

## PERCEPTIONS ABOUT FEMALE URINARY INCONTINENCE IN DIFFERENT RACIAL AND ETHNIC GROUPS: A SYSTEMATIC REVIEW

### Hypothesis / aims of study

Urinary incontinence (UI) is common and affects women in multiple racial and ethnic groups. Although perceptions regarding UI are likely to vary, to our knowledge this variation has not been systematically reviewed. We evaluate differences and similarities in perception regarding female UI in various racial and ethnic populations.

### Study design, materials and methods

We systematically reviewed published qualitative literature in any language. Using keywords for urinary incontinence, help-seeking, attitudes, perceptions, race, and ethnicity, we searched the following databases from 1/1980 – 6/2011: Medline; EMBASE; Scirus; Google Scholar; Open J-Gate; AgeLine; and Global Health (CABI). Qualitative studies were included if they described knowledge, perception, or personal views about UI in women. Studies were excluded if they were performed exclusively in men, did not specify the race or ethnicity of the study population or if they reported on other urinary symptoms without mention of UI. Three independent reviewers screened all abstracts and full-text articles. The Relevance, Appropriateness, Transparency, and Soundness (RATS) scale for qualitative research was used to assess study quality[1]. Discrepancies were resolved by consensus amongst three reviewers. Dominant themes, sub-themes, and representative quotes were abstracted from included studies using a pre-defined data abstraction form.

### Results

We identified 3,676 unique citations with our original literature search. Of these, 77 were selected for full-text review, and 23 met criteria for inclusion in the systematic review. Four of the 23 studies were of very low quality based on the RATS scale. Ten studies were performed in well-characterized mixed Western populations (white, black, Hispanic, Asian), 6 in Asian women, 5 in white women, and 2 in Arab women. Dominant themes fell into two major categories: 1) UI management and 2) UI experience. UI management encompassed self-management strategies, treatment seeking, and communication with health care providers. UI experience generally included fear, restriction of activities, stigmatization, secrecy, and normalization or rationalization of symptoms (i.e. with aging and childbirth). Women across multiple racial and ethnic groups felt that their urinary symptoms were not taken seriously by health care providers. Multiple studies included discussion of language issues; immigrant populations expressed specific barriers due to language difficulties and native speakers of a particular language also expressed difficulty understanding medical terminology regarding UI. Across multiple studies, women reiterated a preference for discussing UI with other women, even if this was not a physician. Another recurrent theme was the expression of self-blame in non-white women. Asian, Arab, and African-american women perceived that childbirth, level of activity after childbirth, or certain prior sexual experiences predisposed them to UI. Finally, we identified unique issues in two ethnic groups. First, in Muslim women, UI resulted in additional disruption to daily life because of the requirement for cleanliness in order to participate in prayer. Second, Latina women were particularly uncomfortable discussing UI and maintained more secrecy around this issue, even amongst family members.

### Interpretation of results

Women across different racial and ethnic groups share similar UI management strategies and UI experiences. However, perceptions about UI may differ in certain populations. Non-white women may be more likely to perceive UI as a consequence of prior life events. UI is particularly disruptive for Muslim women when trying to complete religious activities. Latina women may maintain more secrecy about UI compared to other ethnic groups.

### Concluding message

Worldwide, women experience UI in similar ways and share similar UI management strategies. However, women in different racial and ethnic groups perceive UI differently which may result in differing health-seeking behaviors. These findings may be useful when considering future educational strategies and treatment programs for UI.

### References

1. Clark JP: How to peer review a qualitative manuscript. In Peer Review in Health Sciences. Second edition. Edited by Godlee F, Jefferson T. London: BMJ Books; 2003:219-235

### Disclosures

**Funding:** None **Clinical Trial:** No **Subjects:** NONE