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Short Communication

Elderly Community Dwelling Women's Experiences of Managing Strategies for Urinary Incontinence: A Qualitative Research

Minoo Pakgohar[1*], Tengku Aizan Hamid[2], Rahimah Ibrahim[2], Marzieh Vahid Dastjerdi[3]

[1.] Department of Geriatric Nursing and Reproductive Health, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran
[2.] Institute of Gerontology, University Putra Malaysia, Selangor, Malaysia
[3.] Department of Obstetrics and Gynecology, School of Medicine, Tehran University of Medical Sciences, Tehran, Iran

A B S T R A C T

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Introduction: Urinary incontinence (UI) is high prevalent in older women. Little is known about how they manage with this chronic condition from their points of view. The aim of this study was to explore older women's experiences of management strategies in dealing with UI.

Methods: Eight community dwelling women aged 60 and over, with long term UI participated in this qualitative study. After conducting semi-structured interviews, we transcribed the participants' responses, and analyzed them using Van-Mannen hermeneutic phenomenological method.

Results: One theme emerged from the data which is labeled as strategies adopted to combat the UI.

Conclusion: Results indicated that women needs to inform that there exist various treatment for UI and encourage them to seek treatment for UI.

Keywords: Aging, Female, Management Strategies, Qualitative Research, Urinary Incontinence

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Introduction

Urinary Incontinence (UI) or any involuntary loss of urine occurs at any age, whose prevalence increasing with age (1). It is estimated that 20% to 30% of adults or 11% to 55% of the elderly are affected by UI (2-6). UI is described as a disease of elderly and particularly of elderly women. It has been reported that at least twice as many women as men experience UI. Schumucher reports that among elderly individuals (≥ 60 years of age), 19.3% of women and 10.4% of men have UI (7). Nojomi et al. conducted a survey in Iran and concluded that the overall prevalence of UI among Iranian women increases with age. According to this survey, the highest prevalence is among postmenopausal women is 37%, while overall determined prevalence of UI among 30-70 year-old-women is 18.9% (8).

UI has consequences on physical and mental health of the older women and affect the quality of life of women sufferers (5, 9). Hence, management of UI is important to ameliorate the consequences of UI in older women Researchers believe that early diagnosis and more aggressive interventions for UI not only can reduce long term health care costs, but also improved quality of life (10).

The aim of this study was to explore the management strategies in dealing with UI of older women living in community.

[*] **Corresponding Author:** Department of Geriatric Nursing and Reproductive health, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran. **Tel:** +989121402531, **Email address:** mpakgohar@razi.tums.ac.ir

Methods

This qualitative study used a hermeneutic phenomenology approach and was conducted by the semi-structured interview in two sessions with two or four week's interval from April to September 2009. Eight community dwelling women, who live in Tehran city, aged 60 and over, with long term (greater than 10 year's duration) UI were recruited through purposive and snowball sampling. The participants were asked to recall how do they manage their incontinence? The data were considered saturated when it contained a sufficient amount of repetition in the informants' account and provided an inclusive description of their lived experienced with UI (11, 12). Each interview audio taped lasted 40-60 minutes at their homes. Van-Mannen hermeneutic phenomenological method was used for data analysis. Member checking, auditing peer group, and audit trial were used for reliability and validity. The Research Ethics Committee in University Putra Malaysia granted approval for the study and all participants interviewed completed the consent form.

Results

Participants' age ranged from 60-70 years old, all of them were married, housewives, and received primary school education. Participants suffered UI for 10-23 years. One theme emerged from the data which is labeled as strategies adopted to combat the UI. Within this theme three sub-themes: 1) Re arranging physical environment, 2) Avoiding wetness and odor, 3) Selective consumption of specific food emerged. “strategies adopted to combat the UI” referred to various daily management strategies necessary to prevent urine leakage that all participants used to control and combat their UI problem. The women rearrange their furniture close to the toile, restricted watter, tea , and cofee intake as well as eliminating consumption of wattermelon and melon versus increasing consumption of garlic,banana, and nuts. They repeatedly go to toilet and change underwear and pad. All of them voided before going out of home. This means that women modified their life style and use many self management strategies for dealing with UI which were learned chronologically.

Discussion

The participants of the present study had never accepted UI as a part of their lives. They changed their lifestyle to fight with UI. The results of this study are congruent with findings of some studies regarding the lived experience of female UI. For example, in Zeznock et al. study, the second theme was ‘trying to fit it into the day’, which referred to various management strategies necessary for daily coping with UI that all participants used them (13). A number of strategies for living with UI emerged in the study conducted by Bradway et al. which included some daily management strategies such as limiting the amount of liquids they take in daily, and refraining from drinking caffeine (14). Similarly, Participants in Horrocks et al. study recurrently noted of self-imposed daily routines, controlled drinking and preferences of clothing to handle their UI problems (15).

Conclusion

The results reflect the need to educate the women on UI and to seek help as this condition can be treated, and health care provider should consider them in planning if improved quality of life is the goal.

Conflict of interest

None.

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