

“Impact Of Urinary Incontinence Among Menopausal Women on Self- Efficacy In Babylon City”

إقبال مجيد عباس

Nursing college/ University of Baghdad

سعدية هادي حميدي

Technical bable institute

Abstract:

Objective: To well-built the self-efficacy of menopausal women with urinary incontinence for being able to master challenging demands by means of adaptive action in dealing and treat the incontinence. **Methodology:** Descriptive non probability study conducted on 200 menopausal women (45-65) years old with urinary incontinence. **Results:** the study found that (74%) they are married and (43.5%) was illiterate. Women in this study had (19%) urge incontinence, (16.5%) stress incontinence with (38%) having mixed incontinence while (10.5%) mild incontinence with 38.5% having sever incontinence. And the results show that there is statistically highly significant between the item 1 (If someone opposes me; I can find the means and ways to get what I want) and degree of urinary incontinence, a significant correlation between the item ٣ (It is easy for me to stick to my aims and accomplish my goals) with the types of urinary incontinence and A significant correlation between the item 10 (I can usually handle whatever comes in my way) and duration of urinary incontinence. The findings suggest constructing a strategy to help women maintain self-efficacy for a positive approach to outcome and greater beliefs in their general coping abilities and ability to deal with and the expected efficacy of treatment and coping with urinary incontinence.

الخلاصة:

الهدف: تقوية الكفاءة الذاتية للمرأة في سن ما بعد الإنجاب والمصابات بسلس البول حول كيفية التعامل والتكيف مع حالة السلس. **بسلس البول.** المنهجية: أجريت دراسة عمدية على ٢٠٠ امرأة في سن ما بعد الإنجاب من عمر ٤٥-٦٥ سنة ومصابات بسلس البول. **النتائج:** أشارت نتائج الدراسة إن ٧٤% من مجتمع العينة متزوجات و ٤٣.٥% لا تقرأ ولا تكتب و ١٩% يعانون من السلس الإلحاحي و ١٦.٥% السلس التوترى و ٣٨% يعانون من السلس المختلط بينما ١٠.٥% يعانون من الدرجة المتوسطة و ٣٨.٥% من الدرجة الشديدة. وكذلك أظهرت نتائج الدراسة وجود علاقة ذات دلالة إحصائية بين الكفاءة الذاتية (الفقرة الأولى: أنا أستطيع إيجاد الوسائل والطرق لتحقيق ما أبتغيه) ودرجة شدة السلس والفقرة الثالثة: من السهل علي تحقيق ما أبتغيه) ونوع السلس والفقرة العاشرة (أنا أستطيع حل المشاكل التي تعترض طريقي) مع فترة السلس. كذلك أوصت الدراسة بأعداد برامج لتقوية الكفاءة الذاتية للمرأة للاستفادة منها للحصول على أفضل النتائج عند علاج الأمراض المزمنة والتكيف مع المرض.

1-Introduction:

Urinary incontinence affects social and emotional wellbeing of up to 65 million women worldwide (Shaw 2001) and (Brubaker & et al 2008).

Urinary incontinence affects about 19% of women age 19 to 44 years, 25% of those age 45 to 64 years, and 30% of those age 65 years and older. (Hvidman & et al 2003) and (Jackson & et al 2006). The proportion of stress incontinence increased from (51% to 77%) and the mixed type decreased from (11% to 30%), while proportion of the urge type remained similar (10% to 12%) (Tsakiris & et al 2008). Factors that can contribute to urinary incontinence include, Pregnancy, Childbirth, Menopause, Smoking, Diabetes, Neurologic diseases, such as Parkinson's, Obesity, Chronic constipation, Lifting or exercising, Pelvic surgery or radiation, Some medications, such as diuretics, sedatives, anti-depression and chemotherapy (Smith & et al 1999). Medical Factors in menopausal women who have a history of: Diabetes, higher body mass index (heavier weight), Hysterectomy, Two or more urinary tract infections within the past year (ADMS Urinary incontinence). Several epidemiologic studies evaluated factors associated with the occurrence of urinary incontinence such as age, obesity, parity, menopausal status,

Diabetes and hysterectomy (Hunnskaar & et al 2000). Self -efficacy is described as the personal judgments one makes about ability to perform courses of action in a particular set of situation. Self –efficacy theory, proposed that outcomes are determined by one's actions, one's perception of, capabilities will impact how one behaves, the level of motivations, thought patterns, and emotional reactions in challenging situations (Higa and et al 2008). The measurement of self-efficacy for performance of pelvic muscle exercises as a behavioral intervention for urinary incontinence can provide important information regarding one's motivation and belief about the efficacy of the prescribed intervention (Demain & etal 2006).

2-Objective of the study:

To detect the self-efficacy among menopausal with urinary incontinence, and to find out and find out the relationship between self-efficacy and urinary incontinence variables.

Key words: Urinary incontinence, Self-efficacy, Menopausal women.

3-Methodology:

A descriptive analytic study was conducted to identify the impact of urinary incontinency on self-efficacy in Babylon city.

4- Setting of the Study:

The study was conducted from the 200 visitors and caregiver women who attend at Hila surgical teaching hospital conducted during the period 1/11/2010-30/3/2011.

5- Sample of the study:

Non-probability sample (purposive sample) consisted of (200) menopausal women (45-65) who have urinary incontinence are selected from Hila surgical teaching hospital.

6- Instrument:

Questionnaire format used for data collection was designed and constructed after reviewing related literatures and previous studies and consist the following parts:

1- General information for characteristic of menopausal women who suffers from urinary incontinence as demographic and reproductive data such as: age, education level, and occupation status.

2- A- Urinary incontinence screening tool to assist in identify the type of urinary incontinency according (Mello 2002 and Evelyn 2008).

B- The severity index to evaluate the levels of severity of urinary incontinence (Sandvik 1993) and (Hanley et al., 2001). C- Self-efficacy scale was constructed according to the Arabian Adaptation of the General self-efficacy scale, is a 10 question to assess and identify the existence of self-efficacy symptoms. There is four-point scale for each item ranging from 1 to 4, The interpretation, was Not at all true (score=1), Hardly true (score=2), Moderately true (score=3), Exactly true(score=4) (Schwarzer et al., 1993).

7- Statistical Procedure:

Data analysis of the study was done by using Statistical Package of Social Sciences (SPSS) version 10. Statistical procedure includes: Descriptive Statistics(frequencies and percentage, mean and standard deviation) and inferential statistics as Chi-Square.

-The cutoff point was=2.5

Results:

Table (1): Distribution of the study sample according to social demographic data. N=200).

| Demographic variables | No. | % |
|--|-----|------|
| Age group (years) | | |
| 45-49 | 64 | 32 |
| 50-54 | 67 | 33.5 |
| 55-59 | 39 | 19.5 |
| 60-64 | 22 | 11 |
| 65> more | 8 | 4 |
| Total=200 — $X=52.39 \pm 5.65$ | | |
| Social Status | | |
| Married | 148 | 74 |
| Divorced& Separated | 4 | 2 |
| Widow | 48 | 24 |
| Educational Level | | |
| Illiterate | 87 | 43.5 |
| Read& write | 18 | 9 |
| Primary school graduate | 42 | 21 |
| Intermediate school graduate | 11 | 5.5 |
| Secondary school graduate | 16 | 8 |
| Institution graduate | 4 | 2 |
| University graduate & Higher education | 22 | 11 |
| Occupation: | | |
| Formal employment | 34 | 17 |
| Private employment | 2 | 1 |
| Retired | 10 | 5 |
| Housewife | 154 | 77 |
| Residence: | | |
| Urban | 129 | 64.5 |
| Rural | 71 | 32.5 |
| Types of urinary incontinence | | |
| Urge incontinence | 31 | 15.5 |
| Stress incontinence | 38 | 19 |
| Mixed incontinence | 131 | 65.5 |
| Degree of urinary incontinence | | |
| Mild | 21 | 10.5 |
| Moderate | 77 | 38.5 |
| Severe | 102 | 51 |

- Age group (years): Table(1) shows that the highest percentage (33.5%,32%) of study sample their age group (50-54,45-49) years respectively, while the lowest percentage (4%)of them, their age was 65 years and more and the mean with SD. was 52.39 ± 2.6504 years.

- Social Status: The highest percentage (74%) was married women while the lowest percentage (2%) of them, were divorced and separated.
- Educational Level: (43.5%) of study sample was illiterate, while the lowest percentage (2%) of them was institution graduate.
- Occupation: (77%) of study sample was housewife, while the lowest percentage (1%) of them was private employment.
- Types of urinary incontinence: (19%) of study sample was urge incontinence, (16.5%) stress incontinence and (65.5%) having mixed incontinence .
- Degree of urinary incontinence (10.5%) of study sample was mild incontinence , 38.5% was moderate and 51% having severe urinary incontinence.

Table (2): Distribution of study sample according to Self-efficacy impact. (N=200)

| No | Items of Self efficacy scale | *A significant correlation between the item 1 (If someone opposes me; I can find the means and ways to get what I want) and degree of urinary incontinence, P=0.044 **A significant correlation between the item 3 (It is easy for me to stick to my aims and accomplish my goals) with the types of urinary incontinence, P=0.04. ***A significant correlation between the item 10 (I can usually handle whatever comes my way) P=0.039. | | | | | | | | | | Si gn. |
|----|---|---|------|----|------|-----|-------|-----|-------|------|----|--------|
| | | No. | % | N | % | No. | % | No. | % | | | |
| | | | | 0. | | | | | | | | |
| *1 | If someone opposes me ; I can find the means and ways to get what I want. | ١١ | ٥٦ | ٣٣ | ١٦.٥ | ٢١ | ١٠.٥ | ٣٤ | ١٧ | 1.88 | NS | |
| 2- | I can always manage to solve difficult problems if I try hard enough. | ١٨ | ٩ | ٦٤ | ٣٢ | ٦٦ | ٣٣ | ٥٢ | ٢٦ | 2.76 | S | |
| ** | 3- | ٢٣ | ١١.٥ | ٥٢ | ٢٦ | ٧٦ | ٣٨ | ٤٩ | ٢٤.٥ | 2.76 | S | |
| 4- | It is easy for me to stick to my aims and accomplish my goals. | ٢٩ | ١٤.٥ | ٤٩ | ٢٤.٥ | ٧٥ | ٣٧.٥ | ٤٧ | ٢٣.٥ | 2.7 | S | |
| 5- | I am confident that I could deal efficiently with unexpected events. | ٢٠ | ١٠ | ٦٠ | ٣٠ | ٧٦ | ٣٨ | ٤٤ | ٢٢ | 2.٧٢ | S | |
| 6- | Thanks to my resourcefulness, I know how to handle unforeseen situations | ٥٥ | ٢٧.٥ | ٥٠ | ٢٥ | ٤٦ | ٢٣ | ٤٩ | ٢٤.٥ | 2.45 | S | |
| 7- | I can solve most problems if I invest the necessary effort. | ٣٤ | ١٧ | ٦٣ | ٣١.٥ | ٦٦ | ٣٣ | ٣٧ | ١٨.٥ | 2.53 | S | |
| 8- | I can remain calm when facing difficulties because I can rely on my coping abilities. | ١٩ | ٩.٥ | ٦٨ | ٣٤ | ٧٤ | ٣٧ | ٣٩ | ١٩.٥ | 2.67 | S | |
| 9- | When I am confronted with a problem, I can usually find several solutions | ١٣ | ٦.٥ | ٦٩ | ٣٤.٥ | ٧٩ | ٣٩.٥ | ٣٩ | ١٩.٥ | 2.72 | S | |
| ** | 10- | ٧ | ٣.٥ | ٣٠ | ١٥ | ٩٦ | ٤٨ | ٦٧ | ٣٣.٥ | 2.71 | S | |
| | I can usually handle whatever comes in my way. | | | | | | | | | | | |
| | Total score | ٣٣ | 16.5 | ٥٣ | 26.9 | ٦٧٥ | 33.75 | ٤٥٧ | 22.85 | 2.53 | S | |

Table 2: shows the highest mean score was (2.76)for the items (2,3) I can always manage to solve difficult problems if I try hard enough and It is easy for me to stick to my aims and accomplish my goals respectively, while the lowest mean score was(1.88) for the item1 If someone opposes me; I can find the means and ways to get what I want.

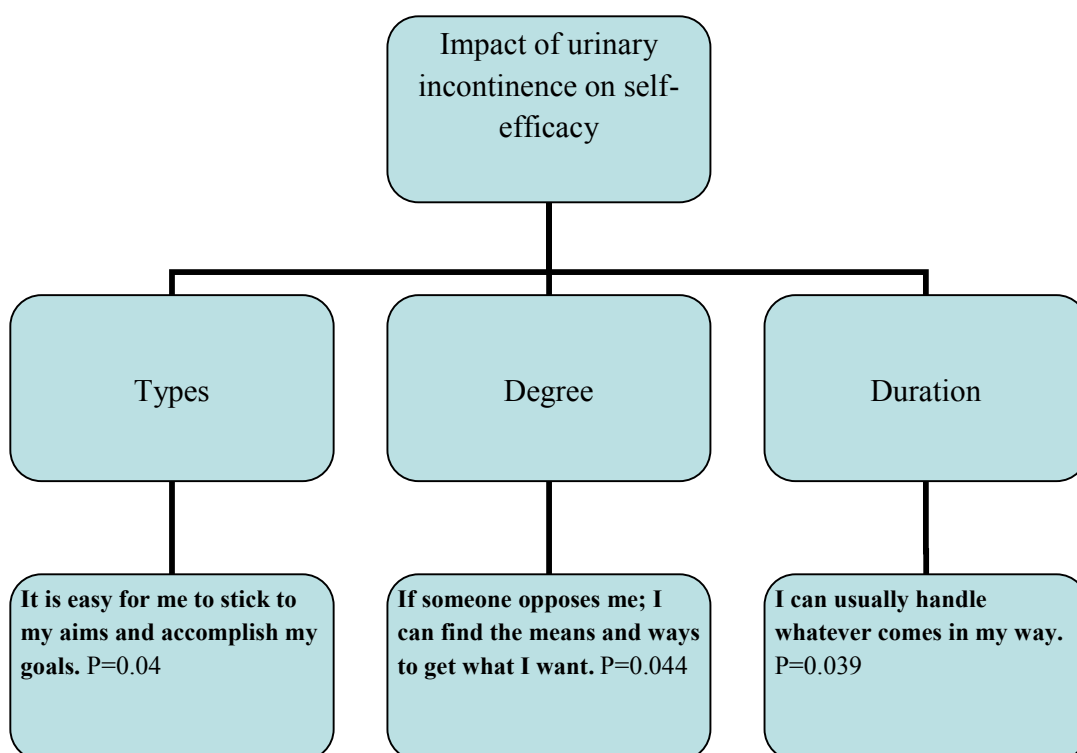


Figure1:Shows that there was statistical correlation between self-efficacy and urinary incontinence variables.

Discussion:

Findings Sample Characteristics appear that the women participating in this study are having urinary incontinence. They had a mean age of 52.39 ± 5.65 years and (74%) they are married and (43.5%) was illiterate. Women in this study had (19%) urge incontinence, (16.5%) stress incontinence with (38%) having mixed incontinence while (10.5%) mild incontinence with 38.5% having severe incontinence as shown in (table 1).

Table 2: shows the highest mean score was (2.76)for the items (2,3) I can always manage to solve difficult problems if I try hard enough and It is easy for me to stick to my aims and accomplish my goals respectively, while the lowest mean score was(1.88) for the item1 If someone opposes me; I can find the means and ways to get what I want.

Conner & et al (1995) and Budura (1994), stated that success in coping with high-risk situations depends partly on people's beliefs that they operate as active agents of their own actions and that they take the necessary skills to reinstate control should a slip occur and Perceived self-efficacy represents the belief that one can change risky health behaviors by personal action, by employing one's skills to resist temptation. Behavior

change is seen as dependent on one's perceived capability to cope with stress and boredom and to mobilize one's resources and courses of action required to meet the situational demands. Efficacy beliefs affect the intention to change risk behavior, the amount of effort expended to attain the goal. Iraqi women had a good self efficacy to address in changing risky health behavior, dealing and coping with urinary incontinence.

The high mean score of some items of self-efficacy score due to the ability of the Iraqi women who suffered from difficulties during war in coping with the embarrassment situation.

Conclusion:

The study found that the highest mean score was (2.76) for the items (2,3) I can always manage to solve difficult problems if I try hard enough and It is easy for me to stick to my aims and accomplish my goals respectively, while the lowest mean score was (1.88) for the item 1 If someone opposes me; I can find the means and ways to get what I want.

A significant correlation between the item 3 (It is easy for me to stick to my aims and accomplish my goals) with the types of urinary incontinence $P=0.04$, a significant correlation between the item (1) (If someone opposes me; I can find the means and ways to get what I want) and degree of urinary incontinence $P=0.044$ and a significant correlation between the item (10) I can usually handle whatever comes my way and duration of urinary incontinence $P=0.039$.

Recommendation:

- 1-Constructing a strategy to help women to maintain self-efficacy for a positive outcome.
- 2-Educational programs for women with urinary incontinence to strength their self efficacy.

References:

- Bandura A. Self –efficacy .in VS Ramachaudran (ED.), *Encyclopedia of human behavior* ,1994 , 4 :71-81 .
- Conner, M., & Norman, P. Predicting Health Behavior: Research and Practice with Social Cognition Models. (1995). Buckingham: Open University Press.
- Correia S., Dinis P.; Lunet P."Urinary incontinence and over active bladder " *Arquivos de medicina*, 2009, 23(1): 13-21
- Demain S.; Horn S.; VitsK.; Monga A. and McPherson K.: The role of self-efficacy in the outcome of physiotherapy for urinary incontinence. In, *14th International WCPT Congress 2003-2006*:
- Higa R.; Lopes Mlt BM. and Turato ER.: Psycho Cultural Meanings of Urinary Incontinence in women : A review ,Rev Latino –am, Enfermagem 2008 *Julho-Agosto* ; 16 (4) 779-86 .
- Hunskar S.; Arnold EP.; Burgio K.; Diokno AC.; Hunzog AR. and Mallett VT .: Epidemiology and natural history of urinary incontinence .*Int urogynecol J pelvic floor dysfunction* 2000; 11: 301 -19 .
- Hvidman L.; Foldspang A.; Mommsen S. and Bugge Nielsen J.: Menstrual cycle, female hormone use and urinary incontinence in premenopausal women. *Int Urogynecol J Pelvic Floor Dysfunct.* 2003; 14:56-61; discussion 61.

- Jackson SL.; Scholes D.; Boyko EJ.; Abraham L. and Fihn SD.: Predictors of urinary incontinence in a prospective cohort of postmenopausal women. *Obstet Gynecol.* 2006;108:855-62.
- Sandvik H.; Hunskaar S.; Seim A .;Hermstad R .;Vanvik A .and Bratt H .: Validation of a severity index in female urinary incontinence and its implementation in an epidemiological survey *Journal of epidemiology and community health* , 1993 , 47: 497 -499 .
- Schwarzer R.and Matthias J.: General perceived self-efficacy, Brelin, Germany, 1993.
- Shaw C.: A review of the psychosocial predictors of help seeking behavior and impact on quality of life in people with urinary incontinence. *J Clin Nurs* 2001; 10: 15-24.
- Smith DB.: Urinary Continence Issues in Oncology. *Clinical Journal of Oncology Nursing* 3(4) (1999):161-7.
- Tsakiris P.;Jean J.; Rosetle D.; Martin C. and Oelke M.: Pharmacologic treatment of Male stress urinary incontinence :Systematic Review of literature and level of Evidence . ***European urology* 54 (2008) 53 -59.**