

Awareness Of The Community In The Al Bahah Region About Urinary Incontinence

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I. Introduction:

Urinary incontinence is a condition characterized by the inability to control the bladder, leading to the unintentional leakage of urine. This issue can be temporary or chronic and affects people of all ages, although it is more common among women and the elderly.

Types of Urinary Incontinence:

1. Stress incontinence: Occurs when pressure on the bladder, such as from sneezing, coughing, laughing, or exercising, causes urine leakage.
2. Urge incontinence: Characterized by a sudden, intense urge to urinate that is difficult to control.
3. Overflow incontinence: Results from the bladder being overly full, leading to urine leakage.
4. Functional incontinence: Happens when a physical or mental barrier prevents a person from reaching the bathroom in time.
5. Mixed incontinence: A combination of stress and urge incontinence.

Potential Causes:

- Weak pelvic muscles.
- Urinary tract infections.
- Nervous system disorders.
- Pregnancy and childbirth.
- Aging.
- Chronic conditions such as diabetes or obesity.

Impacts:

Urinary incontinence can affect a person's quality of life, leading to social embarrassment, psychological stress, and reduced self-confidence.

Treatment:

Treatment options include pelvic floor strengthening exercises (Kegel exercises), medications, or surgical procedures in severe cases, along with lifestyle modifications such as managing fluid intake.

If you are experiencing urinary incontinence, it is important to consult a healthcare professional to determine the cause and appropriate treatment

II. Justification:

Evaluation of the importance of community health education regarding urinary incontinence.

III. Objectives Of The Research:

Determine the degree of importance of adherence to prevention.

IV. Research Methods

- Study design
- Cross –sectional analytic study prospective
- Study area: Al-Baha Region
- Sample size: 300 sample in AlBaha city
- Data collection: A structured questionnaire will be developed particularly for the purpose of this study in Arabic and also translated to English

Analysis procedure:

The analysis was primarily descriptive in nature and will perform by using SPSS program for windows.

Ethical consideration:

Permission will be taken. Data collection: Data collection will be (Arabic questionnaire).

Problem statement:

Educating the community about the importance of urinary incontinence prevention will lead to a decrease in the spread of the disease.

Rational:

Some urinary incontinence patients have a lack of awareness of the disease.

Research questions:

- How much do you know about urinary incontinence?
- Do you have sufficient awareness of urinary incontinence prevention?

Hypotheses:

Awareness of the disease helps limit its spread.

| Research timeframe | | | | | | | | | | |
|---|---------|--|--|--|--|--|--|--|--|--|
| Research Project | 60 Days | | | | | | | | | |
| Develop Research Proposal | | | | | | | | | | |
| Ask for permission to access to Statistics | | | | | | | | | | |
| Correspondent Statistics department | | | | | | | | | | |
| Bring statistic from statistical department | | | | | | | | | | |
| Administer instrument(s) | | | | | | | | | | |
| Ongoing data collection and analysis | | | | | | | | | | |
| Final collection of data | | | | | | | | | | |
| Research Report | | | | | | | | | | |

2 Month

Abstract Introduction:

Urinary incontinence is a condition where there is an involuntary loss of urine due to the inability to control the bladder. It can range from occasional leaks during activities such as coughing or sneezing to a complete inability to hold urine. This condition can affect individuals of all ages but is more common in women, especially after childbirth, and in older adults.

Causes of Urinary Incontinence:

1. Weak pelvic floor muscles: Often due to pregnancy, childbirth, or aging.
2. Bladder overactivity: Caused by conditions like urinary tract infections or neurological disorders.
3. Obstructions: Such as an enlarged prostate in men.
4. Lifestyle factors: Excessive caffeine or alcohol consumption.

Types of Urinary Incontinence:

- Stress Incontinence: Caused by pressure on the bladder during activities like sneezing or laughing.
- Urge Incontinence: Involves a sudden, strong need to urinate.
- Overflow Incontinence: Happens when the bladder doesn't empty completely.
- Functional Incontinence: Due to physical or mental barriers preventing timely bathroom access.
- Mixed Incontinence: A combination of two or more types.

Impact on Life:

Urinary incontinence can affect physical, emotional, and social well-being. People may feel embarrassed, avoid social interactions, or experience reduced self-esteem.

Treatment Options:

- Pelvic Floor Exercises (Kegel exercises): To strengthen the muscles.
- Lifestyle Adjustments: Reducing caffeine or managing fluid intake.
- Medications: To relax the bladder or manage symptoms.
- Surgery: In severe cases, to provide support to the bladder or urethra.

It is essential to consult a healthcare professional to identify the type and cause of urinary incontinence and develop an appropriate treatment plan. Early intervention can significantly improve quality of life.

V. Methodology:

- A cross-sectional web survey was introduced to the residents of Albaha region.
- The questionnaire contain sections focused on participants' socio- demographic, different.

VI. Results:

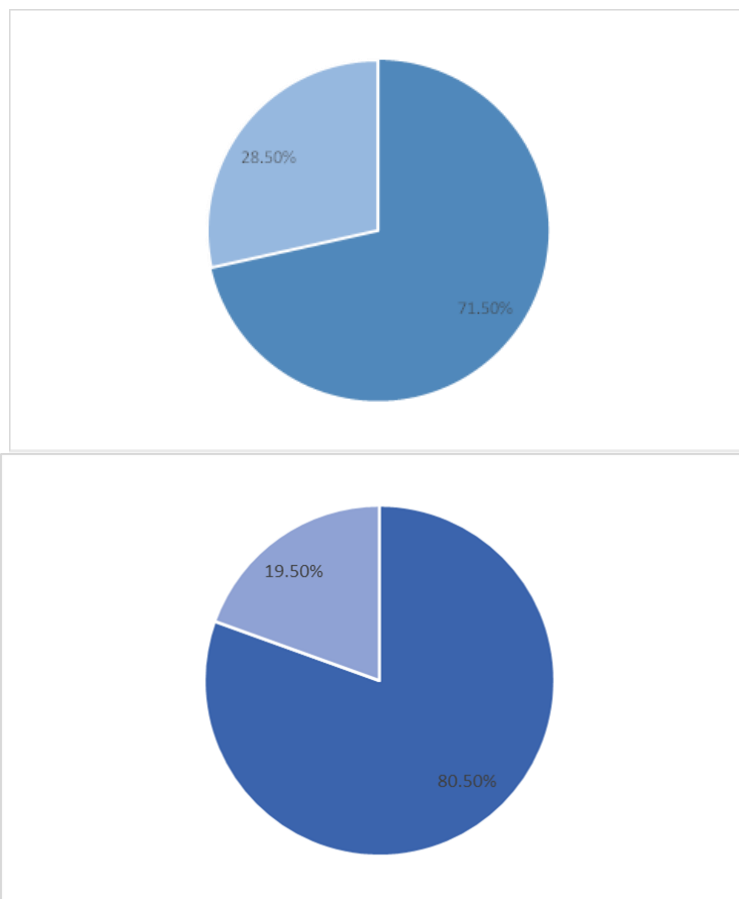
- A total of 300 questionnaires were completed:

Percentage of those with information about urinary incontinence: 28.5%

Percentage of those who had no information about urinary incontinence: 71.5%

Percentage of those who have sufficient awareness about preventing urinary incontinence: 19.5%

Percentage of those who do not have sufficient awareness about urinary incontinence prevention: 80.5%



VII. Conclusion:

Our survey concluded that respondents generally have awareness of urinary incontinence except for some information that needs awareness. Media and print media including the Internet will become an important source of health care promotion.

References:

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