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Original Research Article

Study of urinary incontinence affecting the quality of life and health seeking behavior in women of an urban slum in Mumbai

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ABSTRACT

Background: Urinary incontinence (UI) defined by the International Continence Society as the complaint of any involuntary leakage of urine, is a social or hygiene problem. The purpose of this study was to determine how UI affected quality of life (QOL) of women in urban slum in Mumbai and also their health care seeking behavior for the same.
Methods: A pre-formed, pre-tested, semi-structured questionnaire was designed for a centre based study, to collect information from 1200 eligible and willing women over a period of 6 months. Of these 361 had complaints of UI how had the UI affected their quality of life and whether they sought health care for treatment of same was studied. Data was entered in Microsoft Excel and analysis was done accordingly.
Results: Of the 361 women who had UI, the QOL was affected as in avoiding social interactions 45.15%, avoiding religious functions 49.03%, feeling of emotional upset/distress 59.8% and hampering of domestic work 57.8%. The extra financial burden felt due to UI was only in 7.7% women and only 1.9% complained of sexual life getting affected. Health care services for treatment of UI were sought by only 24.1% of the affected women.
Conclusions: That UI affected the QOL of women affected with it in terms of reduced social interactions and attendance at religious programs and the feeling of emotional upset and hampering of domestic works. Subjects felt their financial burden had increased due to UI.

Keywords: Urinary incontinence, Quality of life, Health care seeking behavior

INTRODUCTION

Urinary incontinence (UI) is defined by the International Continence Society as "the complaint of any involuntary leakage of urine that is a social or hygienic problem". It is a common and distressing medical condition, severely affecting quality of life (QOL).[1,2] Women are at a high risk of UI mainly because of the damage to the pelvic floor caused by pregnancy and the child birth process.[3,4] The inability to control urine is quite an unpleasant and distressing problem. Although it does not lead to death, it causes substantial morbidity, social seclusion, and psychological stress resulting in impaired QOL. Many women are too embarrassed to talk about it and some believe it to be untreatable. With prevalence ranging from 10% to 34%, the condition is usually under reported as many women hesitate to seek help or report symptoms to medical practitioners due to the embarrassing and culturally sensitive nature of this condition. UI is not a life-threatening condition, but it is a worldwide problem, affecting approximately 250 million adults in the world population.[5-7] There have been few community-based epidemiological studies on UI evaluating the risk factors and impact on QOL, in India. Scarce data exists on its prevalence in India, in rural women, or in those of lower socio-economic status. An updated picture of UI in urban

slum women will be of great importance in helping formulating strategies of prevention and control for UI and furthermore in reducing disease burden in India and will provide valuable and useful experiences and suggestions for other Asian countries and even for the world.[8]

Hence this present study was carried out to determine the impact of UI on the quality of life of women in urban slum area of Mumbai and also their health care seeking behavior for the same.

METHODS

A cross-sectional epidemiological study was carried out in the field practice area (cheetah camp urban health centre) of the Topiwala National Medical College, Mumbai, Maharashtra over a period of 6 months from June 2012 to December 2012. A total 1200 willing women were studied who had at least one vaginal delivery, or one caesarean section or an abortion (medical/surgical) attending OPD in urban health centre (UHC), residing in the community around UHC. They were interviewed with a preformed, pre-tested, semi-structured questionnaire for this study. All participants were given a briefing about objective of the study and assured confidentiality in collection of personal data. Institutional ethical committee approval was obtained for the study. The sample size was calculated taking into account the routine daily attendance of 100 eligible women. By systematic random sampling, every 10th woman who was eligible and willing was included in the sample. Amongst these, 361 women who had UI, were queried about how their QOL was affected, and if they sought health care services for the same. At the end of interview each woman, was given health education regarding prevention of UI by simple lifestyle modifications. Those who were suffering from UI were educated about doing Kegel's exercise and the availability of other treatment options like medications and surgery.

Statistical analysis

Data was entered in MS Excel and were analyzed in the form of percentage and proportions whenever appropriate.

RESULTS

It was seen from Table 1 that out of 361 subjects who had urinary incontinence, 216 (59.83%) subjects felt emotionally upset or distressed. In 209 (57.89%) subjects, domestic work had been hampered due to UI. Also they were avoiding social interactions (45.15%) and religious functions (49%). Their sexual life was affected (1.94%) and (7.76%) felt that their financial burden had been increased due to UI.

Table 1: Impact of urinary incontinence on quality of life of women.

Type of activity limitation		Avoid social interaction	Sexual life affected	Avoid religious function	Financial burden increased	Feel emotional upset or distressed	Domestic work hampered
Yes	No.	163	07	177	28	216	209
	%	45.15	1.94	49.03	7.76	59.83	57.89
No	No.	198	354	184	333	145	152
	%	54.85	98.06	50.97	92.24	40.17	42.11
Total	No.	361	361	361	361	361	361
	%	100	100	100	100	100	100

Table 2: Health care seeking behavior for UI treatment in study population.

Health seeking behavior for UI treatment	Number	Percentage (%)
Yes	87	24.10
No	274	75.90
Total	361	100.0

As observed from Table 2 that out of the 361 subjects, only 87 (24.10%) consulted a doctor for treatment of UI and remaining 274 (75.90%) did not consult a doctor for UI treatment.

DISCUSSION

Although UI is not life threatening, the condition is one of 'inconvenience' and is associated with widespread adverse physical and psychological consequences. For many women, there is a general consensus to 'accept' the condition, bear the problem and not seek health care to manage the physiological leakage until the problem becomes unbearable and distressing to their daily live. Of 361 subjects who had urinary incontinence, 216 (59.83%) subjects felt emotionally upset or distressed. In 209 (57.89%) subjects, domestic work had been hampered due to UI. Also they avoided social interactions and religious functions. Their sexual life was affected and they felt that their financial burden had been increased

due to UI. Only few studies are available on effect of UI on quality of life of women.[8] In Indian culture, women working at home need to squat and lift the utensils. Hence due to leakage of urine during the work, the domestic chores get affected. Also during their prayer they had to be clean, but due to leakage of urine, they were unable to perform their religious duties. Due to unexpected leakage of urine women felt emotionally distressed and upset. Few women, who sought health care services for UI treatment, felt that their financial burden was increased. Many of the women avoided social gatherings because of fear of leakage of urine.

The study conducted in Coimbatore South, in Tamil Nadu state of India, 65% of women did not reveal their problem to anyone.[9] Similarly in a study from Olmsted County, Minnesota, only 13% of women with incontinence had sought health care for urinary symptoms.[10] Another study in four European countries France, Germany, Spain and the UK, about a quarter of women with UI in Spain (24%) and the UK (25%) had consulted a doctor about it; in France (33%) and Germany (40%) the percentages were higher.[11] The health care seeking behavior in our study is similar to the study in Spain and UK. The Indian women in our study group, showed poor health seeking behavior mostly because of their shy demeanor, cultural taboos and due to embarrassment were reluctant/hesitant to talk to a male physician. The other reason could be the wrong notion that the problem was because of childbirth, so there was no treatment available for it and that, many women in community had the same problem, which meant having UI was a normal eventuality, post delivery also lack of awareness of available treatment options for the problem of UI along with negligence towards their own health and hygiene added to their poor health seeking behavior.

CONCLUSION

Urinary incontinence affected various aspects of women's life, thus their QOL and they were also reluctant due to various cultural factors from seeking medical/health care services for the same. Thus UI is under-reported and undertreated in this community. Targeted health education about benefits of performing Kegel's exercises for prevention of UI and awareness of available interventions for treatment of UI should be organized in the community in order to improve their health care seeking behavior.

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