

Authors: D E E Rizk, H Shaheen, M Y Hassan, J V Cherian, R Micallef, E V Dunn
Institution: Faculty of Medicine and Health Sciences, United Arab Emirates University
Title: THE PREVALENCE AND HEALTH CARE-SEEKING BEHAVIOUR FOR FECAL INCONTINENCE IN WOMEN

Aims of Study

To determine the prevalence and sociodemographics of fecal incontinence in community-dwelling women in our country.

Methods

A representative sample of multiparous females aged 20 or more years (n=450) were randomly selected from the community (n=225) and health care centers (n=225) and interviewed about inappropriate stool loss in the past year using a structured and pre-tested questionnaire.

Results

Fifty-one participants (11.3%) admitted fecal incontinence, 26 (5.8%) were incontinent to liquid stool and 25 (5.5%) to solid stool. Sixty-five women (14.4%) were incontinent to flatus only but not to stools. Thirty-eight women (8.4%) had double (urinary and fecal) incontinence. The association between having fecal incontinence and chronic constipation was significant ($p < 0.0001$) but there was no significant association with other known risk factors such as age, parity and a history of instrumental delivery, episiotomy, perineal tears or anorectal operations. Only 21 incontinent women (41%) had sought medical advice. The reasons were, embarrassment to consult their physician (64.7%), preference to discuss with friends assuming that FI may resolve spontaneously (47.1%) or is normal (31.3%) and choice of self-treatment because of low expectations from medical care (23.5%). Consequences of having fecal incontinence in sufferers are presented in Table (1). Perceived causes of fecal incontinence were paralysis (90.2%), old age (80.4%), childbirth (23.5%) or menopause (19.6%).

Table 1. Consequences of having fecal incontinence in incontinent women and those perceived by continent women [N (%)]*.

	Incontinent women (N=51) †	Continent women (N=399) †
• Interference with regular praying	47 (92.2)	329 (82.4)
• Feeling disgusted and dirty	43 (84.3)	290 (72.6)
• Feeling conscious, ashamed and embarrassed especially with husband and children	39 (76.4)	258 (64.7)
• Inability to have sexual intercourse	22 (43.1)	129 (32.3)
• Limitation of social activities such as shopping and visiting friends	14 (27.4)	97 (24.3)
• Difficulty in performing physical activities including housework and job assignments	10 (19.6)	61 (15.3)

* Some women gave more than one answer.

† Differences between both groups were not statistically significant in all comparisons.

Conclusions

This survey offers the opportunity of information that has not been available from our population to the world literature on the epidemiology of female fecal incontinence. Available results of comparable studies of healthy ambulatory women belonging to a similar age spectrum have reported prevalence rates of between 1 and 16% (1-3) in agreement with the overall prevalence observed in our study.

Fecal incontinence is thus common yet underreported by women in our society because of cultural attitudes and inadequate public knowledge.

References

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