

Bond University
Research Repository



Pelvic Health of Australian Female Military Personnel: An exploration of key issues and association with occupational performance

O'Shea, Simone; Pope, Rodney; Orr, Rob Marc; Freire, Kate

Published: 05/10/2019

Document Version:
Peer reviewed version

[Link to publication in Bond University research repository.](#)

Recommended citation(APA):
O'Shea, S., Pope, R., Orr, R. M., & Freire, K. (2019). *Pelvic Health of Australian Female Military Personnel: An exploration of key issues and association with occupational performance*. Australasian Military Medicine Association Conference 2019, Adelaide, Australia.

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

For more information, or if you believe that this document breaches copyright, please contact the Bond University research repository coordinator.



Charles Sturt
University

Pelvic Health of Australian Female Military Personnel

Dr Simone O'Shea

Prof. Rod Pope

Assoc. Prof. Rob Orr

Dr Kate Freire

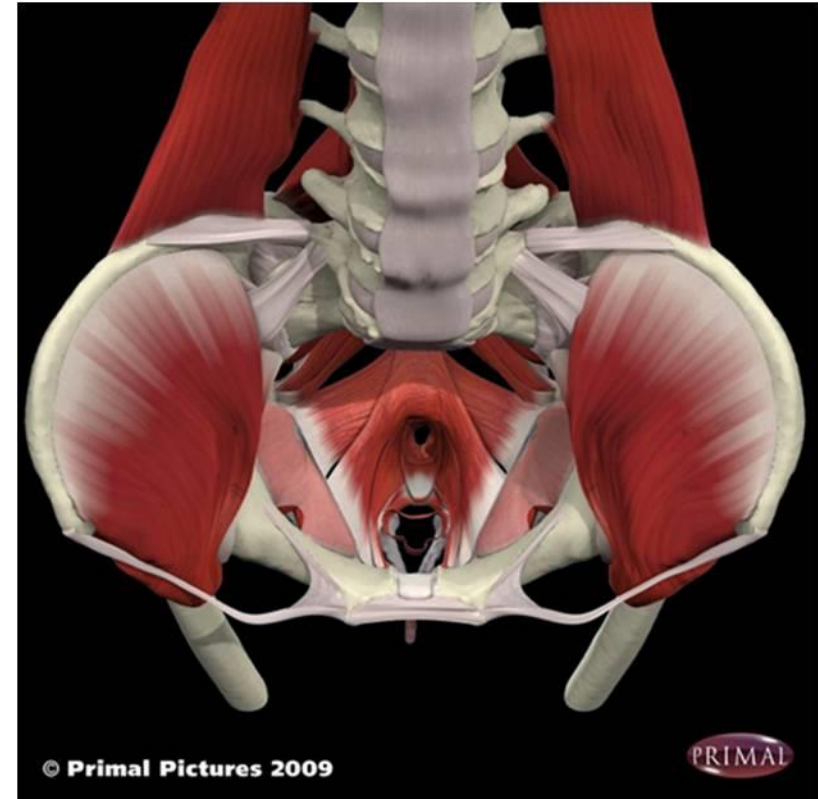




Pelvic Health

Broad term encompassing:

- Bladder function
- Bowel function
- Sexual/Reproductive function
- Anatomical structures



Why pelvic health for Service women?



- Percentage of women serving in the Australian Defence Force is increasing
- Diversity of roles now available to women
- Unique health requirements need consideration
- Support needs vary between genders due to differences in genitourinary anatomy and function



Pelvic Floor Dysfunction

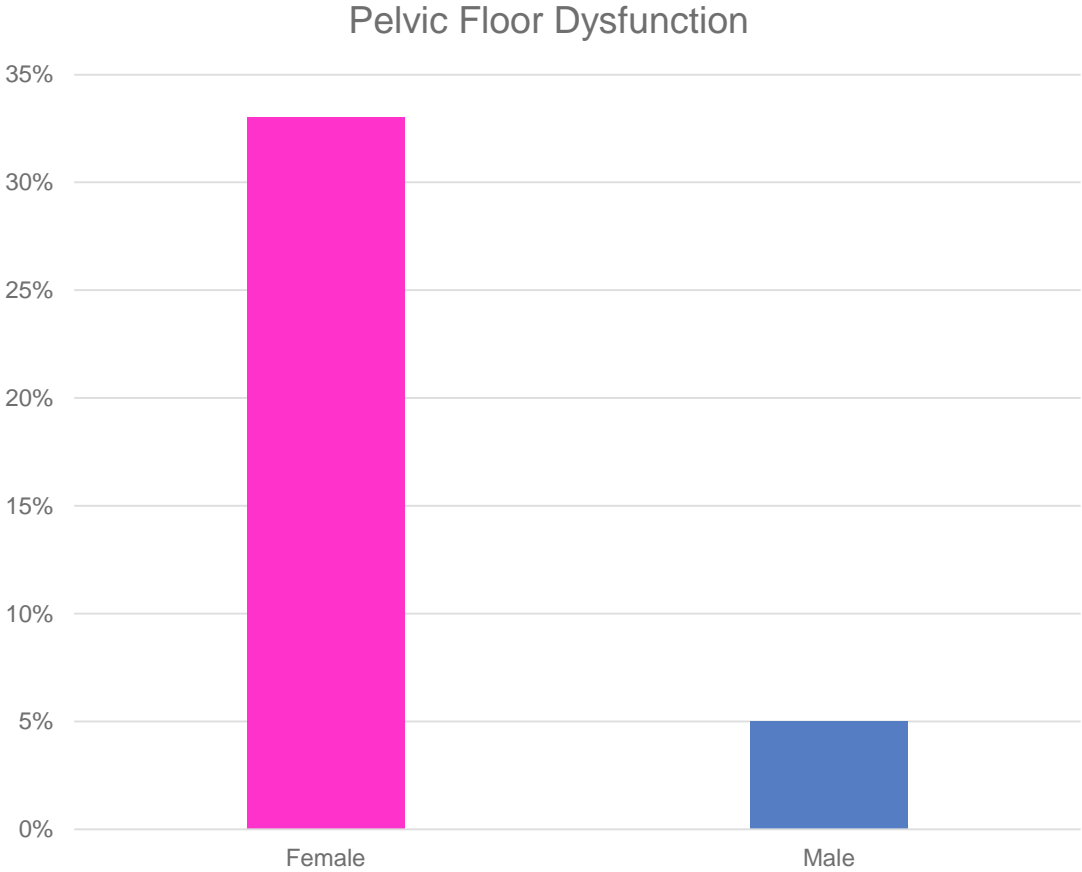


Pelvic floor dysfunction is an umbrella term encompassing a wide variety of symptoms, such as urinary incontinence, bladder storage or voiding issues, lower urinary tract infection, pelvic organ prolapse, anorectal dysfunction, sexual dysfunction and pelvic pain

(Haylen et al., 2010)



Pelvic Floor Dysfunction by Gender



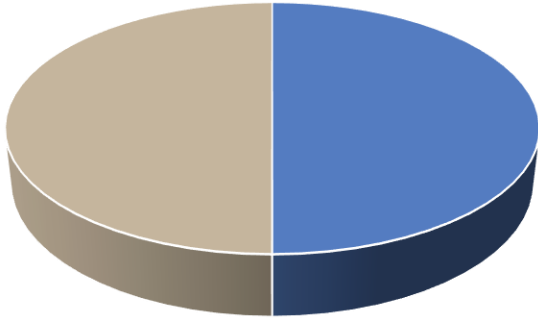
(Hawthorne, 2006)

1 in 3 WOMEN



Will experience a UTI by the time they are 24 years

UTI



Almost 50% will experience a UTI in their lifetime

■ Experience ■ Not experience ■ ■

(Foxman, 2002)

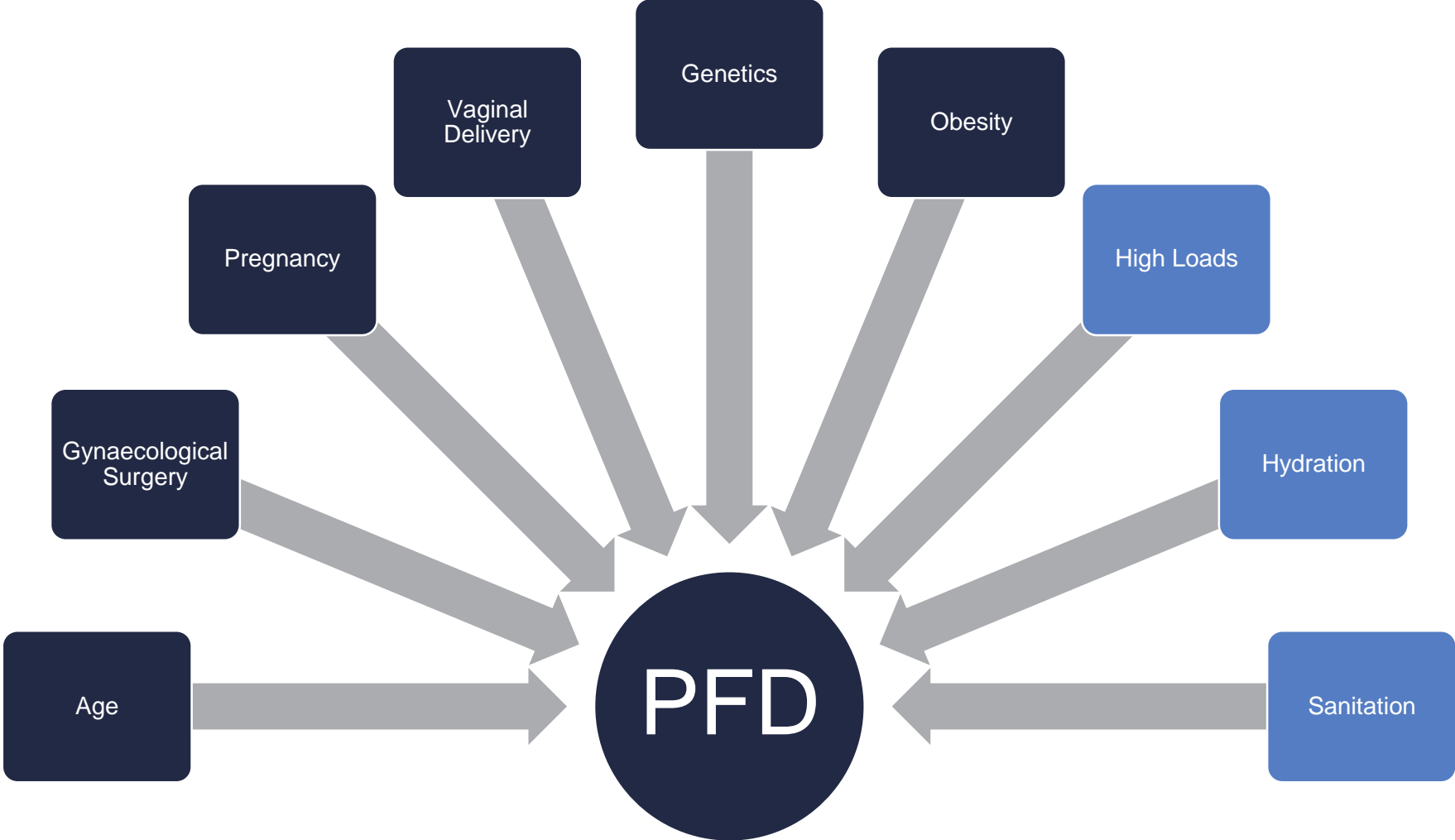
Impacts of Occupational Performance



- Modification or reduction of physical activity
- Decreased ability to perform physical tasks
- Poor concentration
- Interruption of tasks
- Modification of work hours and roles
- Reductions in reported quality of life

(Pierce et al., 2016)

Risk Factors



(Fornell et al. 2004; Mckenzie et al., 2016; Nygaard & Shaw, 2016)

High Loads & Pelvic Floor Dysfunction



- Urinary incontinence is common in physically active women (5 – 80%) (Lourenco et al., 2018)
- Prevalence of urinary incontinence is higher in female athletes (19 – 76%) (Teixeira et al., 2018)
- Prevalence in nulliparous athletes 14 – 80% (Almoussa & Bandin van Loon, 2019)
- Physically demanding occupational tasks have also been linked with increased symptoms of pelvic floor dysfunction (Woodman et al., 2006, Nygaard et al., 2016)
- 50 – 92% of female athletes had never discussed their symptoms (Almoussa & Bandin van Loon, 2019)

Risk Factors for Female Urinary Tract Infections



Anatomical & Physiological

- Shorter urethra & close location of urethra to vagina and anus
- Pregnancy
- Menopause

Genetic

Behavioural

- Bowel habits
- Hydration
- Toilet hygiene/Sanitation conditions
- Sexual habits

Other health conditions e.g. incontinence, POP, neurogenic bladder dysfunction

(Storme et al., 2019)

Potential Implications for Female Military Personnel



- May be at increased risk of pelvic floor dysfunction because of physical demands of their roles
- Many military roles require high levels of physical training & load carriage
 - Combat loads may exceed 45kgs (Orr et al., 2015)
 - Relative loads on female service women may be higher due to differences in body composition (Baran et al., 2018)
- Environmental conditions may contribute to UTI risk
 - Hygiene & sanitation challenges in the field
 - Hydration

Pelvic Floor Dysfunction & Female Military Personnel



Davis et al., 1999

- Self-administered cross-sectional survey
- N = 563 active duty soldiers
- 30% experienced UI to an extent it was considered problematic
- Risk factors identified: age, parity
- Aggravating activities: physical training, field exercises
- 1/3 needed to modify their training or duties to manage problem

Fischer et al., 1999

- Self-administered cross-sectional survey
- Active duty Air Force crew
- 26% reported UI
- Risk factors identified: age, parity
- 89% of UI episodes occurred off-duty
- 31% episodes whilst on-duty
- 18% episodes whilst flying

Larson & Yavorek, 2007

- N = 116 women completed study
- N = 37 completed paratrooper training (all nulliparous)
- Paratrooper trainees were more likely to have a stage 2 pelvic organ prolapse & worsening of pelvic organ support post training

Pelvic Health & Female Military Personnel



- Urinary tract infections are common
 - 30.5% of female personnel compared with 3.5% of males
(AFHSC, 2014)
- Females have been shown to be less likely to seek medical advice for pelvic health conditions
 - Confidentiality
 - Embarrassment
 - Limited female specific services
(Ryan-Wegner et al., 2015)



Common strategies for managing urinary incontinence

- Fluid restriction
- Altered voiding patterns
- Pads
- Tampons/pessaries
- Modifying tasks/roles

(Criner, 2001; Davis et al., 1999; Steele & Yoder, 2013)

RISKS:

- Urinary tract infections
- Dehydration & heat illness
- Impaired performance
- Reduced physical & emotional well-being
- Loss to Service

What about...



- The Australian context
- Contemporary Military roles & settings
- Service comparisons
- Other pelvic health symptoms
- Pelvic health & occupational performance relationships
- Risk factor analysis
- Maintenance & management strategies

Women serving in the Australian Defence Force: an exploration of genitourinary health issues



Survey

Interviews

Defence
Health
Foundation

Inclusion criteria: biologically female, >18 years, served for >6mths, currently serving or recent veterans (past 2 years)





**Charles Sturt
University**



Introduction

You are invited to participate in this survey exploring the pelvic health of women in the Australian Defence Force (ADF).

This Participant Information and Consent Statement tells you about the research and the processes involved for participants. Knowing what is involved will help you decide if you want to take part. Please read this information carefully. If you have any questions please contact, Dr Simone O'Shea via the email address provided below.

Your answers will be completely confidential and any personal details which may identify you in any way will not be passed to the Department of Defence or the Department of Veterans' Affairs. Your answers will not in any way affect any pension, benefits or health services which you are entitled to from Defence or DVA, or to which you may become entitled in the future.

You can choose to print this Participant Information and Consent Statement if you would like a copy for your records. Alternatively, you may request a copy from Dr O'Shea.

Brief description of the study:

This survey will gather information from female military personnel about their pelvic health (i.e. bladder and bowel function, reproductive health, pelvic pain etc.), and how they support, maintain, or manage it within their unique work environments and experiences. The study does not aim to explore matters related to sexual or mental health issues. Given that pelvic health may be a personal and private topic, the survey has been set up so that any identifying data, such as IP (internet protocol) addresses are



Charles Sturt University



ADF Women: Pelvic Health Survey



https://survey.au1.qualtrics.com/jfe/form/SV_81RpAp5VmzfJFt3

The survey is online and anonymous

Survey will close Friday 1 November 2019



References



- Almoussa, S., & Bandin Van Loon, A. (2019). The prevalence of urinary incontinence in nulliparous female sportswomen: A systematic review. *Journal of Sports Sciences*, 37(14), 1663-1672. doi:10.1080/02640414.2019.1585312
- Armed Health Forces Surveillance Centre (AHFSC). (2014). Urinary tract infections during deployment, active component, U.S. Armed Forces, 2008-2013. *MSMR*; 21(3): 2-5.
- Criner, J. A. (2001). Urinary incontinence in vulnerable populations: female soldiers. *Urologic Nursing*, 21(2), 120-124.
- Criner, J. A. (2006). *An exploratory study of the psychosocial effects of stress urinary incontinence and coping strategies among military women*. (Ph.D.), University of Texas at Austin, Retrieved from <http://ezproxy.csu.edu.au/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=109846906&site=ehost-live> Available from EBSCOhost rzh database.
- Davis, G., Sherman, R., Wong, M. F., McClure, G., Perez, R., Hibbert, M., . . . Hibbert, M. (1999). Urinary incontinence among female soldiers. *Military Medicine*, 164(3), 182-187.
- de Mattos Lourenco, T. R., Matsuoka, P. K., Baracat, E. C., & Haddad, J. M. (2018). Urinary incontinence in female athletes: a systematic review. *International Urogynecology Journal*, 29(12), 1757-1763. doi:<https://dx.doi.org/10.1007/s00192-018-3629-z>
- Fischer, J. R., Berg, P.H. (1999). Urinary Incontinence in United States Air Force female crew. *Obstetrics & Gynecology*, 94(4), 532-536.
- Foxman, B (2002). Epidemiology of urinary tract infections: incidence, morbidity, and economic costs. *The American Journal of Medicine*, 113(1), Suppl 1: 5-13
- Hawthorne, G. (2006). Measuring incontinence in Australia. *The Department of Psychiatry, The University of Melbourne, DoHA*.
- Larson, W. I., Yavorek, T. (2007). Pelvic prolapse and urinary incontinence in nulliparous college women in relation to paratrooper training. *Int Urogynecol J*, 18, 769-771.
- McKenzie, S., Watson, T., Thompson, J., & Briffa, K. (2016). Stress urinary incontinence is highly prevalent in recreationally active women attending gyms or exercise classes. *Int Urogynecol J*, 27(8), 1175-1184. doi:10.1007/s00192-016-2954-3

References



- Nygaard, I. E., & Shaw, J.M. (2016). Physical activity and the pelvic floor. *Am J Obstet Gynecol*, 164-171.
- Orr, R., Johnston, V., Coyle, J., & Pope, R. (2015). Reported Load Carriage Injuries of the Australian Army Soldier. *Journal of Occupational Rehabilitation*, 25(2), 316-322. doi:10.1007/s10926-014-9540-7
- Pierce, H., Perry, L., Chiarelli, P., & Gallagher, R. (2016). A systematic review of prevalence and impact of symptoms of pelvic floor dysfunction in identified workforce groups. *J Adv Nurs*, 72(8), 1718-1734. doi:10.1111/jan.12909
- Ryan-Wenger, N. A., & Lowe, N. K. (2015). Evaluation of Training Methods Required for Military Women's Accurate Use of a Self-Diagnosis and Self-Treatment Kit for Vaginal and Urinary Symptoms. *Mil Med*, 180(5), 559-564. doi:10.7205/MILMED-D-14-00324
- Steele, N., & Yoder, L. H. (2013). Military Women's Urinary Patterns Practices, and Complications in Deployment Settings. *Urologic Nursing*, 33(2). doi:10.7257/1053-816x.2013.33.2.61
- Storm, O., Saucedo, J.T., Garcia-Mora, A., Dehesa-Davila, M., Naber, K.G. (2019). Risk factors and predisposing conditions for urinary tract infection. *Ther Adv Urol*, 11.
- Teixeira, R. V., Colla, C., Sbruzzi, G., Mallmann, A., & Paiva, L. L. (2018). Prevalence of urinary incontinence in female athletes: a systematic review with meta-analysis. *International Urogynecology Journal*, 29(12), 1717-1725. doi:<https://dx.doi.org/10.1007/s00192-018-3651-1>
- Uustal Fornell, E., Wingren, G., & Kjolhede, P. (2004). Factors associated with pelvic floor dysfunction with emphasis on urinary and fecal incontinence and genital prolapse: an epidemiological study. *Acta Obstet Gynecol Scand*, 83(4), 383-389.
- Woodman, P. J., Swift, S. E., O'Boyle, A. L., Valley, M. T., Bland, D. R., Kahn, M. A., & Schaffer, J. I. (2006). Prevalence of severe pelvic organ prolapse in relation to job description and socioeconomic status: a multicenter cross-sectional study. *Int Urogynecol J Pelvic Floor Dysfunct*, 17(4), 340-345. doi:10.1007/s00192-005-0009-2



Charles Sturt University



Thank you!