



PREVALENCE OF URINARY INCONTINENCE AMONG ELDERLY PATIENTS ATTENDING THE PRIMARY HEALTH CARE CENTERS IN MAKAH AL-MUKARRAMAH, SAUDI ARABIA 2022

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Abstract

Background:

Urinary incontinence (UI) has been identified as a World Health Organization health priority. In particular, urge UI (UII) refers to urine leakage associated with a sudden and compelling desire to void urine. It affects quality of life more than other kinds of UI, but it is not always treated adequately. The prevalence of urinary incontinence (UI) in Saudi Arabia older adults is variable due to the methodological heterogeneity of available studies and investigating the factors associated with this condition can lead to an approach centered on the bio psychosocial model. Lower urinary tract symptoms and urinary incontinence are very common in the general population and increase in prevalence in association with age. Urinary incontinence in particular is still seldom discussed by patients, many of whom delay seeking healthcare for the condition.

Aim of the study: This study aims to assess the prevalence of urinary incontinence among elderly patients attending the primary health care centers in Makah Al-Mukarramah, Saudi Arabia in 2022

Method: A cross-sectional descriptive study was carried out among elderly patients in Makah al-Mokarramah, Saudi Arabia, attending primary health care centers from 1 August to 12 October 2022. Our total participants were (200). Data was collected using a predesigned questionnaire that was distributed.

Results: majority of the participant were, male (71.0 %), The age of the participant majority from 50-60 years, were (45%) w. regarding level of education most of participant Primary were (34.0%), were regarding the Occupation the most of participant yes working were (59.0%) .while How often do you get up at night to urinate the majority more than 2 and 3 were (23.0%) and How often do you urinate during the day majority more than 10 were (36.0%)

Conclusion: We acknowledge the fact that urinary incontinence is a common and poorly understood problem in our community. Another problem in the among middle group is cognitive impairment, which also contributes to urinary incontinence. Prevalence of urinary incontinence is most likely underestimated. Detection of this problem is essential for preventing complications and improving the quality of life of the among elderly age group, are useful to aid the reduction in UII episodes in elderly-aged women. Further studies comparing the effectiveness of conservative treatments for UII are needed .

Keywords: Prevalence, urinary incontinence, elderly patients, primary health care centers

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Introduction:

Population aging is a reality in Saudi Arabia and around the world. The estimate is that the older adult population will represent 29.8% of the world population by 2100.(1) In Saudi Arabia , 15.6% of the population is 60 years old or over. (2) Accelerated population aging is linked to several health conditions which may be present in older adults. (3) Among these conditions, urinary incontinence (UI) has a considerable impact on quality of life due to psychosocial and economic losses for this population. The International Continence Society (ICS) defines UI as any involuntary loss of urine. (4) UI can be divided into Stress UI

(SUI), which corresponds to the complaint of involuntary loss due to exertion, or due to sneezing or coughing; Urgency UI (UUI), when the involuntary loss of urine is associated with urgency; and Mixed UI(MUI), in which the loss of urine occurs in the two situations mentioned above.(5) UI affects more than 50 million people worldwide, mainly women, with an incidence rate of 2–5 women for 1 man. Although UI prevalence rates vary according to the definition and characteristics of the studies and target population, it is estimated that more than 40% of the adult female population over 70 years of age present symptoms of incontinence. (6) Few previous studies have investigated the prevalence of urinary incontinence and associated factors in Saudi Arabia . (7) Furthermore, there is variability in identifying symptoms and diagnosing UI. Previous studies have identified the presence of UI through a single question about urine loss. (8) A single question may not be sufficient to diagnose UI and influence the prevalence data of this sample.(9) One justification would be embarrassment and stigma, which prevents this response from being given immediately. According to the ICS, it is important to characterize both the severity of symptoms through the frequency of losses and/or quantity of losses, and the perceived discomfort or impact on activities.(10) The ICS recommends the use of the International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF) (11) for diagnosing UI. Urinary incontinence is defined as the complaint of involuntary loss of urine. Urinary incontinence are often classified as: enuresis that is that the involuntary loss of excretion on effort or effort, sneezing, or coughing, Urgency incontinence is that the involuntary loss of urine accompanied by or forthwith preceded by urgency (12). Urinary incontinence additionally referred to as involuntary evacuation urination, is any uncontrolled outpouring of urine. It is a common and distressing

problem, which can have an oversized impact on quality of life (13). It has been known as a crucial issue in middle age health care (14).

One of the main risk factors for stress incontinence, is vaginal child birth, it absolutely was according that one third of feminine tough enuresis five years once their initial canal delivery (15). The term Quality of life is employed typically to point 'happiness', except for each patient it's going to have totally different meaning: high financial gain and cash, sensible family life and relationship with others, job satisfaction, sensible physical and psychological state (16).

The term enuresis is usually used to consult with incontinency primarily in kids, like nocturnal incontinence (bed wetting). (17). Pelvic surgery, pregnancy, childbirth, and menopause are major risk factors (18). Urinary incontinence is usually a result of AN underlying medical condition however is under-reported to medical practitioners. There are four main types of incontinence. Urge incontinence, stress incontinence, Over flow incontinence, Functional incontinence (19).

Several studies have indicated that Male urinary incontinence happens most often among women of advanced age and Multiparty (20). The development of feminine urinary incontinence could influence the decision to place an elderly woman into a geriatric home. A selected downside for Muslim ladies with urinary incontinence is that the inability to perform daily prayers (Salat). (21)

Literature Review

In Kingdom of Saudi Arabia, incontinence was experienced by more than 30% of adult women, and Stress urinary incontinence alone accounts for up to half of all cases; typically the prevalence of urinary incontinence thought-about to be from 20% to 50% with the height to be within the childbearing age bracket (up to 40%) and so the prevalence increasing in old to succeed in to 50% . In a local study done out 2018 at a medical aid center in Jeddah found that the prevalence of urinary incontinence was 41.4 % (22). This local research studied the prevalence of urinary incontinence, the chance factors and also the barriers to seek health advices however not relating urinary incontinence to quality of life. incontinence remains a silent downside as a major variety of ladies don't ask for treatment, even once their symptoms cause major distress and hinder their daily activities (23).

In a study in Qatar found that, twenty first of ladies have urinary incontinence; however asthma was a major risk issue influencing the incidence of urinary incontinence. Social and religious factors have a major impact on the QoL of leaky ladies. (24)

A study in Kuwait, 54.5% of ladies and twenty two.4% of men according having involuntary loss of urine . Age on top of forty five years ($p < 0.001$) four or additional youngsters ($p = 0.006$), vaginal delivery ($p = 0.015$), BMI bigger than 25kg/m² ($p = 0.001$), drinking over one-cup of a caffeinated drink per day ($p = 0.041$), and a history of diabetes ($p = 0.002$) were associated with UI in girls. A history of diabetes ($p = 0.044$), and BMI bigger than thirty kg/m² ($p = 0.041$) were associated with urinary incontinence in men. Obesity was the foremost governable risk issue for urinary incontinence (25). Urinary incontinence may be a common condition and affects the social, physical and psychological aspects of the many people worldwide and most typically affects patients of advanced age as well as multiparous ladies. (26). surprisingly, but less than half patients with urinary incontinence report the matter to a health care professional (27).

In another study in Kingdom of Saudi Arabia, to estimate the prevalence of incontinence among girls of childbearing age at Maternity and Children's Hospital (MCH), Jeddah, 2012. Out of 1200 patients attending the gynaecology clinic within the MCH, 412 (34.3%) were diagnosed as having urinary incontinence. Their age ranged between fifteen and fifty years with a mean of 34.3 + 7.2 years. Almost 50% indicated that urinary incontinence affected them badly as wife, mother, their emotions, and their physical and social activities. The most commonly occurring problems were frequent micturition (88.3%), nocturnal enuresis (87.9%). The least occurring, were kidney problems (38.6%) and dripping during sexual activities (40.8%). Increasing age and higher parity were significantly associated with limitations in different life domains. Urinary incontinence is common and often disturbing for Saudi women. It adversely impaired their quality of life.(28)

Rationale

Because the Urinary incontinence is one of the common problems in the middle age group patients and prevalence is high according to previous studies. From the researcher's point of view, this problem affects the most important individuals in the family (the child and the mother) hence the whole family will be affected. Furthermore, there is lack of knowledge in the society about therapy, The researcher is interested in urinary incontinence because it is a common problem among elderly people. Urinary incontinence remains a silent problem as a significant number of patients do not seek treatment, even when their symptoms cause major distress and hinder their daily activities hence

there is a lake of enough information and studies about the exact prevalence of UI and its risk factors among male elderly patients attending primary health care centers in Makkah Al-Mukarramah , KSA

Aim of the study

To assessment of Urinary incontinence in older adults, Prevalence of Urinary among elderly patients attending the primary health care centers in Makkah Al-Mukarramah 2022

OBJECTIVES

To assessment the prevalence of urinary incontinence among elders attending primary health care center in Makkah Al-Mukarramah, 2022.

METHODOLOGY

Study Design

A cross-sectional study has be conducted to assessment the prevalence of self-reported UI among elderly patients attend to primary health care centers in Makkah Al-Mukarramah in date collection period.

Study Population

Elderly adult patients (60 years old or older) attending primary health care center in Makkah Al-Mukarramah 2022

Study Area

Makah Al-Mukarramah is the holy city of every Muslim in the world. It is the main place of the pilgrims to perform Umrah and Hajj. Makah is a modern city and there is a continuous working to improve the infrastructure of Makah for the sake of both Makah citizens and pilgrims. Makah Al-Mukarramah has many schools in every educational level in addition to Umm Al-Qura University which has medical college.

Makah has many hospitals in addition to King Abdullah Medical city which is tertiary center. Also, it has 85 PHC centers under supervision of Directorate of Health Affairs of Makah Al-Mukarramah. These centers distributed under 7 health care sectors and each sector contains around 10 – 14 primary health care centers.

Three health care sectors inside Makah Al-Mukarramah city (urban) with 37 primary health care centers underneath and four sectors are outside Makah (rural) with 48 primary health care centers. The three healthcare sectors inside Makah Al-Mukarramah are Al-Ka'akya with 11 primary healthcare centers, Al-Adl with 12 primary healthcare centers and Al-Zahir with 14 primary healthcare centers.

Eligibility criteria

Inclusion criteria

- All Saudi elderly patients (males and females) attending in primary health care center in Makah Al-Mukarramah.
- Patients who can write and read in Arabic Language

Exclusion criteria

- Patients who refuse to participate in the study
- Persons who have reported severe mental disabilities.

Sample size

The total number of elderly patients attending Al-Adl primary health care center (under Al-Adl health care sector) in one month is 5000. Based on this information sample size was calculated using a website (raosoft.com). The resulted estimated sample size is 300 elderly patients including 10% piloting. The confidence interval is 95% and margin of error is 5%. The estimated prevalence used is 50% to calculate maximum sample size.

Sampling technique

Regarding health care center selection, there are three health care sectors inside Makah Al-Mukarramah which are Al-Ka'akya, Al-Zahir and Al-Adl. By using simple random sample technique (by using randomizer.org), Al-Adl health care sector was selected. There are 12 primary health care centers under Al-Adl health care sector which was enumerated from 1 to 12. Again, by using simple random sample technique Al-Adl primary health care center was selected (by using randomizer.org website). Regarding patients' selection, the total number visiting Al-Adl PHC is 2500 per month and the sample size is 300. The data collection period is 20 days (four weeks minus weekends). Every day there are nearly 85 patients attending in Al-Adl PHC in both section (male and female sections). To collect data from sample size, the researcher needs nearly 16 patients per day to collect desired sample size. The researcher has been selecting every 3rd patient to cover the sample size during data collection period.

Data collection tool Questionnaire:

- The validated international Self Urinary Incontinence, including Medical, Epidemiologic, and Social aspects of Aging questionnaire (MESA, questionnaire), was be used in collecting data , categorizing type of urine leakage and perception.
- A dichotomous question determined whether respondents had reported UI to a doctor; open-

and closed-ended questions explored their reasons was be added.

Data Collection technique

The researcher has used Arabic version of the questionnaire since the target population are Saudi elderly. The questionnaire was being distributed to all patients attending Al-Adl primary health care center during the data collection period (which is 20 days initially). The questionnaire was distributed equally between male and female section because it is separate departments. The researcher has be train 2 nurses on how to fulfill the questionnaire in order to optimize the interpreter reliability. The researcher was distribute the questionnaire in the waiting area in male section while in female section, has be trained nurse was be distribute the questionnaire in female waiting area. After that, the researcher was being collected the paper daily from the nurse for data entry and analysis after thanking the participants for their precious time and effort. The services: the researcher has been providing the participants with a simple gift as an appreciation for their participation in the study, after collecting questionnaire from them.

Data entry and analysis

Statistical analysis has be performed using SPSS software program (Statistical Package for Social Sciences), version 24.0. descriptive using listing and frequency and analytic statistics using chi-square test to analyses the association and the difference between two qualitative categorical variables or t test for two quantitative categorical variables or using other statistical tests if needed. Significance: P value less than 0.05 is considered statistically significant

Pilot study/pretesting

A pilot study on 35 participants representing 10% of study sample size (out of study area) was be conducted to explore applicability, acceptance and obstacles and plan to overcome these problems.

ETHICAL CONSIDERATIONS:

- Permission from research committee in the joint program of family medicine in Makah Al-Mukarramah has be obtained
- Permission from the Makah joint program of family medicine has be obtained.
- Permission from the Directorate of Health Affairs of the Holy Capital Primary Health Care has been obtained.
- Permission from administration of public health in Makah Al-Mukarramah has been obtained.

- Permission from health care center administrator has been obtained.
- All information will be confidential, and a result has been submitted to the department.

Budget:

The research has be self-budgeted

Result

Table (1) descriptions of Socio-demographic data (n=100)

	N	%
Age		
<50	19	19.00
50-60	45	45.00
60-70	22	22.00
>70	14	14.00
Gender		
Female	29	29.00
Male	71	71.00
Level of education		
Primary	34	34.00
Intermediate	19	19.00
Secondary	30	30.00
High education	17	17.00
Occupation		
Yes	59	59.00
No	41	41.00
Economic level		
Low	31	31.00
Average	69	69.00
How often do you get up at night to urinate?		
1	19	19.00
2	26	26.00
3	32	32.00
more than 3	23	23.00
How often do you urinate during the day?		
less than 5	31	31.00
5-10.	33	33.00
more than 10	36	36.00

The majority of the participant were, male (71.0 %), The age of the participant majority from 50-60 years, were (45%) w. regarding level of education most of participant Primary were (34.0%), were regarding the Occupation the most of participant yes working were (59.0%) and regarding the

economic level most average income is (69.0%) but Low income (31.0 %) .while How often do you get up at night to urinate the majority more than2 and 3were(23.0%) and How often do you urinate during the day majority more than 10 were (36.0%)

Table (2) descriptions Urinary Incontinence Assessment in Older Adults

Do you experience, and if so, how much are you bothered by...	Urinary Incontinence Assessment				Weight%	Chi-square	
	Not at all	Rarely	Moderately	All of the time		X ²	P-value
1 Do you face frequent urination?	7	25	32	36	65.67	19.760	.000
2 Frequency of urine leak	2	23	27	48	73.67	42.640	.000
3 Repeated the Leakage	6	19	23	52	73.67	45.200	.000
4 Small amounts of leakage (drops)	8	21	41	30	64.33	23.440	.000

5	Difficulty emptying bladder	6	23	44	27	64.00	29.200	.000
6	Do you have to rush to the bathroom because you get a sudden, strong need to urinate?	11	16	39	34	65.33	22.160	.000
7	Leakage related to physical activity	12	18	27	43	67.00	21.840	.000
8	Leakage related to physical activity, coughing, or sneezing	25	14	19	42	59.33	17.840	.000
9	Pain or discomfort in lower abdominal or genital area	3	29	31	37	67.33	27.200	.000
Has urine leakage affected your								
1	Ability to do household chores (cooking, Housecleaning, laundry)?	30	12	28	30	52.67	9.120	.028
2	Physical recreation such as walking, Swimming, or other exercise?	28	21	12	39	54.00	15.600	.001
3	Ability to travel by car or bus more than 30 minutes from home?	16	18	35	31	60.33	10.640	.014
4	Participation in social activities outside Your home?	10	15	40	35	66.67	26.000	.000
5	Emotional health (nervousness, Depression, etc.)?	9	26	30	35	63.67	15.280	.002

Table 2 show Face frequent urination more than one time .There was a statistically significant were P-value (0.000) , X^2 19.746 while **Weight%** (65.67%) most of them **All of the time** were (36%) the majority Their proportions of frequency of urine leak There was a statistically significant were P-value (0.000) , X^2 42.200 while **Weight%** (73.67%) most of them **All of the time** were (48%) of respondents were reported the Small amounts of leakage (drops) There was a statistically significant were P-value (0.000), X^2 23.440 while **Weight%** (64.33%) most of them **Moderately** were (41.0%). But Difficulty emptying bladder. There was a statistically significant P-value (0.000) X^2 29.200 while **Weight%** (64.0%) most of them **Moderately** were (44.0%), regarding Do you have to rush to the bathroom because you get a sudden, strong need to urinate there was a statistically significant P-value (0.000) X^2 22.160 while **Weight%** (65.33%) most of them **Moderately** were (39.0%). regarding Leakage related to physical activity there was a statistically significant P-value (0.000) X^2 21.840 while **Weight%** (67.00%) most of them **all of time** were (43.0%). Also Leakage related to physical activity, coughing, or sneezing there was a statistically significant P-value (0.000) X^2 17.840 while **Weight%** (59.33%) most of them **all of time** were (42.0%).

Regarding Pain or discomfort in lower abdominal or genital area there was a statistically significant P-value (0.000) X^2 27.200 while **Weight%** (67.33%) most of them **all of time** were (37.0%).

Regarding the Impact of Urinary Incontinence on Participant's Perceived Quality of Life

show Ability to do household chores (cooking, Housecleaning, laundry) .There was no statistically significant were P-value (0.028) , X^2 9.120 while **Weight%** (52.67%) most of them **All of the time** were (30%), regarding the Physical recreation such as walking, Swimming, or other There was a statistically significant were P-value (0.001) , X^2 15.600 while **Weight%** (54.00%) most of them **All of the time** were (39%), while Ability to travel by car or bus more than 30 minutes from home There was no statistically significant were P-value (0.001), X^2 10.640 while **Weight%** (60.33%) most of them **Moderately** were (35%), Participation in social activities outside Your home There was a statistically significant P-value (0.001) , X^2 26.000 while **Weight%** (66.67%) most of them **Moderately** were (40%). regarding Emotional health (nervousness, Depression, etc. there was a statistically significant P-value (0.002) X^2 15.280 while **Weight%** (63.67%).

Table (3) descriptions the Signs and symptoms of diagnosis of incontinence

Urinary Incontinence Questionnaire		Yes	No
1	Do you usually have a strong sense of urgency to urinate?	76	24
2	Are there times when you don't make it to the bathroom and leak urine?	55	45
3	Does the sight, sound, or feel of running water cause you to lose urine?	51	49
4	Do you ever lose urine when lying down?	62	38
5	When urinating, can you usually stop your stream?	46	54
6	Do you ever accidentally wet the bed while sleeping?	37	63
7	Do you dribble urine after voiding?	31	69
8	Were you ever catheterized because you were unable to void?	29	71
9	Do you ever pass blood in your urine?	55	45
10	Have you ever passed sand, gravel, or stones?	37	63
11	for female: When urinary difficulty began		
a	begin During a pregnancy	21	79
b	Following a delivery	31	69
c	Following an abdominal or vaginal operation	11	89
d	After menopause	45	55

Table 3 show regarding Urinary Incontinence Questionnaire the Questions Do you usually have a strong sense of urgency to urinate the most of participant answer Yes were (76.0%) , regarding the Are there times when you don't make it to the bathroom and leak urine the most of participant answer Yes were (55.0%) ,while regarding the Does the sight, sound, or feel of running water cause you to lose urine the most of participant answer Yes were (51.0%) . while regarding the Do you ever lose urine when lying down the most of participant answer Yes were (62.0%) , regarding the When urinating, can you usually stop your

stream the most of participant answer No were (54.0%), but regarding the Do you ever accidentally wet the bed while sleeping the most of participant answer No were (63.0%), regarding the Do you dribble urine after voiding the most of participant answer No were (69.0%), regarding Have you ever passed sand, gravel, or stones the most of participant answer No were (63.0%), **regarding for female: When urinary difficulty began**

All item the most of participant answer No were respectively (79.0%, 69%, 89%, 55%)

Table (4) descriptions of Impact of Urinary Incontinence on Participant's Perceived Quality of Life

	%	Mean±SD	Chi-square	
Degree the Frequency of symptoms			X ²	P-value
Mild	11	26.102±1.877	24.260	<0.001*
Moderate	39			
Severe	50			
The degree of symptoms and signs of diagnosis of incontinence				
Mild	14	8.01±1.071	17.060	<0.001*
Moderate	41			

Severe	45			
Daily activity affected				
Weak	9			
Average	33	15.749±1.681	36.020	<0.001*
High	58			

Regarding the Impact of Urinary Incontinence on Participant’s Perceived Degree the Frequency of symptoms the majority of our study proportions were (50.0%) answer severely and a statistically significant in respondents answering P-value (0.000) . X^2 41.080 Mean ±SD (26.102±1.877) . Regarding the Impact of Urinary Incontinence on Participant’s Perceived The degree of symptoms and signs of diagnosis of incontinence the majority of our study proportions were (45.0%) answer

severely and a statistically significant in respondents answering P-value (0.000) . X^2 17.060 Mean± SD (8.01±1.071) Regarding the Impact of Urinary Incontinence on Participant’s Perceived Daily activity affected the majority of our study proportions were (58.0%) answer high and a statistically significant in respondents answering P-value (0.000) . X^2 36.020 Mean± SD (15.749±1.681)

Table (5) distribute of the Correlation between the degree of symptoms and signs of diagnosis of incontinence, daily activity affected and degree the frequency of symptoms, the degree of symptoms and signs of diagnosis of incontinence

Correlation	Degree the of Frequency of symptoms		The degree of symptoms and signs of diagnosis of incontinence	
	r	P-value	r	P-value
The degree of symptoms and signs of diagnosis of incontinence	0.713	<0.001*		
Daily activity affected	0.776	<0.001*	0.697	<0.001*

Regarding the Correlation between the degree of symptoms and signs of diagnosis of incontinence and Degree the Frequency of symptoms found a statistically significant were P-value (0.001) and r (0.7135), while regarding the Correlation between the Daily activity affected and Degree the Frequency of symptoms a statistically significant were P-value (0.001) and r (0.776), also the Correlation between the Daily activity affected and The degree of symptoms and signs of diagnosis of incontinence a statistically significant were P-value (0.001) and r (0.697).

Discussion

Urinary incontinence can affect the patient’s life in many ways. the objective of this study was This study aims This study aims to assessment the prevalence of urinary incontinence among elderly patients attending the primary health care centers in Makah Al-Mukarramah, KSA in 2022.This study focused on only incontinent in the primary health care centers in Makah Al-Mukarramah, among elderly patients and elderly with. The findings of study that urinary incontinence was more common among males, as compared to females . in other

study found that males had a higher risk of urinary incontinence compared to females This contrasted with our studies .(29)The odds of the elderly aged 50 - 60 years and above having urinary incontinence were ranged from years, in this study, urinary incontinence may be related also with difficulty in mobility and transferring and ability to do household chores (cooking, Housecleaning, laundry) (30) Many studies have shown very high prevalence rates of urinary incontinence in those aged 85 and older other Studies have shown that in addition to changes of normal aging, diseases such as dementia and cognitive impairment, which are commonly experienced by the elderly, may contribute to the problem of urinary incontinence. Urinary tract infections, diabetes mellitus, benign prostatic hyperplasia, and immobility are also typical examples of conditions that may impact urinary incontinence . Higher age group being a risk factor for developing incontinence was reported by many researchers(31) Sinclair and Ramsey (32) reported emotional impact of incontinence to include emotional health (nervousness, Depression, etc) social and recreational isolation from anxiety and fear of being

incontinent in public.(33) the majority their proportions (66.28 %) of respondents were reported the (moderately and followed by greatly emotional health) . The findings of an earlier study in Kuwait , were comparable with our study as 75% of their female participants said they did not perceive their urinary incontinence as a health challenge and therefore did not seek medical care . Reports from other Arab countries were contradictory to the Kuwaiti findings; the Qatari study reported that 79% of his Qatari women participants reported moderate to severe negative impact on their lives.(28)

The Jordanian women felt it had a negative impact on their psychosocial well-being , and the Emirati women felt urinary incontinence was cumbersome, disrupting their social and religious activities . The Saudi women in both Jeddah and Riyadh reported adverse effect on their lives yet majority of them did not seek medical care. (29)

Woman had both during a pregnancy, a delivery, an abdominal or vaginal operation but after menopause increased the percentage the testing tool included 4 questions about Signs and symptoms of diagnosis of incontinence for female when urinary difficulty began the 4 questions had answers limited to Yes, No. These questions were analyzed using the Chi square analysis. The most of question addressed the signs and symptoms of diagnosis of incontinence for female there was high percentage answer “NO “There were not statistically significant in respondents answering P-value (0.001) .The other tests, which, when combined with the results of Chi square test, were respectively indicate the signs and symptoms of diagnosis of incontinence for female .

In the present study, Regarding the degree the Frequency of symptoms the majority of our study proportions answer severely degree . regarding daily activity affected the majority of our study proportions high were affected negative on the daily lives of those affected Important social activities such as work, driving a car and shopping can be interrupted

Conclusion

The prevalence of urinary incontinence in this study is most likely underestimated due to the study’s limitation in determining the presence of urinary incontinence by a self-report method. It is possible that mobility problems contributed to the presence of urinary incontinence among the respondents in this study, we acknowledge the fact that urinary incontinence is a common and poorly understood problem in our community. Another problem in the elderly age group is cognitive impairment, which

also contributes to urinary incontinence. Prevalence of urinary incontinence is most likely underestimated. Detection of this problem is essential for preventing complications and improving the quality of life of the elderly

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