

The Role of Social Support and Socioeconomic Status on Annual Gynecologist Visit among Young Females



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BACKGROUND

- Recent data suggest that fewer than 70% of young women aged 18-35 have had a gynecological visit, an important opportunity for preventive care, in the past two years.
- Women with lower socioeconomic status (SES) were less likely to have an up-to-date gynecological exam.
- Lower SES may also be associated with reduced tangible and emotional social support, which could further limit preventive care utilization.
- However, the role of tangible and emotional social support in promoting annual gynecologist visits is not well-understood.

OBJECTIVES

This study examined whether tangible and emotional support mediate the relationship between SES and annual gynecologist visit among young females.

METHODS

A cross-sectional study was conducted using NIH All-of-Us controlled tier v8 data. Females aged 21-35 without major gynecological conditions were included in the analysis.

Measures

- SES was operationalized as a composite score using education, income, and employment status, ranging from 0 to 7.
- Tangible and emotional support were measured using mean scores derived from four items each in the modified Medical Outcome Study Social Support Survey. For each scale, 5 indicates highest level of support and 1 indicates the least.
- A self-reported binary measure of annual gynecologist visit was used based on whether participants had visited an obstetrician/gynecologist in the past 12 months.

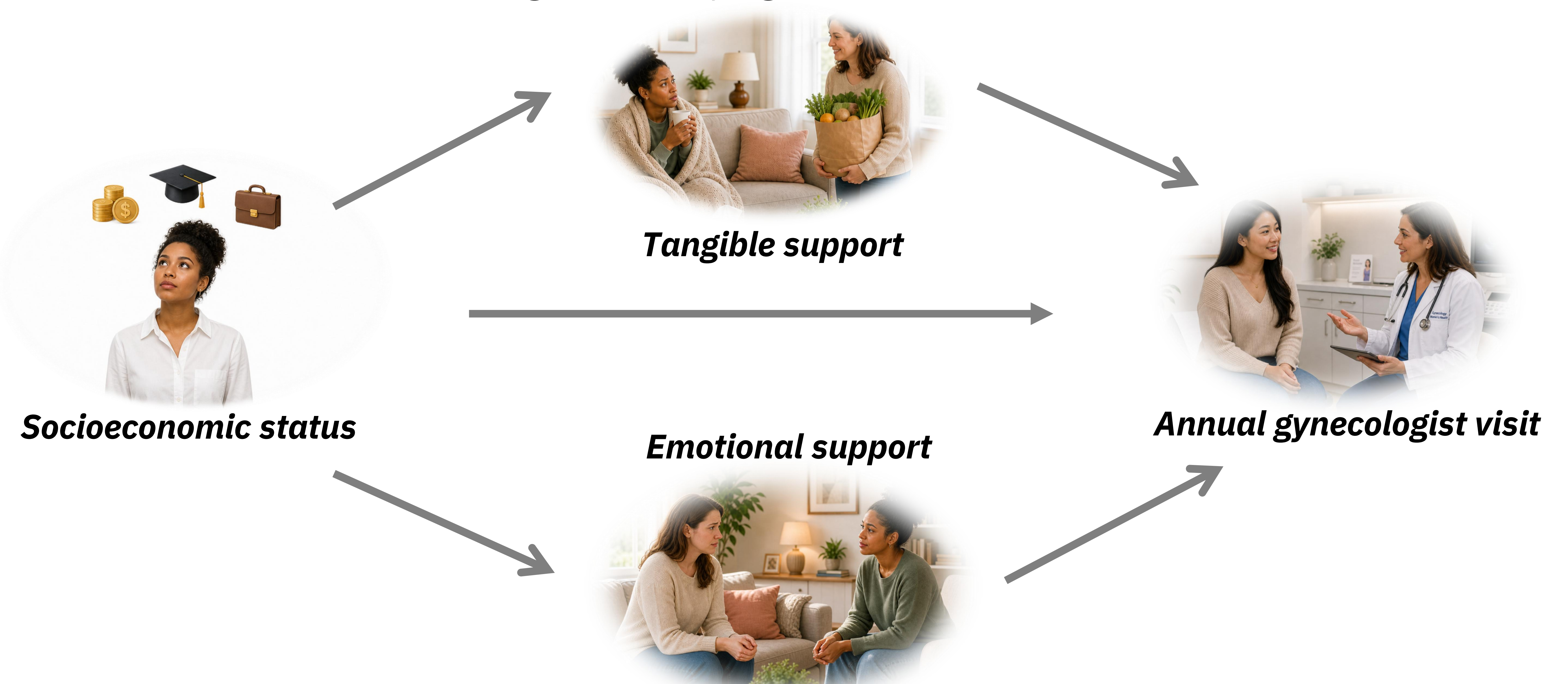
Analysis

- Causal mediation analysis using an interventional effect framework with multiple mediators, exposure-mediator interactions, and control variables was conducted to estimate the effects of SES on annual gynecologist visits through tangible/emotional support.
- To enhance interpretation, two comparison levels of SES were set at one standard deviation below and above its mean when calculating calculate the estimates (i.e., 6.20 as the treatment level and 2.64 as the comparison level).

RESULTS

Among 18,467 females included in the analysis, most were White (69.11%) and had insurance coverage (97.25%).

- 11,737 females reported having a past 12-month gynecologist visit (61.59%).
- The average SES among those without a visit in the past 12 months was significantly lower than that among those with a visit (4.29 vs 4.50, $p < 0.001$).
- Average tangible support (3.95 vs 4.08, $p < 0.001$) and emotional support (4.08 vs 4.20, $p < 0.001$) were also lower among those without a visit in 12 months, compared to those with a visit.
- Of the 6.09% total difference in annual gynecologist visit probability between those with higher and lower SES (6.09, 95% CI: 4.63, 7.59), about 15.77% was mediated through tangible support and 20.51% through emotional support, with both indirect effects being statistically significant.



Treatment-mediator interactions (i.e., socioeconomic status \times tangible support, socioeconomic status \times emotional support) were included in estimation of the outcome model (i.e., annual visit). Observed covariates (i.e., age at survey administration, race, ethnicity, census region, and insurance status) were included in the estimation of all models. These paths are not shown in the diagram for simplicity.

IMPLICATIONS

- Tangible and emotional social support significantly mediated the relationship between SES and annual gynecologist visit among young females.
- Interventions that enhance social support, particularly awareness and emotional encouragement, may help boost their engagement in annual gynecological care.
- Providing childcare and transportation assistance may enhance the willingness to stay up-to-date on their preventive care.
- Reliable alliance such as women's health peer advocates can be present at women's health appointments and work with health systems to increase "group" approaches to care.

References

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Feedback