



Incontinence in Zambia

Understanding the coping strategies of sufferers and carers*

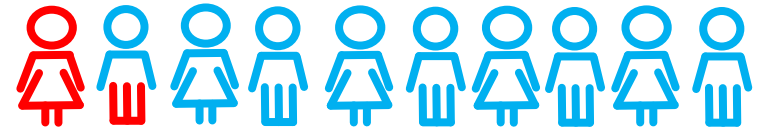
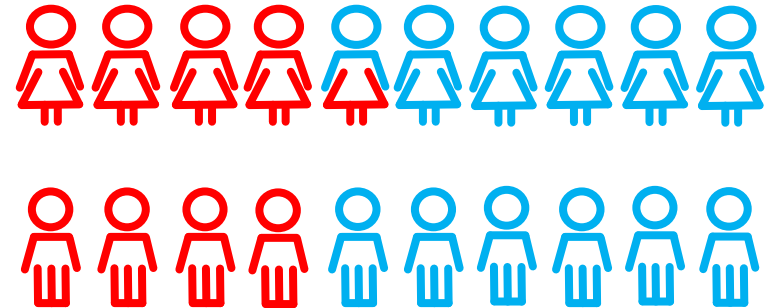
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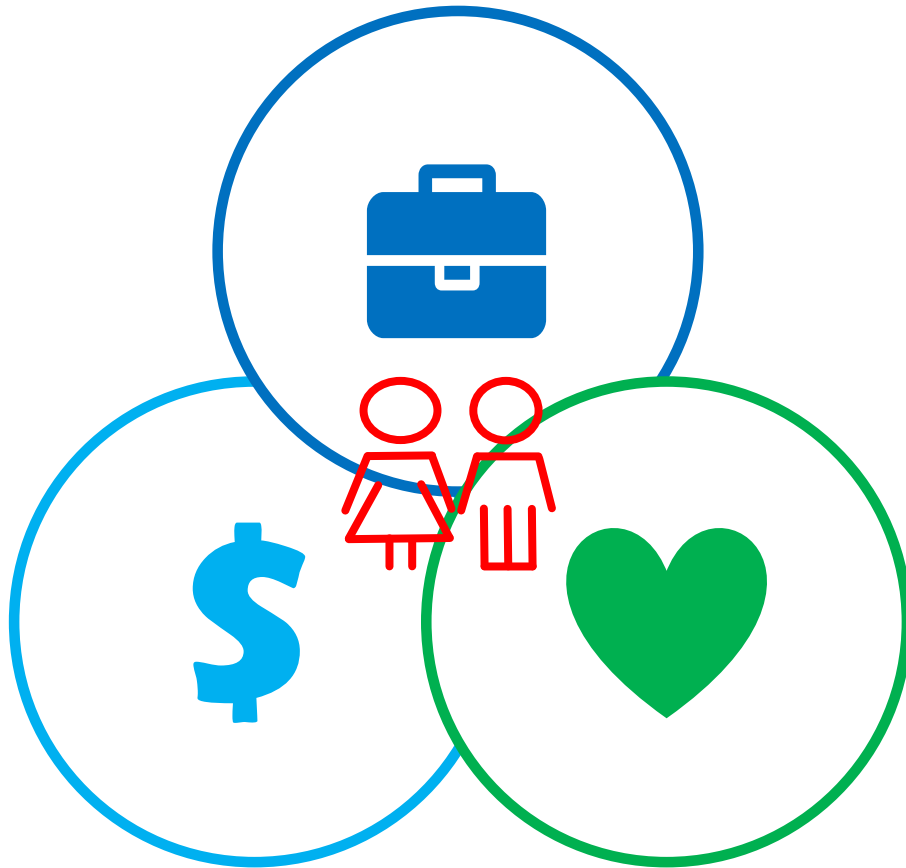
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Incontinence: Definitions and prevalence



Incontinence: Consequences and management

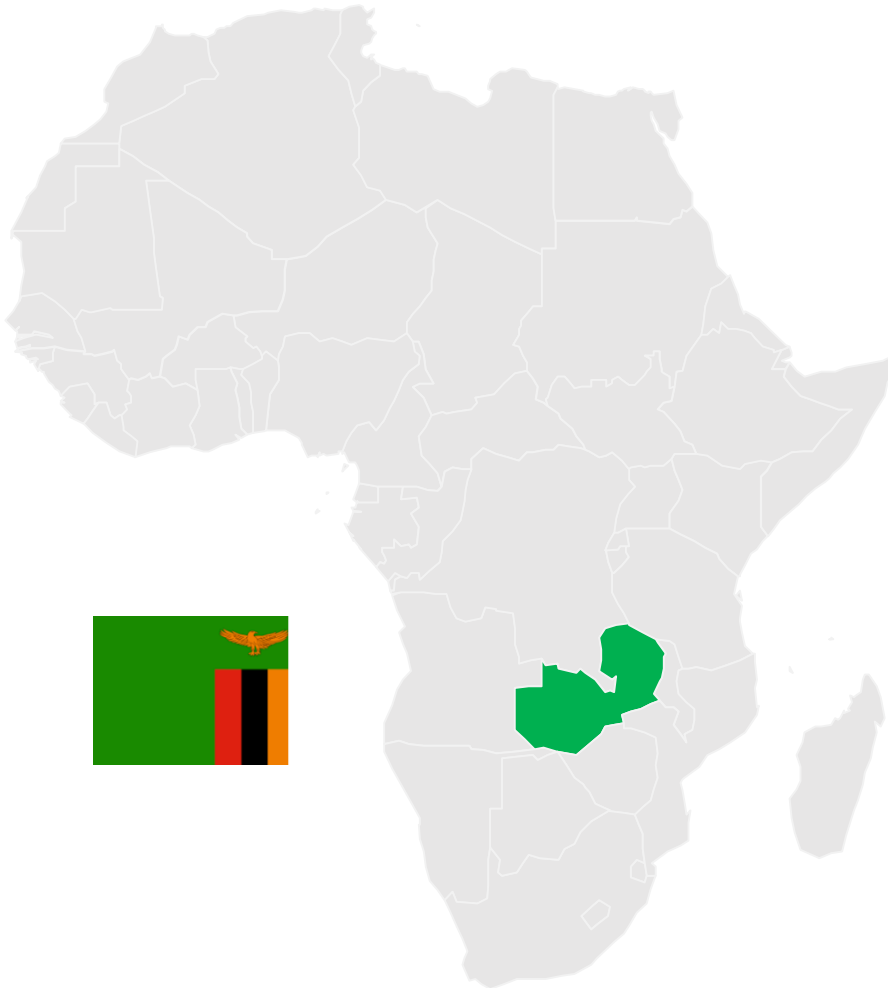


- Incontinence products and aids e.g. disposal or reusable pads

Only a minority
of sufferers ask for help



Prevalence in Zambia



- Total fertility rate of 5.7 children per woman (Africa: 5.2 / Global: 3.0)
- 63.3% of births attended by skilled health personnel (Africa 53.1% / Global 77.7%)
- Median age at first marriage of 18.7 years among women aged 20 to 49 years
- Half of men and women aged 15 to 49 years work in agriculture



Zambia fieldwork: June and July 2017

- Semi-structured interviews
- Convenience sampling
- Selection criteria: a) be over the age of 18, and b) to be or to have been, suffering from any form of incontinence, or c) to be, or to have been, a carer for an incontinence sufferer (including medical professionals)
- Rural health centres in Central Province
- University Teaching Hospital, Lusaka





Finding 1: Incontinence appears to be rare

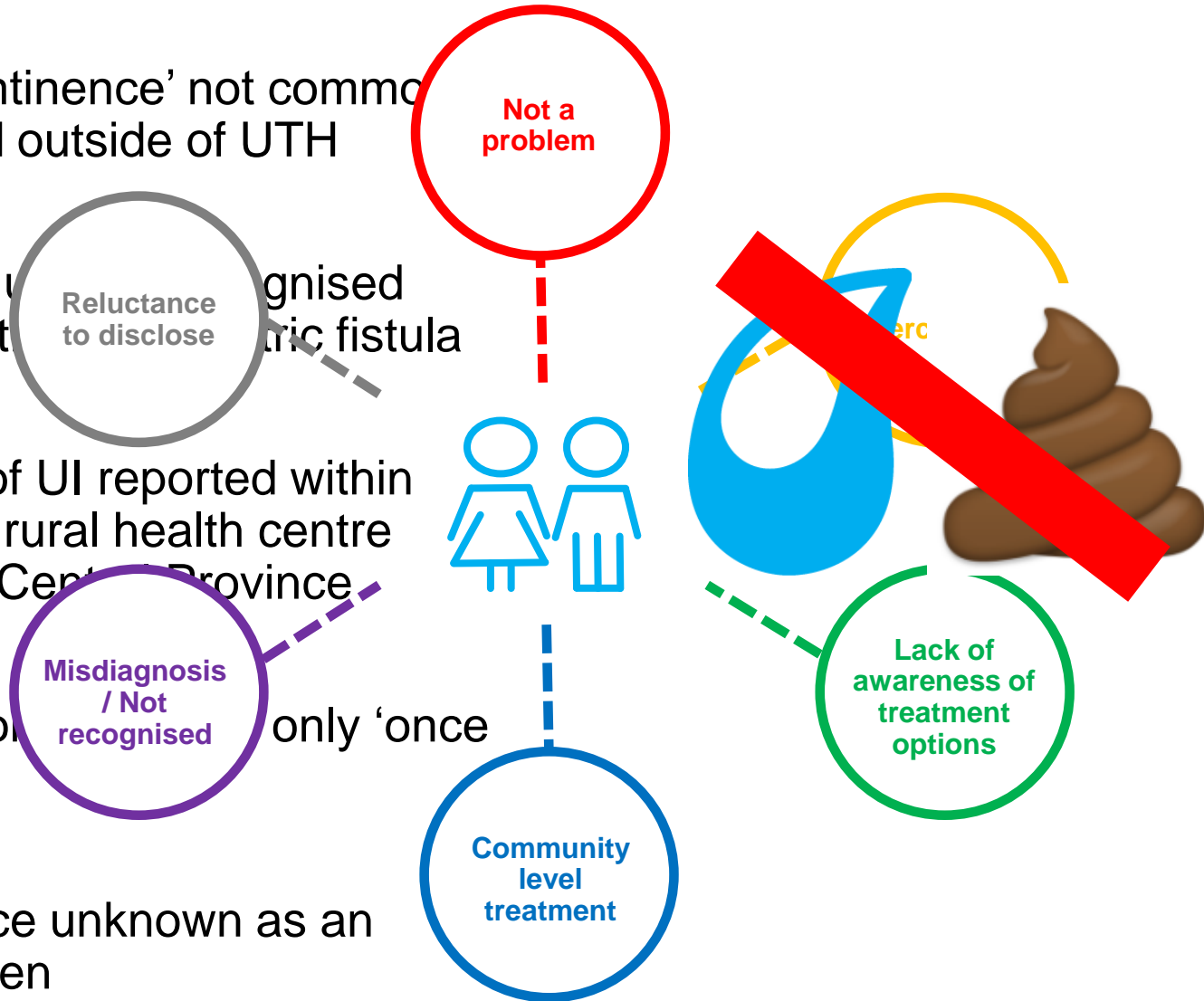
- Term 'incontinence' not commonly understood outside of UTH

- Symptoms only in relation to recognised chronic fistula

- One case of UI reported within memory of rural health centre workers in Central Province

- Cases reported only 'once in a while'

- Incontinence unknown as an issue for men



Finding 2: Associated stigma is a mixed picture

- Many myths and misconceptions about incontinence

- Can be viewed as ‘supernatural’ or a ‘curse’

- Sufferers can view themselves as ‘abnormal’ and ‘less human’

- Can result in few disclosing symptoms, even to family

- But attitudes are mixed and can be dependent on understanding the cause

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What is a fistula?

- Obstetric fistula is a hole between the vagina and bladder or rectum.
- It is most often caused by prolonged obstructed labour when a woman labors for hours or days without medical intervention.

What are the symptoms of fistula?

- A woman who has fistula leaks urine or feces continuously all day and night and she cannot stop it nor control it.
- She wets or soils her clothes frequently and has a strong smell associated with the leaking.

Fistula is stigmatizing

- Many women with fistula are isolated due to the shame caused by the condition.
- **Fistula is not a curse and women should be supported to seek treatment.**

Fistula can be treated

- Fistula can be treated by a trained doctor. You don't need herbs to cure fistula.
- A woman with fistula should seek medical care immediately at a hospital that offers fistula treatment services, including:
 - Chilonga Mission Hospital
 - Kabwe General Hospital
 - Mansa General Hospital
 - Morze Mission Hospital
 - University Teaching Hospital

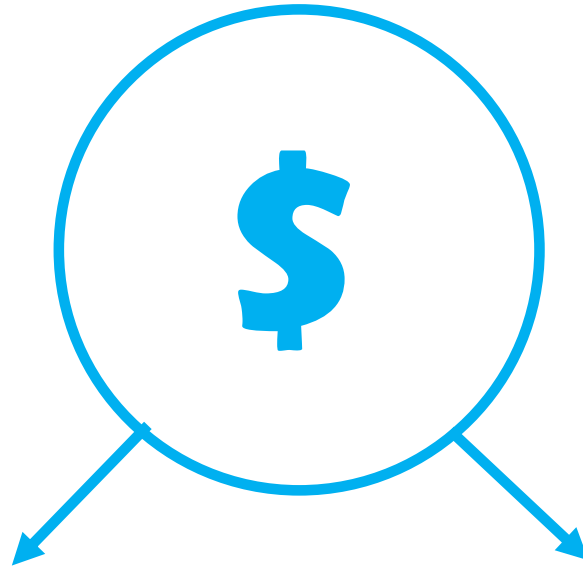
Fistula Foundation supports women with fistula to be treated free of charge and pays for transport to and from the facility. Women with fistula will also receive essential items such as soap, chitenge, and body lotion.

After fistula repair, a woman can return to a normal life.

Call this number for free screening and referral: 096 9 934410



Finding 3: Coping strategies limited by income

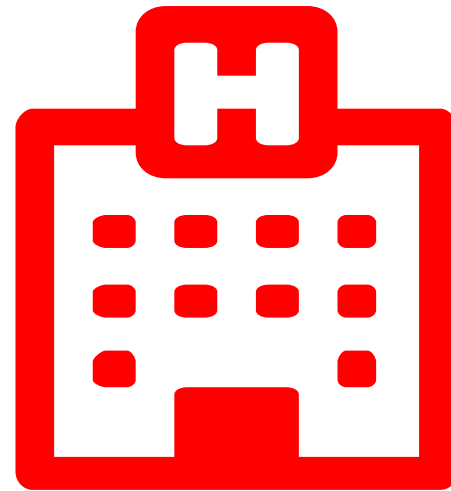




Finding 4: Treatment determined by accessibility



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Conclusions and recommendations

- Incontinence appears to be rare in Zambia. Reasons include perceptions, a lack of awareness of treatment options, the use of traditional medicine, misdiagnosis and a reluctance to disclose
- Stigma associated with the condition is a mixed picture
- Coping strategies are limited by income
- Treatment is determined by accessibility

- Engage with community support groups to further understand perceptions and coping strategies used
- Use findings to inform a health promotion campaign to dispel myths and misconceptions
- Design and distribute education and training materials for both diagnosis and treatment to conventional and traditional health workers
- Support culturally appropriate groups to integrate incontinence into messaging



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