Farmworker Community. This chart shows the frequency of complaints in a migrant farmworker community at a student run clinic from 2019-2020. 71 patients were seen, and 163 complaints were recorded.

Results

In total, 71 patients with a total of 163 gynecological complaints were analyzed. The frequencies of complaint categories was analyzed using SPSS (p=0.248).

On preliminary analysis, the complaint category that appeared most frequently was abdominopelvic pain (22.1%). The second most common complaint was vaginal discomfort (12.3%), which includes pruritis, odor and discharge.

Next, amenorrhea and associated menstrual symptoms (acne, headache, fatigue) were reported 8.6% of the time. The least reported complaint was ano-urinary symptoms.



Discussion

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.

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