



## Prevalence, awareness and determinants of health care-seeking behaviour for urinary incontinence in Qatari women: a neglected problem?

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### Abstract

**Objectives:** The aim of this study was to determine the prevalence, awareness and determinants of urinary incontinence (UI) among Qatari women and the sociodemographic factors involved in their health care-seeking behaviour.

**Design:** A cross-sectional study was used to determine the symptoms of UI experienced by Arabian Gulf women.

**Setting:** Primary Health Care (PHC) Centres and community-based study in Qatar.

**Subjects:** A multistage sampling design was used and a representative sample of 1000 Qatari women aged 45 years and above were included from January to June 2003.

**Measurements:** Participants completed a questionnaire assessing UI in the previous 12 months and health care-seeking behavior for urinary symptoms.

**Results:** Of 1000 women living in urban and semiurban areas who were asked, 798 (79.8%), representing the study sample, agreed to participate and completed the questionnaire. Of these, 164 (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, 562 subjects (70.4%) 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 perennial 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%) and their marital relationship (47%), limitation of their social activities (20%), difficulty in doing housework (14%) and inconvenience during shopping (13%). Most (71.9%) of the incontinent subjects were self-conscious, ashamed of themselves and troubled by guilt ( $P < 0.001$ ); 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.

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**Conclusions:** Our findings indicate that although UI is relatively common in the community, it is underreported by Qatari women because of social and cultural attitudes and—most importantly—lack of information. This findings suggest that strategies to promote care-seeking for incontinence must be developed and employed in the community.

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## 1. Introduction

The prevalence of urinary incontinence (UI) in women is difficult to estimate because definitions vary between researchers and among women, for whom the threshold of complaint differs [1–4]. UI is defined by the International Continence Society as a condition in which voluntary loss of urine is a hygiene or social problem and is objectively demonstrable [5]. However, studies have also shown that only about one-quarter of women affected by UI consult a doctor for their symptoms, despite being told about effective treatments and better management of the condition in primary care [1–4]. Although, there are effective interventions for UI, many women who are incontinent do not seek help even when they perceive their incontinence to be a problem. In United Kingdom [6], half of the women who did consult their primary care physicians did not find the treatment offered helpful.

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]. Ethnic differences in prevalence and attitudes to UI have also been very well documented [1–12,17,18].

So far, there has been no study on UI in Qatari women. But, there were few epidemiological studies of incontinence were conducted in U.A.E and it documented that 23.3% of the studied population were found to have UI.

The objective of our study was to find out whether UI is recognised in the Qatari culture and to determine the prevalence of this disorder among selected women and to assess the sociocultural attitude to UI and to ascertain whether there are any correlations between sociodemographic status and reproductive history of Qatari women and the prevalence of UI among them.

## 2. Materials and methods

This is a cross-sectional study based on the Primary Health Care (PHC) Clinics of Qatar. The survey was conducted only among Qatari nationals between 45 and 65 years of age. The sample size was determined with the a priori knowledge that the prevalence of UI in Qatar is similar to that in western countries [1,2,4] and the United Arab Emirates (UAE) [3]. In estimating the true prevalence of UI in the general female population of the Qatar, it was assumed that this would be approximately 26%, similar to that reported in Norway [1,4], Japan [2] and the United Arab Emirates, with 20%. Allowing an error of 2.5%, level of significance (type I error) of 5% and 95% confidence interval, the computer program indicated that a sample size of 1000 subject would be needed to achieve the objectives of our study. A multistage stratified cluster sampling design was developed, using an administrative division of the Qatar into 21 PHCs in terms of number of inhabitants, but, only 11 PHC visited mostly by Qatari women and remain 10 PHC centre were excluded from our survey. Also, selected 11 PHCs which represent geographically, East, West, North, South and Central location of the Qatari population.. The subjects were selected by simple random sampling among patients registered and attended 11 PHC centres for various medical conditions except UI (eight urban and three semi urban. Qualified nurses and health educators were instructed to structurally interview and complete a questionnaire for randomly selected Qatari women, 45–65 years of age, attending PHC clinics. A total of 1000 subjects, were approached and 798 expressed their consent to participate in this study. Two hundred and two women were excluded from the study due to incomplete questionnaire or decline express their consent or did not want to respond to the questionnaire lack of timing. Also, according to the exclusion criteria, pregnant women and women with contradic-

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