Social Impact and Healthcare- Seeking Behavior for Urinary Incontinence Among Perimenopausal Women Attending Gynae Out Patient Department in BSMMU

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Abstract:

Background: Urinary incontinence (UI) is a highly prevalent and burdensome condition among women.However,fewer than half of women with symptoms consult with a physician about incontinence, and determinant of treatment seeking are not well understood. **Objectives:** The aim of this study was to determine the prevalence, awareness and determinants of urinary incontinence (UI) among women attending GOPD in BSMMU and the sociodemographic factors involved in their health care-seeking behaviour. **Methods:** Cross-sectional study was carried out in Gynaeout patient department of Bangabandhu Sheikh Mujib Medical University with a sample of 800 women aged 45 yrs and above. **Results:** A total of 1000 women were recruited for the study by purposive sampling,among them 800 agreed to participate and completed the questionnaire. Of these, 165 (20.6%) were found to have UI. Overall, the reason for not seeking medical attention was mainly embarrassment (40.6%) at having to speak with doctor. Of the total study sample, 566 subjects (70.6%) believed that UI was abnormal and worth reporting to a doctor. Coping mechanisms among incontinent women included frequent washing (58.3%) and wearing a protective perineal pad (42.4%), changing underwear frequently (41.3%), decreasing fluid intake (19.8%) and stopping all work (4.9%). Sufferers were most troubled by their inability to pray (64%) maintain marital relationship (47%), limitation of their social activities (20%), difficulty in doing housework (14%) and inconvenience during shopping (13%). Most (56%) found it most embarrassing to discuss UI with their husbands. The majority of women (51.9%) believed child birth to be the major cause of UI, followed by ageing (49.5%), menopause (34.2%) and paralysis (25.3%). Most of the subjects (62.3%) believe that UI can cause infection, some (20.5%) believe that it can cause skin allergy and very few think that it can cause cancer or other disorders. **Conclusions:** Our findings indicate that although UI is relatively common ,it is undereported by the women because of social and cultural attitudes. This findings suggest that strategies to promote care-seeking for incontinence must be developed and employed in the community.

Key word: Healthcare-seeking behavior or urinary incontinence.

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Introduction:

Urinary incontinence(UI) is a burdensome medical disorder that is highly prevalent among women.It affects 50% of women during their lifetime and has a profound negative effect on affected women's psychological well-being and quality of life.(1)Prevalence of urinary incontinence of any degree and type increases with increasing age .Despite these effects, half or fewer discuss their UI with a healthcare provider.As many as 25% of adult women may have Urinary incontinence The prevalence of female urinary incontinence (UI) varies from study to study, owing to differences in the definition used to identify this condition, variance in inherent characteristics within the study population, and diverse thresholds for complaint among women from different cultures. The reported prevalence of UI among community-dwelling women ranges from 10% to 44%, with the highest rates reported among certain groups, such as climacteric women[1-6]. Nevertheless, UI may be markedly under-reported as a result of fear of stigmatization and isolation, belief that the condition is incurable, or fear that surgery is the only treatment option. In addition, some climacteric women might regard UI as a normal part of the aging process, a belief that could be unintentionally reinforced by some healthcare providers [7-8].

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Female UI is more common with high parity, advancing age and the menopause [7-9]. Some previous studies, have reported on the prevalence of UI in women from western countries and the psychosocial consequence of this disorder[9-15].

To date, the prevalence and type of UI among women in the general population of Bangladesh have not been well-investigated. Indeed, the few reports available mainly studied UI among women attending healthcare centers and hospitals [2,4,5,12]. Patients from healthcare centers or hospitals are self-selected and might not accurately represent women from the general community.

The aim of the present study was to evaluate the prevalence, social impact, and risk factors of UI among women attending GOPD in BSMMU , as well as the healthcare-seeking behaviors of affected individual.

Methods:

This is a cross-sectional study based on Gynaeout patient dept. of Bangabandhu Sheikh Mujib Medical University. The survey was conducted only among women between 45 and 65 years of age. A total of 1000 subjects, were approached and 800 expressed their consent to participate in this study.The study population was recruited by purposive sampling. The women of 45yrs to 55yrs who attended the out patientdept and gave consent to be included in the study were taken as sample. Two hundred women were excluded from the study due to incomplete questionnaire or decline express their consent or did not want to respond to the questionnaire due to lack of time. Also, according to the exclusion criteria, pregnant women and women with contradiction to estrogen use and those who had a currently unstable medical or social problem were excluded. The questionnaire and criteria for UI were defined and prepared.

In the present study, the operational definition of UI was "any involuntary leakage of urine or accidental loss of control of urination in inappropriate times or places regardless of its severity, frequency or social or hygienic consequences in the last 12 months". The screening inquiry thus included the concept of "current UI" and UI in the previous 12 months only[9,11,14], followed by a series of more specific questions. Women who had had UI but not in the last 12 months were classified as continent in our study. The degree of UI was subdivided into two categories on the basis of the frequency of occurrence of urine loss and the use of protective pads or garments, into mild (1–5 episodes/week seldom requiring protective pads) and severe (daily episodes frequently requiring protective pads) [1-5,13,14].

The data wereanalysed by using the Statistical Packages for Social Sciences (SPSS)[20]. Student's t-test was used to ascertain the significance of differences between mean values of two continuous variables . Chi-square analysis was performed to test for differences in proportions of categorical variables between two or more groups. Spearman's correlation coefficient was used to evaluate the strength of concordance between variables. The level $P< 0.05$ was considered as the cutoff value for significance.

Results:

A total of 800 of 1000 enrolled subjects participated in the study, giving a response rate of 80% . One hundred and sixty four (20.6%) members of the study sample were found to have UI.

Table-1 gives the sociodemographic and reproductive characteristics of the study subjects. Both incontinent and continent women were of comparable age, body mass index, income level and educational level. As can be seen, there was a significant difference between groups (continent and incontinent) with regard to smoking, previous obstetric history and surgical repair of genital prolapse. The association between UI and smoking was significant $r = 0.094$, $P = 0.008$; as was the association between having UI and previous perineal tears due to instrumental delivery: $r = 0.100$, $P = 0.005$; ventouse: $r = 0.122$, $P = 0.001$; caesarean section: $r = 0.103$; $P = 0.004$; and previous surgical repair of the genital prolapse, $r = 0.268$, $P = 0.0001$ was significant. Neither parity nor birth weight of the child showed any difference.

Table–I

Demographics of the study population (n=800)

Total numberof subjects		165 (20.6) Incontinent women N(%)	635 (79.4) Continent Women(%)	P-value
Age (years)	Mean ± S.D.	47.83 ± 11.24	48.25 ± 10.63	
	Median	46.0	47.0	
Body mass index(kg/m^2)		28.4 ± 5.5	28.2 ± 8.6	
Monthly income	<5000	35 (22.7) no%	108 (17.3) no%	
(Tk)	5000–15000	73 (47.4)	300 (47.8)	
	15000–25000	34 (22.1)	149 (23.8)	
	>25000	13 (7.8)	69 (11.0)	
Educational level	Illiterate	52 (33.1)	231 (36.5)	
	Primary	32 (19.7)	150 (23.8)	
	Intermediate	31 (19.7)	150 (23.8)	
	Higher secondary	28 (17.2)	73 (11.6)	
	University	16 (10.2)	66 (10.5)	
Obstetric history	Previous episiotomy	55 (36.2)	216 (34.6)	
	Perinatal tears	18 (11.7)	34 (5.4)*	0.010
	Forceps	14 (8.8)	51 (8.1)	
	Ventouse	35 (21.9)	72 (11.5)**	0.001
	Caesarean section	74 (46.3)	213 (33.9)**	0.004
	Parity	6.2 ± 3.6	5.8 ± 2.8	
	Previous repair of genital prolapse	37 (23.1)	29 (4.6)***	<0.001
	Postmenopausal	85 (53.1)	333 (52.9)	
	Smoking habits	11 (6.7)	16 (2.5)*	0.014

*=P<0.05, ** = P<0.01, *** = P <0.001,

The reasons for not seeking medical attention are listed in Table 2. The most common factor (40.6%) was embarrassment at the thought of consulting a doctor, particularly a male physician; 54.2% of incontinent women expressed this attitude. A total of 562 subjects (70.4%) believed that UI was abnormal and worth reporting to a doctor.

Coping mechanisms among incontinent women, are depicted in Fig. 1. These included frequent washing (58.3%) and wearing a protective perineall pad (42.4%), changing underwear frequently (41.3%), decreasing fluid intake (19.8%) and stopping all work (4.9%). The consequences of UI among incontinent women and those perceived by continent women are given in Fig. 2. There were no statistical differences in the responses of the two groups except for their relationships with their husbands (P< 0.001). Sufferers were most troubled by their inability to pray (64%) and their marital relationship (47%), the limitation of social activities (20%), difficulty in doing housework (14%) and inconvenience during shopping (13%). Moreover, 71.9% of the incontinent subjects were self-conscious; they also felt both ashamed and guilty (P< 0.001). More than half (56%) of the subjects found it most embarrassing to discuss UI with their husbands (Table 3).

Table-II

Attitude.behaviour and reasons for not seeking treatment of UI among incontinent (n==800)

		Incontinent women	Continent women	p-value
		no(%)	no(%)	
Seeking treatment	Nothing	13 (7.7)	42 (6.7)**	0.001
	Self -treatment	47 (30.3)	108 (17.2)	
	Consult with a friend	25 (16.1)	85 (13.4)	
	Consult with a doctor	71 (45.8)	394 (62.7)	
Attitude	Feeling guilty	110 (71.9)	307 (49.3)***	<0.001
	Believe UI is common after menopause	101 (64.1)	317 (50.4)**	0.002
	Believes UI is worth reporting to a doctor	119 (77.3)	443 (70.5)	
	Prefer female doctor	117 (80.1)	452 (74.1)	
	Willing to see any doctor	29 (19.9)	158 (25.9)	

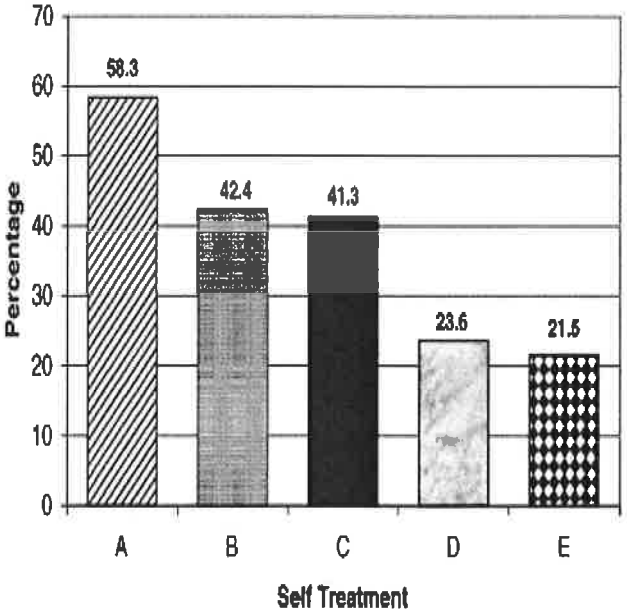

Fig. -1: Coping mechanisms in incontinent women (n = 165) (women gave more than one answer; values are shown as percentages). Self-treatment: (A) wash regularly; (B) wear a protective perineal pad; (C) change underwear regularly; (D) decrease fluid intake; (E) stop all work.

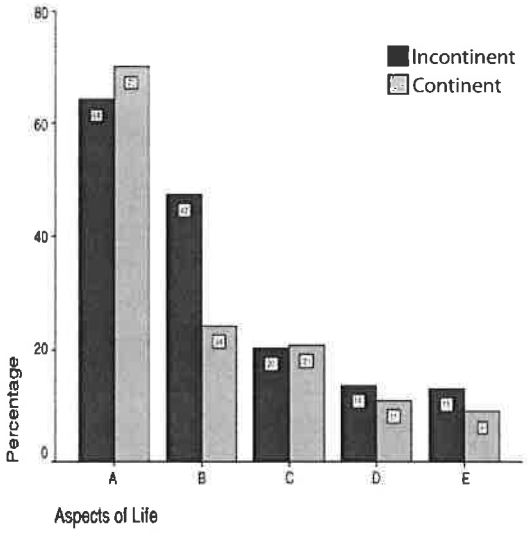

Fig.- 2: The consequences of UI on aspects of life of incontinent and continent women, given as percentages (women gave more than one answer): (A) interference with prayers; (B) relationship with husband (highly significant, P< 0.001); (C) limitation of social activities (visiting friends); (D) difficulty in performing household tasks; (E) limitation in traveling, such as going shopping.

Table-III

The consequences of having UI in continent and incontinent women (n=800)

Parameters	Incontinent women no(%)	Continent women no(%)
Relationship with husband	73 (47.4)**	151 (24.1)
Praying	99 (64.3)	439 (70.1)
Visiting friends	31 (20.1)	129 (20.6)
Housework	21 (13.6)	68 (10.9)
Shopping	20 (13.0)	56 (8.9)

aWomen gave more than one answer. ** = <0.01, bNot significant.

The perceptions of the causes and medical consequences of UI are presented in Table 4. The majority of women (51.9%) believed that childbirth was the major cause of UI, followed by ageing (49.5%), menopause (34.2%) and paralysis (25.3%). Most of the subjects (62.3%) believe that UI can cause infection, some (20.5%) think that it can cause skin allergy and very few believe that UI can cause cancer or other disorders.

Table-IV

The perception of causes and medical cosequences of incontinence.

Causes	Incontinent Women (n=164) no%	Continent womem (n=634) no%
Paralysis	32 (21.6)	154 (26.2)
Ageing	80 (54.4)	283 (48.2)
Menopause	50 (33.8)	202 (34.4)
Childbirth	72 (49.0)	309 (52.6)
Consequences		
Skin allergy	39 (26.2)	118 (19.2)
Infection	85 (57.0)	391 (63.6)
Cancer	13 (8.7)	55 (8.9)
Others	12 (8.1)	51 (8.3)

Discussion:

The prevalence and impact of UI has not been investigated extensively in most communities [1-18]. Generally, UI is a distressing and disabling condition causing significant physical and psychological morbidity in women of all ages [7,9,14]. Those affected give up many aspects of their normal lives, with obvious detriment to their social interactions, interpersonal and sexual relationships, careers and emotional well-being [8,15,16]. The comparison of results from various studies estimating the prevalence of UI in women is limited by differences in the definition of UI, particularly regarding its onset, severity, frequency and whether or not it poses a social or hygienic problem. Other factors are the ethnic group examined, the type of patient population, whether based on a community hospital, whether or not the subjects were seeking care and the standards and methods of data collection [1-11,16,18]. The reported results vary widely, but comparable studies of western women within a similar age range have reported prevalence rates between 8.5 and 60% [1-4,9,11,18-21]. This is consistent with the overall prevalence of UI observed in our study. Our definition of UI was based on the assumption that it would show that UI was sufficiently common to constitute an important problem for the women concerned. We therefore, designed a research instrument that would be easy to use and comprehensible to the target population. However no attempt was made to objectively gauge the quantity of urine lost or to distinguish between different types of UI by asking the respondents to describe the circumstances leading to incontinence, as a questionnaire would not be appropriate for this purpose [1,3,13,21].

The increasing incidence of incontinence with age, has been previously described in some [1,3,5,12,14,17] but not all studies [4,6,8]. UI is more commonly seen in multiparous women [3,4,17], but this was not the case here, nor was it found in some previous studies [7,15]. The contribution of previous instrumental delivery and of a history of repair of genital prolapse to the prevalence of UI was expected because both are potential risk factors [7,15]. There was, however, no significant association in our series between UI and other recognised predisposing obstetric and lifestyle variables, such as perennial tears [1,2,] smoking [15,] the menopause [13,15] and increased body mass index [14,15].

The low consultation rate in the present series, despite the concern of incontinent women, has consistently been noted in other studies and for similar reasons [3,11-18, 21]. Nevertheless, in view of the conservative social values and cultural beliefs , the reluctance of women to consult a male physician and their preference for using herbal and traditional medicine to treat this problem was anticipated.Only one out of four incontinent women had seen a doctor about their symptoms. A disappointing finding, however, was that 43.5% of the subjects had not previously heard of UI. This indicates that routine medical assessment among 56.5% women by their physicians, whether family practitioners or specialists, did not include an inquiry about UI. Few patient patients complain spontaneously, without prompting, but this problem can, nevertheless, easily be elicited during history taking and on physical examination. Some studies have found that the number of women seeking medical help is directly related to the degree of severity of UI and the threshold used for labelling a person as being incontinent [1,4,5.11,15,,21].

Finally, It is interesting to note that, unlike the western experience [1,4,6.14,15]. UI was perceived by most women in the present study as a gynaecological condition caused by childbirth rather than a neurological or senile disorder or a consequence of menopause. This observation emphasises the gap between lay and medical knowledge of UI [1,4]. It should be acknowledged that expert advice is necessary to correct women's misconceptions about UI being normal or untreatable [1,4,6,8,15]. This requires the education of more health professionals about the process of micturition [1,2].

Conclusion :

In conclusion, the percentage of women reporting symptoms of UI lies within the range reported from other parts of the world [1,2,4,18,21]. Likewise, women hold similar misconceptions about the causes of incontinence and do not seek medical care because of embarrassment. The results of the present study, may be of value in identifying the real extent of the problem in this region and in planning the subsequent medical and social care of incontinent women. Hopefully, studies, such as this will serve to educate health professionals about UI and how best to approach women with this condition.

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