



Awareness of Incontinence in Ethnic Communities

A report by the
Victorian Continenence Resource Centre



www.continenencevictoria.org.au

Background to project

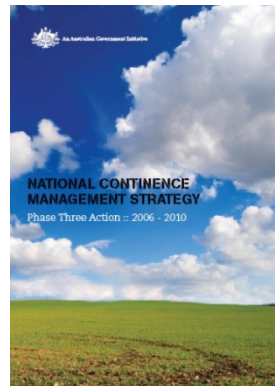


Victorian Continenence Resource Centre (VCRC)

Bladder & bowel control problems - incontinence

- education
- information
- advice & referral

Need to work more collaboratively with ethno - specific and multi-ethnic organisations to increase reach into CALD communities

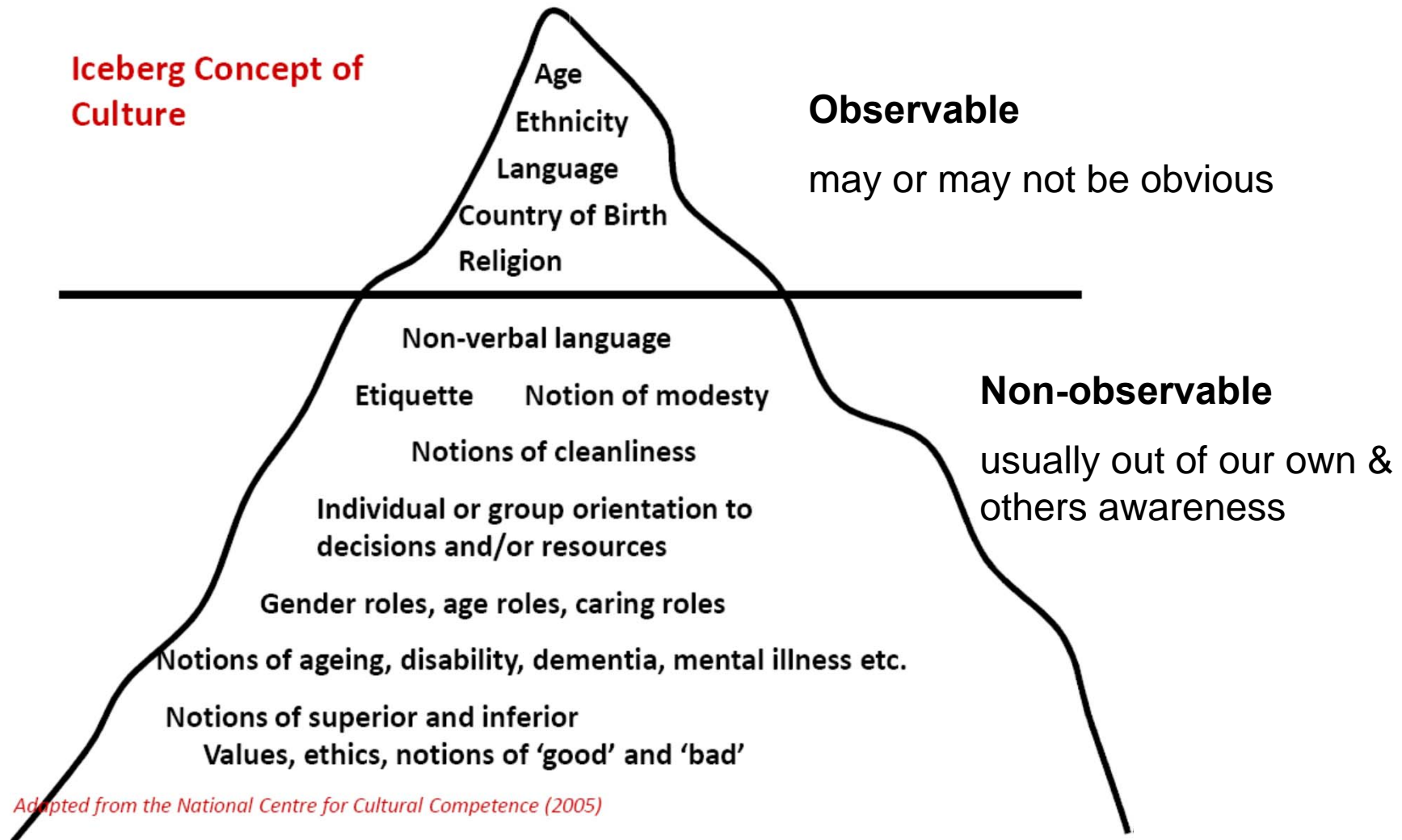


National Continence Management Strategy 2006-2010 identifies CALD as a specific target group for awareness raising initiatives

Culture is...



Iceberg Concept of Culture



Adapted from the National Centre for Cultural Competence (2005)



Aim:

- To identify continence perceptions, needs and issues among specific ethnic communities.
- To increase awareness of incontinence within a cultural context in specific ethnic communities and among community and healthy organisations.

Intended Outcomes:

- To identify culturally appropriate strategies to work with people from ethnic communities for continence promotion and awareness raising.
- To provide information resources to health, aged and community organisations to assist them support and meet the continence needs of people from ethnic communities.



Methodology:

- Established advisory group - ethno-specific & CALD focused organisations, continence and aged care services
- Review of research literature
- Collation of sample baseline continence service attendance data in Vic
- Phase 1 focus groups across Melbourne (March-May 2010) ***Arabic, Chinese, Italian, Greek, Polish & Vietnamese***
- Phase 2 focus groups (Sep-Nov 2010) ***Russian, Turkish, Macedonian & Spanish speaking***
- Groups included older men/women, middle-aged women
- Most groups facilitated by bilingual worker; interpreter used by project worker for note-taking
- Data independently analysed by Monash University, School of Nursing and Midwifery

Literature – ‘ethnicity & incontinence’



- Lack of Australian studies - most are overseas studies
- Most studies focus on prevalence > urinary incontinence > among women
- Prevalence rates vary somewhat between different studies/countries
- Other factors explored in the research:
 - knowledge & perceptions of incontinence
 - risk factors
 - impacts on quality of life
 - health seeking behaviour
 - treatment preferences



Knowledge & perceptions of incontinence

- lack of understanding about health problems and treatments in general (Pakistani women in UK - Wilkinson 2001)
- uncertainty about the causes (Chinese women - Komorowski 2006)
- social or hygiene problem (Chinese women - Li et al 2007)
- neurological or senile disorder (Middle East - Rizk 2006)
- not an illness/ not serious to seek professional help (Li et al 2007)
- ageing related; normal or untreatable (Rizk 1999; Doshani et al 2007)
- self blame (Chinese and Muslim women - Komorowski 2006; Rizk 1999)
- similarities between western and eastern women how viewed issue not affected by cultural differences; differences in relation to religious practice (Higa et al 2008)



Health seeking behaviour & treatment preferences

- health seeking low across all ethnic groups (Huang A et al 2006)
- sufferers preferred self help - low expectations of care and prefer to discuss with friends (Rizk D et al 1999)
- fear – a major barrier: fear of not coping, others finding out, wasting resources & condition worsening (Li et al 2007)
- discuss with close female family, not male relatives & not outside family (Chaliha 1999)
- Australian study. – self reported incontinence varied b/w ethnic groups; some unwilling to tell close relatives, other groups more accepting & seek help (Fracogcu 1999)
- muslim women had strong preference for female doctor (Chaliha et al 1999)

Focus groups



20 focus groups ; 218 participants (167 female; 51 male)
(most aged 65+ yrs; 5 groups middle aged)

Arabic: 25 ♀

Polish: 17 ♀

Chinese: 9 ♀; **11** ♂

Greek: 13 ♀

Italian: 13 ♀; **14** ♂

Vietnamese: 21 ♀; **7** ♂

Russian: 16 ♀ ; **10** ♂

Turkish: 13 ♀ ; **9** ♂

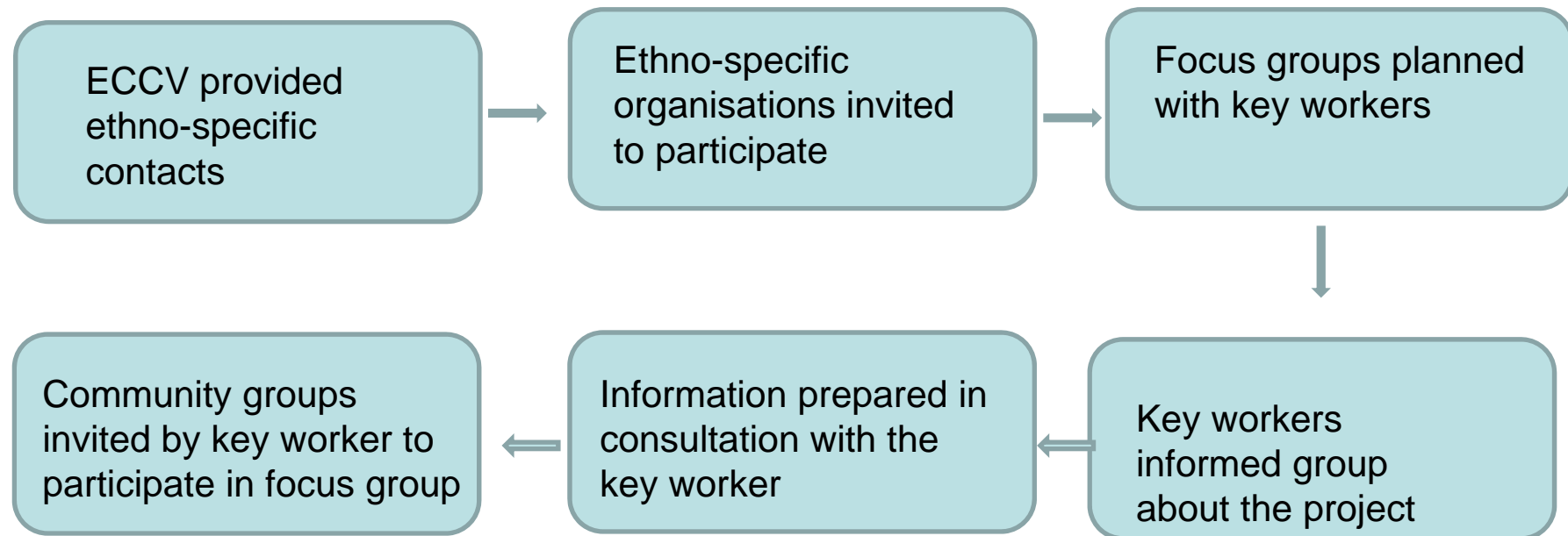
Macedonian: 26 ♀

Spanish speaking: 14 ♀

Themes explored:

- knowledge (causes & treatments),
- help seeking behaviour;
- cultural influences

Focus Group Recruitment



Key findings



❑ Low level of knowledge and understanding of incontinence

- Most did not have any useful knowledge
- A belief it is due to ageing and occurs in old age – it is inevitable and nothing can be done about it

❑ Impact on quality of life

- Shame and embarrassment was commonly reported
- restriction of social activities was reported by **some** participants. Others thought if you were prepared with pads and close access to toilets it would be OK to go out
- Muslims were concerned about the impact incontinence would have on their pray practices as pray is only valid if the person is clean
- Most reported they would seek help



□ Management of incontinence

- Little useful knowledge
- Most reported they would talk to a doctor but with a preference for one that spoke their language
- Arabic, Chinese and Vietnamese women expressed a preference for a female doctor.

□ Communication and language barriers limit access to information and access to services

- Low English proficiency
- Some languages do not have a word for continence and incontinence



11 Recommendations:

- Educations – communities and service providers
- Translations – agreed glossary of incontinence terms and appropriate translation standards framework
- Awareness raising within ethnic communities



Recommendation 10

Acknowledge individual cultural and religious preferences and beliefs

The way forward is to ensure knowledge and language are not barriers for individuals and communities in making informed choices



Acknowledgements



Advisory group - Australian Greek Welfare Society, Australian Polish Community Services, Australian Turkish Community Assoc, Australian Vietnamese Womens Association, Bapcare, CELAS, Centre for Cultural Diversity in Ageing, Chinese Community Social Services, CoAslt., Continence Foundation of Australia, Ethnic Communities Council of Vic, Macedonian Community Welfare Assoc, Royal District Nursing Service, Russian Ethnic Representative Council of Vic, Spectrum Migrant Resource Centre, Victorian Arabic Social Services and Western Continence Clinic

Lord Mayor's Charitable Foundation and Department of Health, Aged Care Branch for the project grant received and Monash University, School of Nursing & Midwifery

Report and factsheet available from:

www.continencevictoria.org.au