

Original Article

Qualitative Analysis of Urinary Incontinence Affectedness and Coping Status in Women in Their Menopausal Period

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Abstract

Background: Urinary incontinence is a common problem among menopausal women. The problem of incontinence affects women more than men. The problem of urinary incontinence may be seen by most women as a natural consequence of old age.

Aim: The aim of this study is to determine views of women in their menopausal period on their statuses of being affected by and coping with urinary incontinence.

Methodology: The research was carried out in the Gynecology and Obstetrics Polyclinic of a university hospital. The sample of this qualitative study consisted of 45 women who have been in menopause for at least one year and have had urinary incontinence for at least six months. Research data were collected from women via The Information Form and The Semi-Structured Interview Form at hospital on September 12, 2016-October 14, 2016. The obtained quantitative data were investigated by using frequencies, percentages and Chi-squared test, while the qualitative data were content analyzed.

Results: The mean age of menopause onset among the women was 48.49 ± 4.41 , 93.3% of the women went into menopause naturally, 82.2% did not receive any information about the menopause period, 71.1% perceived menopause period negatively. The “bodily”, “mental”, “social”, “daily” affectedness themes were determined in relation to the affectedness of the women from problem of incontinented.

Conclusions: It was determined that the women were negatively affected by the problem of urinary incontinence they experienced in their menopause period, most women experienced feelings like embarrassment, guilt due to incontinence, and they tried to cope with this situation by themselves. It may be recommended for healthcare professionals in general to take actions to reduce the effects of the problems women experience in their menopausal periods and increase their strength in coping with these problems.

Keywords: Coping, healthcare professional, menopause, qualitative research, urinary incontinence, women

Introduction

Urinary incontinence (UI) is a significant physical and social problem that affects more than half of women after menopause, while it is classified as stress, urgency and mixed incontinence. Incontinence affects women three times more than men (Jameel & Mahmud, 2016). The prevalence of UI in women varies in the

range of 16.1-68.8% in Europe (Cerruto et al., 2013) and 16.4-78.9% in Turkey (Demirel, Taskin Yilmaz & Karakoc, 2018).

The emergence of UI, which has a high prevalence rate, is affected by several factors (menopause, vaginal birth, etc.). Especially the menopause period is a special period where women have high rates of affectedness caused by

not only their perceptions on this period (positive or negative perceptions) but also problems they encounter in this period (such as incontinence). One of the problems experienced most frequently by women in this period is incontinence (Kołodzyńska, Zalewski & Rożek-Piechura, 2019). The main objective of this study is to determine the views of women in their menopausal period on their UI affectedness and coping statuses. The research questions guiding the study are:

1. What are the levels affected by urinary incontinence of women in menopause?
2. How do women in menopause deal with urinary incontinence?

While UI is not a condition that threatens the woman's life, the constant presence of wetness, irritation and smell is a medically, socially and economically significant problem that may lead to several psychological problems from feelings of embarrassment to depression, and in connection to these, reduction in self-esteem, social isolation and degradation in quality of life (Basak, Kok & Guvenc, 2013). Physiological changes caused by estrogen deficiency increase risk of incontinence in women in their menopause period (Kołodzyńska, Zalewski & Rożek-Piechura, 2019).

In the menopause period, UI, which affects daily life in all aspects and is neglected due to variables such as shame, humiliation, disregarding symptoms, finding treatment costs high, being afraid of surgical treatment and seeing incontinence as a natural result of aging, is among serious gynecological problems (Perera et al., 2014). Women who do not utilize healthcare services due to these variables develop simple and economical coping mechanisms themselves such as going the toilet before leaving home, using pads and carrying backup clothing. Women may also resort to practices that may lead to social isolation in time (limiting fluid intake, not going to places without a toilet, avoiding physical activities, limiting social activities and relationships, etc.). In order for healthcare professionals to provide effective care for women with UI, it is need to understand the affectedness statuses and coping behaviors of women with UI (Khan et al., 2017; Kołodzyńska, Zalewski & Rożek-Piechura, 2019).

Methodology

Design of the study: This study was a descriptive and qualitative (mixed method) study.

Settings of the study: The application of the research was carried out in the Obstetrics and Gynecology Polyclinic of the Sivas Cumhuriyet University Healthcare Services Practice and Research Hospital in Turkey.

The population and sample of the study: The population of the study consisted of women who visited the Obstetrics and Gynecology Polyclinic of the Sivas Cumhuriyet University Healthcare Services Practice and Research Hospital in the dates of September 12, 2016-October 14, 2016 for menopause monitoring, had been in menopause for at least one year, had the complaint of UI for at least six months and volunteered to participate. The interviews continued until data saturation was reached. Incontinence type was neglected in the study, but women who did not have complaints of UI and those who were not in menopause were not included. Among the 142 women in the population of the study, 45 women who agreed to participate in the in-depth interviews constituted the sample.

Collection of the data: The data of study were collected through two forms. **The Information Form** that was prepared towards women in menopause with UI complaints in the light of the literature (Perera et al., 2014; Erbas & Demirel, 2017) consisted of three parts. It contained a total of 65 questions including 24 questions on the sociodemographic characteristics of the women, 19 questions on their obstetric and gynecological characteristics and 22 questions on their UI-related characteristics. **The Semi-Structured Interview Form**, which was developed by the researchers, was prepared for the purpose of revealing what women in menopause with complaints of UI thought about UI and factors that affected these thoughts in a more detailed way and achieving an in-depth conversation. The interview form included 11 open-ended questions for examining the UI-related views of the women.

The implementation of the descriptive part of the study was carried out by face to face interviews in a suitable room with the women who visited the Obstetrics and Gynecology Polyclinic for menopause monitoring. The women were informed about the objective of the study, how long the questionnaire form would take to fill out on average, if their criteria were suitable and if they agreed to, how long the in-depth interview would last. After this, the questions on the questionnaire form that took 15-20 minutes to complete were asked to each woman, and

responses were recorded on the form. After the questionnaires were completed, in a suitable, predetermined meeting room at the same polyclinic, in-depth interviews were carried out with the women who met the qualitative study criteria and agreed for the interview by using the "Interview Form" and an audio recorder. At the beginning of the interview, with the purpose of eliminating the women's concerns about the study and for the women to sincerely answer the questions, each interviewee was given a number based on the interview order (eg Participant 1), and attention was paid to keep their identity (real name) hidden by using only this number during the interview. The in-depth interviews lasted for about 30-45 minutes.

Ethical considerations: This study was conducted in compliance with the ethical principles according to the Declaration of Helsinki. Before implementing the study, institutional permission was obtained from the Sivas Cumhuriyet University Healthcare Services Practice and Research Hospital, and ethics approval was received from the Non-Interventional Clinical Studies Ethics Committee of Sivas Cumhuriyet University (Decision No: 2016-07/01). The women were informed about the objective of the study, how long the questionnaire form would take to fill out on average, and if their criteria were suitable and if they agreed to, how long the in-depth interview would last.

Evaluation of the data: The quantitative data obtained from the study were analyzed on a computer by using the SPSS 22.0 software. Kolmogorov-Smirnov test was used to test the normal of distribution of the data obtained by the measurements. Chi-squared test was used to analyze the data, and the level of significance in statistical tests was accepted as $p < 0.05$. The data are presented as means, standard deviations and percentiles.

Analysis of the qualitative data obtained in the study was achieved in two steps as transcription of data that were obtained by the interviews and content analysis. **At the first stage of the analysis**, the data obtained as a result of the interviews were put into written form by transcription. **At the second stage of the analysis**, the data that were transcribed into a Word document on a computer were transferred to the NVivo 10 qualitative data analysis software, and "content analysis" was used to examine the data that were obtained.

Results

Sociodemographic characteristics of the women: The mean age of the participants was 57.40 ± 8.91 , 53.3% were literate or primary school graduates, 82.2% were married, all were housewives, 80% had social security, 82.2% had a medium economic level, 83.1% had a nuclear family structure, and 38% were living in villages.

Results related to menopausal characteristics of the women: The mean menopause onset age of the women was 48.49 ± 4.41 , and their mean duration of menopause was 8.91 ± 8.39 years, while it was found that 84.5% of the women had been in menopause for 2 years or longer and went into menopause at the ages of 45 to 56, and 93.3% went into menopause out of natural causes. 17.8% of the women received information about menopause, 50% of those who received information received it from midwives and nurses, the content of the information given was mostly (75%) about the menopause period and its symptoms, and none of the women received hormone treatment. It was found that 71.1% of the women had negative perceptions about menopause.

Results related to urinary incontinence characteristics of the women: The mean UI duration of the participants was 5.67 ± 5.03 years. 53.3% of the women experienced moderate or severe incontinence problems, 64.4% had stress incontinence, 80% did not see a doctor due to incontinence, and more than half of those who did not (52.8%) saw the problem of incontinence as a normal situation. Close to half of the women (46.7%) did not share their incontinence problem with others, 91.1% wetted their underwear due to incontinence, 53.3% used pads, the lives of 40% were affected a lot by incontinence, and the vast majority (95.6%) tried to cope with the problem of incontinence by themselves (Table 1).

Results related to menopause perceptions of the women: It was determined that 71.1% of the women perceived the menopause period negatively, and there were two main themes as positive and negative perception-affectedness. Most women who stated negative perceptions about menopause defined menopause as "a period of losses" and "a period of problems" (sub-themes). According to most of the women who reported a positive perception towards menopause, the menopause period was seen as "a salvation" and a "natural process" (sub-themes) (Table 2).

Results related to the effects of UI of the women: In the analysis of the responses of the women regarding the UI problem they experienced in their menopause period for the question “In general, how does the issue of incontinence affect your life?”, there was one main theme as negative perception-affectedness, while the emerged sub-themes were “physical affectedness”, “mental affectedness”, “social affectedness” and “affectedness in daily matters” (Table 3).

Results related to coping with UI of the women: Considering the views of the women regarding the question “How do you cope with incontinence when it happens?”, the main theme was “coping with incontinence by oneself”, while the sub-themes were “frequent underwear change”, “paying attention to genital hygiene” at home and “using pads/clothes” and “limiting social activities” outside the home (Table 4).

Table 1. Characteristics of the women related to the problem of urinary incontinence (n=45)

Urinary Incontinence Characteristics	Frequency	(%)
Urinary incontinence mean duration	5.67±5.03 (Min:1; Max:20)	
Urinary incontinence duration	6-11 months	7 15.6
	1-5 years	25 55.6
	More than 5 years	13 28.8
Urinary incontinence severity	Mild	21 46.7
	Moderate or Severe	24 53.3
Stress incontinence status	Yes	29 64.4
	No	16 35.6
Mixed incontinence status	Yes	26 57.8
	No	19 42.2
Urgency incontinence status	Yes	25 55.6
	No	20 44.4
Total incontinence status	Yes	9 20.0
	No	36 80.0
Status of seeing a doctor due to incontinence	Yes	9 20.0
	No	36 80.0
Reason for not seeing a doctor due to incontinence (n=36)*	Seeing it as a normal situation	19 52.8
	Believing it would be useless	11 30.6
	Embarrassment	8 22.2
	Seeing it as an unimportant situation	2 5.6
Status of sharing the incontinence problem with others	Did not share	21 46.7
	Shared	24 53.3
Status of wetting underwear due to incontinence	Yes	41 91.1
	No	4 8.9
Status of using pads due to incontinence	Used	24 53.3
	Did not use	21 46.7
Status of daily life being affected due to incontinence	Affects somehow	27 60.0
	Affects a lot	18 40.0
Method of coping with the problem of incontinence	Coping by oneself	43 95.6
	Medication	2 4.4

*As the participants provided multiple answers, the percentages were calculated based on.

Table 2. Main themes and sub-themes obtained from the views of the women regarding menopause

Views of women regarding their perceptions towards menopause (n=45)	Initial codes	Themes
“I lost my ability to give birth”	Loss of fertility (7 persons)	(Negative Perception) (Main theme) A period of losses (Sub-theme)
“I think I am now a man”	Loss of womanhood (3 persons)	
“Womanhood ends, you are not having children anymore”	Loss of womanhood and fertility (3 persons)	
“It means complaints of sweating and restlessness”	Hot flashes (3 persons)	
“It means increased problems, diseases”	Experiencing illness (6 persons)	
“Swelling happens a lot, due to menopause”	Swelling (5 persons)	(Sub-theme)
“I become irritable due to menopause”	Irritability (5 persons)	
“I will not get pregnant anymore”	Being freed from fear of pregnancy (3 persons)	(Positive Perception) (Main theme)
“It means not having periods, you are freed from the trouble”	Being freed from menstruation (4 persons)	Seeing it as a salvation (Sub-theme)
“An expected situation, that is, it is very natural”	A natural situation (6 persons)	Seeing it as a natural process (Sub-theme)

Table 3. Main themes and sub-themes related to the urinary incontinence affectedness statuses of the women in menopause

Urinary incontinence affectedness statuses of the women in menopause	Initial codes	Themes
“The wetness when I wet myself disturbs. There is redness, wetness and itching in my under side”	Wetness-related irritation (6 persons)	(Negative Affectedness) (Main theme)
“I mostly carry around underwear”	Frequent underwear change (4 persons)	
“I constantly change underwear”	Frequent underwear change (3 persons)	Physically affected (Sub-theme)
“I sometimes can barely reach the toilet”	Feeling of irritation related to going to the toilet (3 persons)	
“I frequently have to go to the toilet”	Feeling of irritation related to going to the toilet (5 persons)	
“It affects very badly. I am always on edge when I go out”	Fear of wetting (5 persons)	Mentally
“When I go to a strange place, I am afraid if I will urinate myself, on myself”	Fear of wetting (4 persons)	

“I keep it from others because I am embarrassed”	Embarrassment (5 persons)	affected (Sub-theme)
“It sometimes gives embarrassment”	Embarrassment (3 persons)	
“When the urge comes, I need to immediately go to the toilet. I become restless. It is difficult”	Restlessness (5 persons)	
“I am restless all day because I could wet myself”	Restlessness (4 persons)	
“I do not go out unless I have to”	Social isolation (6 persons)	
“It reduces my social life”	Social isolation (5 persons)	
“I do not want to go anywhere most times”	Social isolation (3 persons)	Socially affected (Sub-theme)
“Not many people come to my house. Relatives do not visit because they are disturbed by the smell”	Social isolation (4 persons)	
“I have to go to the toilet leaving my chores”	Disruption of housework (12 persons)	Affected in daily matters (Sub-theme)
“My chores are constantly interrupted. I take a break and run to the lavatory”	Disruption of housework (9 persons)	

Table 4. Main themes and sub-themes related to the coping methods of the women in menopause against urinary incontinence

Urinary incontinence coping methods of the women in menopause	Initial codes	Themes
“I frequently change underwear”	Frequent underwear change (12 persons)	(Self-coping) (Main theme)
“I immediately change my underwear at home”	Frequent underwear change (7 persons)	Coping with incontinence by oneself
“I achieve my cleanliness”	Paying attention to genital hygiene (5 persons)	(at home) (Sub-theme)
“I pay attention to my hygiene. I keep my under side clean”	Paying attention to genital hygiene (10 persons)	
“I use pads against the possibility of wetting outside”	Using pads/clothes (10 persons)	Coping with incontinence by oneself
“I use pads outside”	Using pads/clothes (14 persons)	(outside home)
“I come back home as soon as possible if I am out”	Limiting social activities (9 persons)	(Sub-theme)
“I try to find a toilet outside or come back home”	Limiting social activities (13 persons)	

Discussion

Among the types of UI, stress incontinence is more prevalent among women. Previous studies and this study have revealed that stress incontinence is seen more frequently among postmenopausal women (Samiahyasmina et al., 2013; Khan et al., 2017). Many women experience UI problems, but they usually do not see a doctor for solution of these problems (Samiahyasmina et al., 2013). It is believed that the perception related to incontinence that has been revealed by studies is caused by the issue that it is seen as a normal condition that comes with advanced age and menopause.

Regarding the menopausal period, women have some misunderstandings, myths (Kartini & Hikmah, 2017) and lack of knowledge (Erbas & Demirel, 2017). Our study and other studies have shown us that most women see menopause as a natural process (Fiskin, Hotun Sahin & Kaya, 2017). In similarity to our study, for most women who report a positive perception about menopause, this process is seen as “being freed from fear of pregnancy and having periods” and a “natural process” (Priyanka Thenmozhi, 2015; Fiskin, Hotun Sahin & Kaya, 2017). For most women, menopause is perceived as the end of fertility (Fiskin, Hotun Sahin & Kaya, 2017). For most of the women in our study who reported negative perceptions, menopause was seen as “loss of womanhood and fertility” and “a period of problems (UI, sleeplessness, etc.)”. Other studies have also found that women see menopause as a period where problems are experienced (UI, sleeplessness, etc.) (Priyanka Thenmozhi, 2015; Kartini & Hikmah, 2017) and fertility ends (Fiskin, Hotun Sahin & Kaya, 2017). It may be stated that the perception towards menopause that has been revealed in studies is caused by lack of sufficient knowledge and myths.

Urinary incontinence is a particular one among the significant problems experienced in the menopausal period (Priyanka Thenmozhi, 2015). Regarding the affectedness of the women in this study due to the problem of UI, the themes of physical (wetness-related irritation, frequent underwear change and irritation related to going to the toilet) affectedness, mental (fear of incontinence, embarrassment and restlessness) affectedness, social (social isolation) affectedness and affectedness in daily matters (disruption of housework) emerged. Various studies have also

emphasized the affectedness statuses of women in terms of mental, social and especially physical aspects (Sara et al., 2016; Aydin Ozkan, Bilgic & Kizilkaya Beji, 2019). In a study that was conducted with women who had stress incontinence in Malaysia, the two most frequently stated negative effects of incontinence were found to be on physical activities and occupation (Lim et al., 2017). There are studies in the literature which reported that UI affects the quality of life of women in their menopause period negatively (Khan et al., 2017; Aydin Ozkan, Bilgic & Kizilkaya Beji, 2019). The findings in this study that the lives of the women in menopause were affected in many respects by UI were in agreement with the literature.

Women try to cope with the problem of UI in different ways (Demirel, Taskin Yilmaz & Karakoc Kumsar, 2018). In our study, in relation to the women’s coping with the problem of UI, the main theme of “coping with incontinence by oneself” and the sub-themes of “frequent underwear change”, “paying attention to genital hygiene” at home and “using pads/clothes” and “limiting social activities” outside the home emerged. The study by Demirel, Taskin Yilmaz, & Karakoc Kumsar (2018) found that women with incontinence most frequently tried to cope with UI by evading the situation by using pads and clothes, keeping their feet warm and changing their underwear.

Conclusion: If was found that women in their menopause periods had more negative perceptions regarding this period, they experienced some problems in the menopause period, and as one of these problems, UI affected their lives negatively in many respects. Based on these results, it is thought that healthcare professionals and nurses should closely monitor women in primary healthcare services. It may be recommended for healthcare professionals in general and midwives and nurses in particular to take actions (health education) to reduce the effects of the problems that women experience in their menopausal periods and increase their strength in coping with these problems.

Acknowledgment: We would like to express our appreciation to the mothers who participated in the study.

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