



“Stain in life”: The meaning of urinary incontinence in the context of Muslim postmenopausal women through hermeneutic phenomenology



Tengku Aizan Hamid^b, Minoos Pakgohar^{a,*}, Rahimah Ibrahim^c, Marzieh Vahid Dastjerdi^d

^a Department of Geriatric Nursing and Reproductive Health, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran

^b Institute of Gerontology, Universiti Putra Malaysia, Selangor, Malaysia

^c Laboratory Institute of Gerontology, Faculty of Human Ecology, Universiti Putra Malaysia (UPM), Selangor, Malaysia

^d Department of Obstetrics and Gynecology, School of Medicine, Tehran University of Medical Sciences, Tehran, Iran

ARTICLE INFO

Article history:

Received 20 October 2012

Received in revised form 27 December 2014

Accepted 6 January 2015

Available online 13 January 2015

Keywords:

Lived experience

Urinary incontinence

Menopause

Women

Muslim

Symbolic interactionism theory

ABSTRACT

Introduction: UI is a worldwide chronic condition among postmenopausal women. Little is known about the meaning of lived experiences of urinary incontinence of these women's viewpoints in their context. **Objective:** The aim of this study was to illuminate the experience of Muslim community-dwelling postmenopausal women who were living with urinary incontinence (UI).

Methods: Seventeen women with UI (range: 52–68 years) who had experienced it for more than ten years were interviewed. A phenomenological hermeneutic method was used to analyze and interpret the interview texts.

Results: The women's experiences of living with urinary incontinence have been presented in terms of three main themes: disruption of normal functioning, self-imposed restriction, and feelings of despair. Disruption of normal functioning meant emotional, spiritual, physical, and daily life disruption. Self-imposed restriction meant suppression of delights and needs and avoidance of social interactions. Feelings of despair referred to predictions of a bad and dark future of living with urinary incontinence, ambiguity, and hopelessness. The meaning of living with UI has been considered a 'stain in life'. Health care providers should be familiar with the different manifestations of urinary incontinence for early diagnosis and prevention of the negative effects of this condition to improve quality of life. In addition, symbolic interactionism theory can help health care providers to understand the meaning of urinary incontinence for women.

© 2015 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

Urinary incontinence (UI) is highly prevalent cross-culturally. UI is a chronic condition that affects individuals of all ages and genders. However, the probability of developing UI is significantly higher among females (Botleroa, Davis, Shortreedb, & Bell, 2009) and more specifically, among postmenopausal women (Hsieh et al., 2008).

Although UI has physical psychological, sociological, and economic consequences and can impair the quality of life of women (Subak et al., 2006; Yip & Cardozo, 2007; Bartoli, Aguzzi, & Tarricone, 2010; Botlero, Bell, Urquhart, & Davis, 2010), little is known about life experiences from the standpoints of women (MacDonald & Butler, 2007). The life experiences of sufferers can

help to understand the meaning of the disease; understanding the meaning of UI can provide insight into early diagnosis and intervention (Polit & Beck, 2008b). A few studies that have examined the life experiences of UI among women were mostly conducted in the West (Zeznock, Gilje, & Bradway, 2009) or ethnic emigrant groups living in Western countries (Wilkinson, 2001; Muijsenbergh & Lagro-Janssen, 2006; Andersson, Johansson, Nilsson, & Blom, 2009) and none had focused on Muslim women living in their own countries. Deep understanding of life experiences depends on sensitivity to the emotional, cultural, and social aspects of UI (Bradway, 2005), and inclusion of participants from different countries may lead to different meanings (Oh et al., 2008). Also, life experiences could greatly vary among the different age groups from young, middle age, and elderly women; the present study focused on the experiences of postmenopausal women, among whom the prevalence of UI is higher (Nojomi, Amin, & Bashiri Rad, 2008). The elderly age group has a different set of experiences and the meaning of UI in everyday life would differ for this group when compared to the young and middle age groups (Higa, Lopes, & Turato, 2008).

* Corresponding author. Tel.: +98 9121402531/+98 2161054414;

fax: +98 2122362180.

E-mail addresses: tengkuaizan06@gmail.com, aizan@putra.upm.edu.my (T.A. Hamid), mpakgohar@razi.tums.ac.ir, minoos515@yahoo.com (M. Pakgohar).

The present study has been one of the few studies, which have explored the experiences of community-dwelling postmenopausal Muslim women living with UI, in the context of their births and upbringings and not in another country through the lens of symbolic interactionism. Symbolic interactionism (SI) is a theoretical perspective that highlights how people explicate, act toward, and accordingly give meaning to the events, objects, and situations around them. This position highlights how human actions and meanings arise out of the social processes of communication and interpretation role taking (Sandstrom, Martin, & Fine, 2006). Thus, SI can adjust with the research question: “What does urinary incontinence mean to post-menopausal women?”

1.1. Background

1.1.1. Literature review

UI is not a life-threatening condition but it can lead to remarkable psychosocial distress and influence health-related quality of life. UI is regarded as a social and individual disgrace in which discrimination and loss of the status can be experienced by patients as well as stigmatization. Hence, issues related to UI do require that researchers and professionals examine the situation from the patients' viewpoint and context (Lazzeri & Novara, 2008). The meanings and life experiences of females living with UI have been explored by several researchers. Some research (Bradway, 2005) presented UI through varying themes, such as “memories of UI” and “responses to UI”; while others (Komorowski & Chen, 2006) elicited ‘knowledge about UI’ and ‘shattering the silence of UI’ and ‘encountering the institutional culture of UI’ were highlighted by MacDonald and Butler (2007); and ‘women’s fears in coping with UI’ Youngmi and Neva (2008) cited in Rosenberg ‘A disease is no absolute physical entity but a complex intellectual construct, an amalgam of biological state and social definition’ (Komorowski & Chen, 2006, p. 107). UI is one of the conditions highly affected by intellectual construct and shaped by the socio-cultural situation. The participants' characteristics and their socio-cultural situations can be some of the important factors influencing the life experiences of UI sufferers. The present study was conducted in Iran with its specific socio-cultural context that differs from other countries in Asia.

2. Method

2.1. Design

A hermeneutic phenomenology qualitative method inspired by Van Manen (2001) was used to establish a deeper meaning for the understanding of the life experiences of UI, and to explicate the essence of the postmenopausal woman's world. Qualitative research explores human experiences and searches for the meaning that people take from their life experiences (Creswell, 2007) which is consistent with the present research question: ‘The meaning postmenopausal women make from their lived experience of UI’. Hermeneutic phenomenology is best suited to the requirements of this research. The hermeneutic phenomenology objective is translating the life experiences into textual expression of its nature or its essential truths. Also, it is a combination of descriptive and interpretative phenomenology focusing on the human experience (Van Manen, 2001). In a phenomenology approach, the researcher first identifies the phenomenon, collects data from the individuals who have experienced the phenomenon and then develops a composite interpretation description of the essence of the experience. The description includes the “what” and “how” of how they experienced the phenomenon (Creswell, 2007). Since the research question requested individuals to recall and reflect on the meaning of their own life experiences as postmenopausal women living with

UI, the methodology used to conduct this research fell within the structure of phenomenology.

2.2. Participants

Community-dwelling postmenopausal women with UI living in Tehran (Iran) and its immediate suburbs were recruited for possible study participation. There were several criteria for selecting participants. (1) The women should have the experience of menstruation cessation at least for one year or more. Postmenopausal women were selected because more than one-third of a woman's life can be spent in the post-menopause period and the development of urinary incontinence is significantly higher among postmenopausal women (Hsieh et al., 2008). Moreover, there has been no study to date that has focused on this age group in Iran. (2) The women should have the experience of involuntary loss of urine at least for six months or more. (3) The women should be community-dwelling, which means they lived in the community rather than in nursing homes because little attention has been paid to this group in earlier research. (4) The participants must be fluent in the Persian language. The study was approved by the ethics committees at University of Putra Malaysia and Health Ministry of Iran.

The first contact with the participants occurred through purposeful sampling. This provided a starting point to move into snowball sampling (Merriam, 1998). According to Bradway (2005), the snowball technique would be appropriate when a researcher could not identify useful information about participants, the informants were not easily accessible, or anonymity was desirable, which were all true in the present research (Holloway & Wheeler, 2002).

Thus, the initial purposeful sample of women with UI was recruited via flyers. The flyers included limited information in relation to the study and the contact information of the researcher. When a participant respondent responded to the flyer, they were asked to provide contact information for other people who they knew that had UI. Flyers were distributed to target sites (gynecology clinics in Vali-E-Asr Hospital, among numerous friends, family members, and even in public settings for women such as the mosque) inviting women to contact the lead author (MP) and, if eligible and willing, enrol in the study.

UI was defined as any type of uncontrolled passage of urine that existed for greater than six months. Participants were between the ages of 52 and 68 with an average age of 60 years. The mean duration of menopause and years afflicted by UI was 11.41 ± 4.69 years and 17.35 ± 7.07 , respectively.

2.3. Data collection

The data collection and verification from participants took approximately six months, from April to September 2009. Data collection ended when the data showed evidence of saturation after the interviews with 17 women was completed. The data were considered saturated when they contained a sufficient amount of repetition in the informants' account and provided an inclusive description of their life experiences with UI (Lincoln & Guba, 1985; Cohen, Kahn, & Steeves, 2000). Each informant participated in two face-to-face semi-structured interviews. The first interviews took from 60 min to 90 min. Five weeks after the first interview took place, the second interview was conducted for 30 to 60 min. A topical outline (Table 1) for each interview was used to obtain a description of the informant's experiences regarding UI.

Informed consent was obtained prior to the start of the first interview. Interviews took place in the environment of the informant's choice; most (14) occurred in the informants' homes and the rest at a private room in a clinic. All interviews were

Download English Version:

<https://daneshyari.com/en/article/8257849>

Download Persian Version:

<https://daneshyari.com/article/8257849>

[Daneshyari.com](https://daneshyari.com)