Perception of Females about Urinary Incontinence
Zarna Ronak Shah¹, Megha S. Sheth², Radhika Talapalli³, Neeta J Vyas⁴.

ARTICLE INFO
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Article History:
Received: Sep 07, 2015
Accepted: Oct 07, 2015
Published: Oct 10, 2015

Key Words: urinary incontinence, female, perception, physiotherapy.

AUTHORS AFFILIATIONS
SBB college of physiotherapy, V.S.General Hospital, Ahmedabad.

ABSTRACT
Introduction: Urinary Incontinence is one of the most common problems of women of all ages. Physiotherapy plays a very important role in its treatment. International Continent society has accepted Kegel exercises as first choice in the management of stress urinary incontinence. In spite of having proven results of physiotherapy in the management of urinary incontinence, females with urinary incontinence do not report to physiotherapy department. It is therefore important to know their perception of urinary incontinence and to know their views regarding physiotherapy in incontinence. The aim of the study is to know the perception of females with urinary incontinence.

Methodology: 151 subjects were recruited from Obstetrics and Gynaecology OPD of V.S.General Hospital and a self made questionnaire was filled in.

Results: Out of 151, only one female was aware about the role of exercises in urinary Incontinence. 111 subjects were ready to come to physiotherapy department if advised. 39 subjects were not ready to come to physiotherapy department even if advised. 11 told that they have no time, 8 had financial problem, 9 had family issues, 2 told that department is far away from home, 7 felt shame about this and 2 did not answer why they would not come if advised.

Conclusion: There is a lack of awareness of role of physiotherapy in females with urinary incontinence.

INTRODUCTION
Urinary Incontinence (UI) was acknowledged in 1998 by World Health Organization as a disease, to raise the awareness of the condition. Urinary Incontinence is defined by International continence Society (ICS) as the complaint of any involuntary loss of urine even if the leak does not cause a social or hygienic problem¹. Literature suggests that 50% of the incontinent women would be less than 50 years of age². Many women suffer in silence³, believing that it is a normal aging process, however research reported countless situations related to leak of urine. Potential risk factors for UI include increasing age, increasing parity, vaginal deliveries, obesity, surgery, constipation, and chronic respiratory problems⁴⁻⁵. It is a worldwide problem affecting large number of people of all age groups, both the genders and all socio-economic classes; and due to various anatomical factors, it is more common in women than in men, the ratio being 2:1.⁶⁻⁹. In a survey done in Asia, out of 5506 survey population, 12% of the population
was found to be suffering from UI in India. In an epidemiological study of UI in women aged 35 years or above in rural area of India, 1 out of 10 women was found to be suffering of UI.

Despite the great evolution in the area of gynaecology, incontinence remains a problem for number of women around the world. In some areas the embarrassing nature of urinary incontinence has lead women to hide the existence of syndromes. Urinary incontinence is common in women, but is underreported and under treated. Most of the women report when there is nothing or very little to be done. Thus, surgery will remain the only option for them. Provided that they come early and start early physiotherapy, the need for surgery can be overruled.

While screening and inviting females with UI for physiotherapy, it has been noticed that many of them do not consider it a major problem and they start accepting this as a part of life. Ultimately their quality of life will be compromised and further socioeconomic problems arise. Knowing their views regarding physiotherapy in incontinence, initiative can be taken to educate them and their problems for not coming to physiotherapists can be resolved.

So, there is a strong need to know females’ perception regarding role of physiotherapy in incontinence.

Methodology

A qualitative descriptive study was conducted with patients visiting the Obstetrics and gynaecology OPD of V.S. General Hospital in September 2014. They were asked to fill up the questionnaire. The questionnaire was self made by the authors with some input from two gynaecologists of the hospital to know views of females with urinary incontinence about urinary incontinence. A pilot study was conducted on ten subjects and required changes were made. Oral informed consent was obtained from all participants. The questionnaire was given to all subjects who were willing to participate in the study irrespective of their age, complaint and condition. Total 151 subjects were recruited. The educated subjects have filled in the questionnaire themselves but the subjects who were not able to write or read were asked and response was noted by the assessor. The data was then analysed using descriptive statistics.

The questionnaire contained demographic details including name, age, address, contact number, educational qualification and marital status. There were total eleven questions. There were four questions related to the obstetric history of the patient including total number of conceptions, total number of deliveries, types of deliveries and total number of live births of the subjects. Question five was to screen females for urinary dysfunction. A positive response on asking if urine leaks, was considered as incontinence. A positive response on asking if she has to go to void frequently, was considered as a frequency problem. A positive response on asking if she has any itching or burning while micturition, was considered as a urinary tract infection.

Question six screens for type of urinary incontinence. So, the females who had a leakage problem in question five were asked to answer question six. A positive response on asking whether urine leaks during coughing, sneezing or while lifting heavy weight; stress urinary incontinence was considered. If subjects had leakage while trying to hold desire to void, urgency incontinence was considered. If subjects had both issues, mixed incontinence was considered. On asking if she leaks while laughing a lot, giggle incontinence was considered.

Other questions gathered information about any other kind of urinary dysfunction, about consultation with doctor for urinary dysfunction and type of treatment patient has taken for urinary dysfunction. The given options were medications, surgery, exercises, pad or diapers or any other.

Last questions were about the awareness of physiotherapy and their perception of role of physiotherapy in UI irrespective of whether they have any urinary dysfunction or not. Options to know why they are not willing to come to physiotherapy department if advised to do so are related to lack of time, financial issues, family issues, distance problem, feeling shy, not bothered or any other were included.

Results:

One fifty one subjects completed the study. The data obtained is shown in table 1 and graphs 1 and 2.

Table 1: Demographic details of the subjects

<table>
<thead>
<tr>
<th>Total no. of subjects</th>
<th>151</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range (years)</td>
<td>20 – 70</td>
</tr>
<tr>
<td>Mean ±SD of age</td>
<td>29 ± 10.7 years</td>
</tr>
<tr>
<td>Marital status</td>
<td>All married</td>
</tr>
<tr>
<td>No. of pregnancy (mean ± SD)</td>
<td>2 ± 11.86</td>
</tr>
<tr>
<td>Total no. of subjects with urinary problems</td>
<td>66</td>
</tr>
</tbody>
</table>
Out of these 66 females who had some or other urinary problem, 32 had consulted doctors for their problem. All of them had taken treatment in the form of medications. Only one of them had gone through exercises. None of them had used diapers or other aids for leakage problem. None of them had gone through surgical intervention.

Out of 151, only one female was aware about the role of exercises in urinary incontinence. 111 subjects were ready to come to physiotherapy department if advised. 39 subjects were not ready to come to physiotherapy department even if advised. 11 told that they have no time, 8 had financial problem, 9 had family issues, 2 told that department is far away from home, 7 felt shame about this and 2 did not answer why they would not come if advised.

**Discussion**

This study aimed to find out the perception of females with Urinary Incontinence. Total 151 subjects participated in the study. All the subjects were married. It was observed that majority of the subjects were below 30 years of age and had average two pregnancies till the date. 66(44%) out of 151 had some or other kind of urinary dysfunction. Out of these 66 subjects, 26 % of the subjects had UI, 19% had frequency problem and 54% of them had urinary tract infection.

In the present study, 26 % of the subjects had UI. The prevalence of mixed urinary incontinence is more than stress or urge incontinence\(^1\), with stress predominance more than urge. The Asian survey showed predominance of mixed symptoms (approximately 64%), followed by urge incontinence (23%)\(^1\). A meta-analysis of published studies of UI epidemiology in the world suggests that stress incontinence is the most common type of incontinence\(^2\). Stress incontinence accounted for almost half of the world wide prevalence, and mixed incontinence accounted 29% of total prevalence\(^3\). The survey has shown urge to be less common. Similar kind of results are found in the present study with mixed 61%, stress 18% and urge incontinence 21% of prevalence. None of the subject had giggle incontinence. The reason behind this could be that giggle incontinence is more prevalent in teenage girls.

In married or post partum females the chances of stress incontinence is high due to laxity in perineal area and weakness of pelvic floor muscles. In this study the mean number of vaginal deliveries was 1.22, whereas of caesarean section surgeries were 0.6. This supports the theory that majority of the subjects had undergone vaginal delivery and so chance of stress incontinence is more than other type of incontinence. Bal Runa et al have found that incidence of SUI was significantly higher (p=0.032) after vaginal delivery and more so after forceps delivery (p=0.012) in comparison to that after caesarean delivery\(^3\).

It was found in the study that 50 % of females who had some or other urinary dysfunction had seen a doctor and had taken treatment in the form of medications. Only one female who had urge incontinence had gone through physiotherapy. There may be a lack of awareness amongst doctors for not referring the patients to physiotherapy for exercises for leakage. Another reason behind this can be that majority of subjects who had seen a doctor for their urinary dysfunction might have urinary tract infection rather than UI. Out of 32 females who had shown a doctor for their problem, 22 had urinary tract infection. This suggests that incontinent females do not prefer to see a doctor and may be taking their problem very casually. Females with incontinence learn to live with UI and compromise their quality of life which further results in social issues.

30.7% women with urinary incontinence had seen a doctor but none of them had taken physiotherapy for the same. Heisch et al in their study on postmenopausal women have found that 30.3% of women with urinary incontinence had visited a doctor. The main reason given for not seeking medical help was shyness\(^4\). In the present study it was lack of referral.

54% of them had urinary tract infection. This shows that urinary tract infection is highly prevalent in young married women. The prevalence of UI in India ranges from 10% to 34\(^%\)\(^5\). Here, the prevalence of UI among all 151 subjects was 17%. To see whether doctors are not aware of physiotherapy in UI, or patients are not going to physiotherapy even after reference, further studies can be conducted. A survey of urologist or gynaecologist can be done to see the awareness of doctors for role of physiotherapy in urinary incontinence. However, from...
The present study one prediction can be made that females see doctors for UI at a very late stage where nothing or very little can be done by the physiotherapists and so doctors might take the patient for surgical intervention rather than treating the patient conservatively.

In this study, only one patient was aware of role of physiotherapy, which shows severe need of awareness programs to be conducted for the females with UI.111subjects showed readiness to go to physiotherapy department and do exercises if advised. Making the doctors aware about physiotherapy in UI might solve the problem. Kegel exercises, which is accepted as first choice of treatment in stress urinary incontinence must be taught to the patients visiting any doctor for their problem. The 39 subjects who were not ready to come can be educated or counselled for physiotherapy. They can be explained advantages of physiotherapy in treating UI without surgery. Apart from stress incontinence, urge incontinence needs more of behaviour training which can also be done by a physiotherapist. Females not ready to come for physiotherapy daily can be taught exercises and behaviour modifications at the time of first consultation.

In spite of being the first choice in the treatment of urinary incontinence, females are not aware of role of physiotherapy. So, ultimately they do not go to the physiotherapist and take their problem casually until it becomes severe enough to hamper the quality of life where surgery will be the only option. Conducting studies to prove role of exercises in incontinence in India also become difficult due to high negligence and least interest of females for exercises. There is a strong need of awareness programs not only for patients but also for doctors regarding role of physiotherapy in urinary incontinence. Work should be done at community level to raise the quality of life of females who are suffering in silence and compromising their social and personal life.

Conclusion: The present study concludes that in spite of having high prevalence of urinary incontinence, females do not consult doctor for their problem. Majority of females are not aware of role of physiotherapy in urinary incontinence.

Conflict of Interest: None

References