

CONTINENCE PROMOTION FOR THE LOCAL COMMUNITY AS DISASTER PREPAREDNESS

Hypothesis / aims of study

Japan is known for its high earthquake risk. Recently, disaster-related disease is highlighted. On October 2004, the Niigata-Chuetsu Earthquake hit the Niigata Prefecture. They reported "new type of disaster-related disease" after this great earthquake, pulmonary embolism. It was pointed out that one of the causes for this problem was lack of toiletry in evacuation centre. Furthermore, there would be several medical problems such as urinary incontinence, urinary tract infection, faecal problem and skin trouble in prolonged life as evacuees because of inadequate toilet and water supply. The aim of this study is to assess the public's attitude toward elimination problems and the educative effect of continence promotion as disaster preparedness.

Study design, materials and methods

We have "Disaster prevention organizations" in each autonomous community those take an active part in disaster preparedness. They provide wide-ranging information on disaster preparedness for community resident regularly. We run a public program for one of these organizations, taking up "Continence care in disasters" on February 2007. We gave them the information about continence care (clinical condition of elimination problem, diagnosis, management, etc.) This program brought together 128 residents, and we requested the participants to respond to a questionnaire before and after this program, in order to assess the attitude on continence preparedness for disasters. The questionnaire included questions on their interests about disaster prevention and continence care, medical problem of elimination of them, special care for those problem and their preparedness for disaster in action.

Results

A total of 99/128 questionnaires were returned. Of the respondents to the questionnaire, 4 (4.0%) were 40 years and younger, 13(13.1%) were forties, 47(47.5%) were sixties, 24 (24.2%) were seventies and 5(5.1%) were 80 years and older (non responder; 6) . 64(64.6%) were answered they were interested in continence care. 76(76.8%) answered "I think it is important to handle toilet problem in disaster" and 12(12.1%) answered "I have never considered whether it is important to handle toilet problem or not in disaster" before this program. 50(50.5%) were suffering from some urinary symptoms (incontinence, pollakisuria, voiding difficulty, etc.) or bowel dysfunction (constipation, faecal incontinence, etc.) but only 14(14.1%) answered they would like to consult any medical services before participating this program. Meanwhile, 53(53.5%) answered there would be no need of special care for continence for disaster preparedness of their own. 53(53.5%) of them prepared foods, water, securing furniture. However, only 6(6.1%) prepared absorbent products for adult and 3(3.0%) prepared portable toilet. The number of participants those answer the importance of continence care in disaster increase to 88(88.9%) after participating the program. In addition, the number of responders those answer "I would like to deal with my elimination problem for disaster" from 10(10.1%) to 44(44.4%) after this program.

Interpretation of results

The questionnaire revealed that the rate of disaster preparedness on continence care is low, even though many of residents are interested in continence care in disaster. It is possible they have inadequate basic knowledge of continence care.

Concluding message

Urinary incontinence or bowel dysfunction have negative impact on the quality of life (QOL) during life recovery processes after disaster and affect sanitation because of infrastructure damage. Although we can get much information calling for attention to several medical problem after disaster, there are very few reported on environmental issues including inadequate toilet and water supply after disaster. Moreover, there is inadequate provision of continence promotion as general health education in Japan today. It is useful to arrange several programs of continence promotion for public as disaster preparedness.

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