

A Study to Assess the Health Seeking Behaviour and Quality of Life among Multipara Women Having Urinary Incontinence at Selected Community of Gwalior

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ABSTRACT

Background A woman or a mother faces a lot of problems as she goes through the period of pregnancy and childbirth. Urinary Incontinence (UI) is a relatively common condition in middle-aged and older women. Although it is not a life-threatening condition, UI negatively impacts health-related quality of life (QOL) by affecting daily living activities, sexual and interpersonal relationship, psychological wellbeing and social interaction. UI affects from 15-50% of community-dwelling women of all ages. Women who undergo repeated vaginal delivery have a great risk for developing Urinary incontinence. Hence the investigator had taken up a study to assess the health-seeking behaviour and quality of life among multipara women having urinary incontinence at selected community of Gwalior. **Objectives** To identify the health-seeking behaviour of multipara women having urinary incontinence. To determine the quality of life of multipara women having urinary incontinence. To find the association of health-seeking behaviour scores with selected demographic variables. To find the association of quality of life scores with selected demographic variable. **Method** Descriptive design was used for the study. The study was carried out in selected rural community at Mangalore. A sample consisted of 60 multipara women who met the inclusive criteria and the sample was selected using purposive sampling technique. Formal written permission was obtained from the authorities of the concerned PHC; informed

was obtained from multipara women to conduct the study. The health-seeking behaviour score was obtained using structured questionnaire and quality of life of women with urinary incontinence was determined by a structured rating scale. The data collection was analysed using descriptive and inferential statistics. An information pamphlet is given to subject after data collection. **Result** The demographic data revealed that majority of the women (46%) were in the age group of 51 or above years. Around half of women (46%) had delivered more than three and some (30%) delivered thrice, majority of women (54%) had primary school education, and most of the women (70%) were unskilled workers. Majority of the women (64%) had normal vaginal delivery. Most of the women (55%) had a family income of < 2000. The health-seeking behaviour was average (53.3%) for majority of the women, about 25% had good health-seeking behaviour, and the rest had poor health-seeking behaviour. The overall health-seeking behaviour was average with SD1.873. Most of the women (71%) had mild urinary incontinence with mean 5.28, median 4.00, and SD 13.99. There was no significant association of quality of life score with selected demographic variables like age, number of deliveries, educational status, occupation, and monthly income. **Interpretation and Conclusion** Finding of the study showed that multipara women had average health-seeking behaviour and average quality of life. The findings of this study suggest that awareness programmes should be conducted among the mother for the promotion of preventing health action against urinary incontinence.

KEYWORDS: Multipara women; urinary incontinence, health-seeking behaviour, quality of life

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INTRODUCTION

**“You educate a man, you educate a men,
You educate a women, you educate a generation”**

A women is an architect of society. She establishes the institution of family life, build the home, bring up the children and makes them good citizens. Women constitute half of the population of the world. Women & men share many similar health problem but women have their own issues, which deserve special consideration. Women's live have changed over the centuries. Historically, life was particularly difficult for women, aside from the numerous dangers and disease, women become wives and mother often when they just emerging from their own childhood.²

A women or a mother faces a lot of problems as she goes through the period of pregnancy and childbirth. This is mainly due to the weakening of pelvic structures, especially pelvic floor muscles due to the pressure of childbirth and also can lose bladder control. Frequent number of childbirth even worsen the health of the mother and increase the risk of pregnancy complication.³ Ultimately, it result in urinary incontinence (UI), a condition in which there is uncontrollable leakage of urine causing a social or hygienic problem.

According to American Foundation of Urinary Incontinence affects all ages, both sexes, and people of every social and economic level. Both women and men can become incontinence from neurologic injury, birth defect, stroke, multiple sclerosis, and physical problem associated with aging. Pregnancy and childbirth, menopause and the structure of the female urinary tract make women twice as likely as men to the condition.⁴

Urinary Incontinence (UI) is highly prevalent, affecting millions of women worldwide. It is a common and often embarrassing problem. Most of the women doesn't seek help for their health problem, they consider it as a social stigma and even they feel shame to express it to the family or even to their friend.⁵

Globally, UI affects the quality of life at least a third of the women. Although, it is not a life-threatening condition. UI negatively impact health-related QOL by affecting daily living activities, sexual and interpersonal relationship, psychological wellbeing and social interaction.⁶

It is also important that every women has assess to knowledge related to the spectrum of women's health issues, not only about her reproductive stem but about all as aspects of her body.⁷

The incidence of UI is varies widely, ranging from 8-41% in women over 65 years. UI become more common as women age, particularly after menopause. In light of projections that the percentage of postmenopausal women in the population will increase from 23% in 1995 to 33% 2050, it is apparent that the problem of UI will be a major health and quality-of-life issue well into the future.⁸

Prevalence of UI in women varies widely because of the differences in definitions, study characteristics, and target population, A descriptive study was conducted in Andhra Pradesh to assess the epidemiology of UI and its impact on quality of life among women aged 35 years and above. Data were collected from 552 women that were selected through multi stage cluster sampling using a semi-structured questionnaire was administered. The study result showed that 53 (10%) reported episodes of UI.⁹

UI, in whichever form, sweepingly affected the life of the patient. It is conceived a lack of health which generates feelings of anger and sadness, as well as embarrassment and depression. A study was conducted in Albacete to assess the quality of life in patient with UI. Data was collected from purposively selected 126 patient using King's Health Questionnaire (KHQ) administered. The result showed that the mean age of patient was 57.09 year (SD: 9.57) and the mean BMI was 28.14 kg/m² (SD: 4.66). The mean evaluation of UI was 114.48 months, with a median of 96 months. During the last week of the study period, a total of 73 women (57.94%) had more than 10 urine leak a day. As regards the number of sanitary towel used a day, 82.5% (104 cases) stated they used less than 6. Their quality of life worsen with age, a greater extent of incontinence, greater urinary symptomatology and when episode of urinary infection are associated.¹⁰

All most all women hide their health problem from the doctor and don't consult doctor for their disease. Thus their health seeking behaviour is poor. A cross-section study was conducted in France on the influence of the severity of stress UI on quality of life, health care seeking and treatment. Data was collected from 6675 women aged 18-70 selected through randomised sampling and a structured questionnaire was administered. The study result showed that the point-prevalence of SUI symptoms was 19.5% (1.1% for individual with severe symptoms; 2.8% for those with severe functional impairment). The study concluded as SUI symptoms were frequent in French women, causing embarrassment and negatively affecting their QOL.¹¹

Objectives

- To identify the health seeking behaviour of multipara women having urinary incontinence.
- To determine the quality of life of multipara women having urinary incontinence.
- To find the association of health-seeking behaviour scores with selected demographic variables.
- To find the association of quality of life scores with selected demographic variable.

Delimitation

The study is delimited to:-

- Women who have neurological injuries and renal problem.
- Women who are on treatment for incontinence.
- Primi gravida mother.

Methods & material

Research approach: A descriptive approach is used to assess the health seeking behaviour and quality of life among multipara women having urinary incontinence at selected community area at Gwalior.

Research design: A descriptive research design is adopted for the present study so as to assess the health-seeking behaviour and quality of life among multipara women having urinary incontinence at selected area of Gwalior.

Setting: The present study will be conducted rural community areas of Mangalore.

Population: The target population is multipara women having urinary incontinence at Mangalore.

Sample size: 60 multipara women having urinary incontinence.

Sampling technique: Purposive sampling technique was used.

Criteria for sample selection

Inclusive criteria:

- Women who was willing to participate.
- Women aged above 30 years.
- Women who have more than one child.
- Women who are having urinary incontinence as measured by International Consultation on Incontinence Society – Short Form (ICIQ-SF).

Exclusive criteria:

- Women who have neurological injuries and renal problem.
- Women who are on treatment for incontinence.

Assumptions

- Urinary incontinence is common in multipara women.
- Urinary incontinence affects quality of life.

Hypothesis

The following hypothesis will be tested at 0.05 level of significance.

H₁: There is a significant of health-seeking behaviour with selected demographic variables.

H₂: There is a significant association of quality of life score with selected demographic variables.

Data collection tools

1. The baseline Performa is used to collect the demographic data.
2. Structure questionnaire to assess the health-seeking behaviour.
3. Rating scale to assess the quality of life.

Selection and development of tools

1. Preparation of blueprint.
2. Development of the first draft of the tools.
3. Development of criteria checklist.
4. Content validity of the tools.
5. Pre-testing the tool.
6. Reliability of the tool.
7. Development of the final draft of the tool.

Preparation of blueprint

An extensive review of literature and discussion with the guide, co-guide and subject expert was carried out. Then the investigator prepared a blueprint for the tool. Items are under 3 domains. The domains for health seeking behaviour are follow-up, (50%), consultation (13%), and information seeking (38%). The domains are quality of life are physical (20%), social (20%), emotional (25%), sexual (30%) and financial (5%).

Content validity of the tool

In order to infer the content validity of the tool, the prepared instrument along with the problem statement, objectives, operational definition are submitted to eleven expert. Among the experts, one was gynaecologist and six from Department of Obstetrics and Gynaecology Nursing.

Pre-testing the tool

Pre testing is the trial administration of a newly developed instrument to identify flaws and assess time requirement.⁴⁴

Reliability of the tool

Reliability is defined as the extent to which the instrument yield the same result on repeated measure. It is then concerned with consistency, accuracy, precision, stability, equivalence and homogeneity.

Description of final tool:

The final draft of the tool comprised of three parts:

Part I: Demographic proforma (6items)

Age, number of deliveries, education, occupational status, mode of deliveries and family income.

Part II: Structure questionnaire for assessing health-seeking behaviour

It include a total of 8 questions distributed across 3 content areas related to health-seeking behaviour on urinary incontinence.

Part III: Rating scale for assessing quality of life

Rating scale is used to access the quality of life of multipara women having urinary incontinence. It include 20 items. These were distributed under 5 dimensions namely, physical (20%), social (20%) emotional (25%), sexual (30%) and financial 5%. Each item has a scored against response like greatly, moderate, slightly, and not at all.

Pilot study:

Pilot study was conducted from 8th to 9th December 2017. The study was conducted in selected community area in the Mangalore. Prior permission is the obtained from the concerned authority. Informed consent was obtained from the respondents prior to the data collection, to the purpose of the study was explained to the subject prior to the study to get their Corporation the tools was administered to 60 multiparous women having urinary incontinence in selected community area using purposive sampling technique who met the inclusion criteria. The average time taken for structured questionnaire was 15 minutes and for rating scale was 20 minutes. Data analysis was done using descriptive and inferential statistics. No modification were made in the tool. After the pilot study the investigator proceeded to the main study.

Data plan process:

The investigator obtained written permission from the medical officer of Antri Primary Health Centre Gwalior data are collected from 2nd to 19th feb. 2018. Prior to the data collection, the investigator explain the purpose of the study and requested the participants for their cooperation and were assured about the confidentiality of the data. A written consent is taking from the participants. As the studies setting is community area, door-to-door survey under taken to select the multipara woman for data collection procedure. Structured questionnaire and rating scale are administered to 60 subject. The time taken to complete the questionnaire and rating scale is 30 to 15 minutes, respectively; the average time taken for each subject was 45 minutes. All subject cooperated well with the investigator during data collection. An information pamphlet has given to the subject after data collection.

Plan for data analysis

The purpose of data analysis is to translate information collected during the course of research project into an interpretable form and to test the proposed relation of the research problem. The data obtained is planned to be analysed by both descriptive and inferential statistics based on the objectives and hypothesis of the study. To compute the data a master sheet was prepared by the investigator. Personal proforma would be analysed using descriptive statistics such as frequencies and percentage. Health-seeking behaviour score of questionnaire would be analysed in term of frequency, percentage, mean, standard deviation and mean percentage. Quality of life score would be analyse by mean, standard deviation, and mean percentage. Association for health-seeking behaviour score with selected demographic variables would be found using chi-square test. Association of quality of life score with selected demographic variables would be found using chi-square test.

Summary

This chapter has dealt with the research methodology of this study. It included research approach, design, sample, sampling technique, research setting, study instruments, pilot study and data analysis plan.

Results

The research data needs to be proceeds and analysed in some systematic fashion, so that trends and pattern of relationship can be detected. The term analysis refers to “a process or organising and synthesizing data in such a way that research question can be answered and hypothesis tested.” The investigator conducted the study in Antri area of Gwalior from 02/02/2018 to 19/02/2018. The sample size was 60 and a written permission was obtained from a medical officer of Antri PHC prior to the study.

Organisation of the study findings

Data collected are analysed by descriptive and inferential statistics. The data are presented under the following heading:

Section I: description of baseline characteristics.

Section II: Assessment of health seeking behaviour.

Section III: assessment of quality of life.

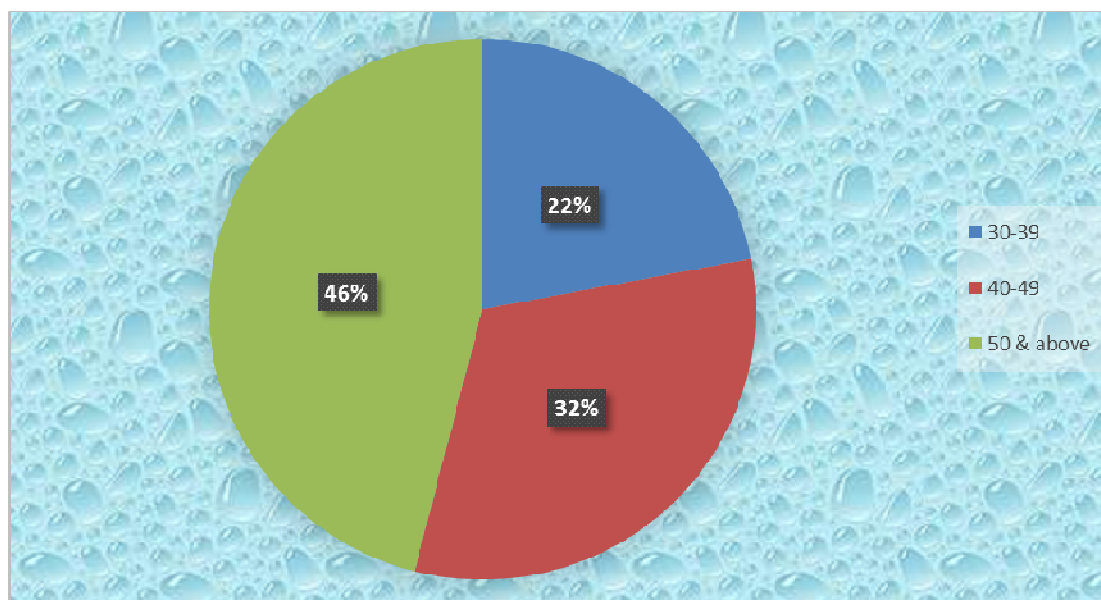
Section IV: Association of selected demographic variable with health-seeking behaviour scores.

Section V: Association of selected demographic variable with quality of life scores.

Section 1: Demographic proforma**Table 1: Frequency and percentage distribution and multipara women according to demographic variables**

| Sl. No. | Variables | Frequency | Percentage |
|---------|--|-----------|------------|
| 1. | Age[in year] | | |
| | • 30-39 | 13 | 22 |
| | • 40-49 | 19 | 32 |
| | • 50 and above | 28 | 46 |
| 2. | Numbers of deliveries | | |
| | 1. 2 | 14 | 24 |
| | 2. 3 | 18 | 30 |
| | 3. More than 3 | 28 | 46 |
| 3. | Educational status | | |
| | • Primary (1-7) | 32 | 54 |
| | • Secondary (8-10) | 23 | 38 |
| | • Pre- university | 5 | 8 |
| | • Graduate | 0 | - |
| | • Postgraduate | 0 | - |
| 4. | Occupational status | | |
| | 1. Home maker | 9 | 15 |
| | 2. Unskilled worker | 42 | 70 |
| | 3. Skilled worker | 9 | 15 |
| | 4. Professional (teacher, nurse, engineer) | 0 | - |
| 5. | Mode of delivery | | |
| | a. Caesarean section | 4 | 7 |
| | b. Vaginal delivery | 39 | 64 |
| | c. Vaginal / instrumental | 14 | 24 |
| | d. Vaginal and caesarean | 3 | 5 |
| 6. | Family income per month (in rupees) | | 55 |
| | 1. \leq 2000 | 33 | 55 |
| | 2. 2001-4000 | 18 | 30 |
| | 3. 4001-7000 | 9 | 15 |
| | 4. \geq 7001 | 0 | - |

The above data is also represented in following diagrams:

1. Age**Figure 3: Pie diagram showing the distribution of multipara women according to the age.**

Data in table 1 and figure 3 show that highest percentage (46%) of the women are in the age group of 50 years and above. Rest of them are in the age group of 30-39 (22%) and 40-49 years (32%).

2. Number of deliveries

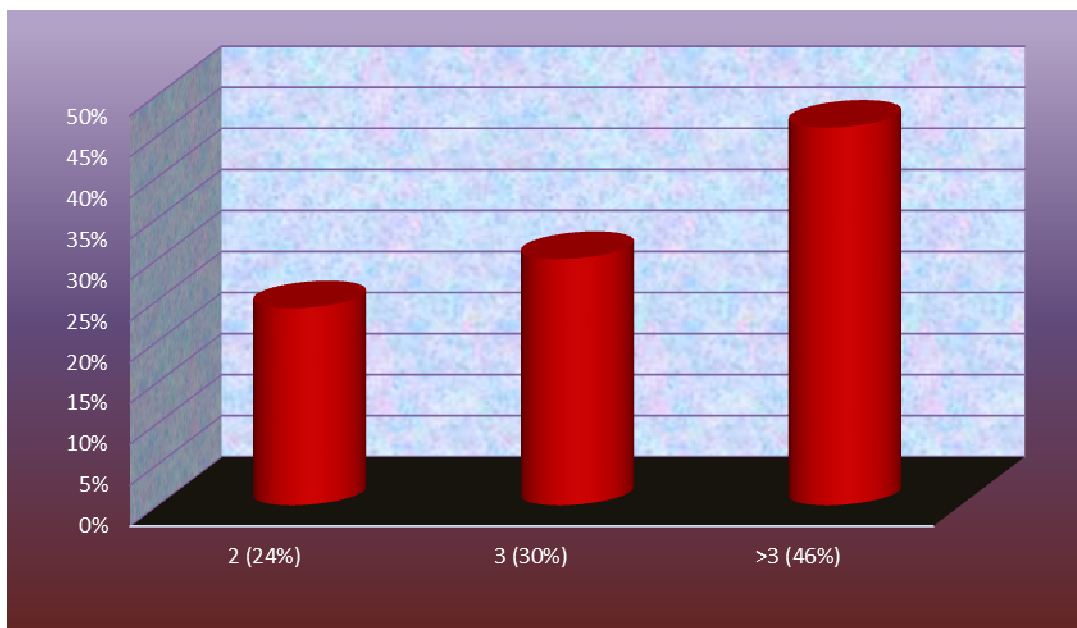


Figure 4: cylindrical diagram showing the distribution of multipara women according to the number of deliveries.

The data table 1 and figure 4 depict that nearly half of the women (46%) have two children, rest of them have three or more than 3 children (%30 and 24% respectively).

3. Education status

The data in table 1 shows that most of the women (54%) have Primary School education, (38%) have Secondary School education, and only a few (8%) are studies up to PUC.

4. Occupational status

The data in table 1 depict the majority of the women are unskilled workers (70%) and the rest are home makers and skilled workers (15% each).

5. Mode of delivery

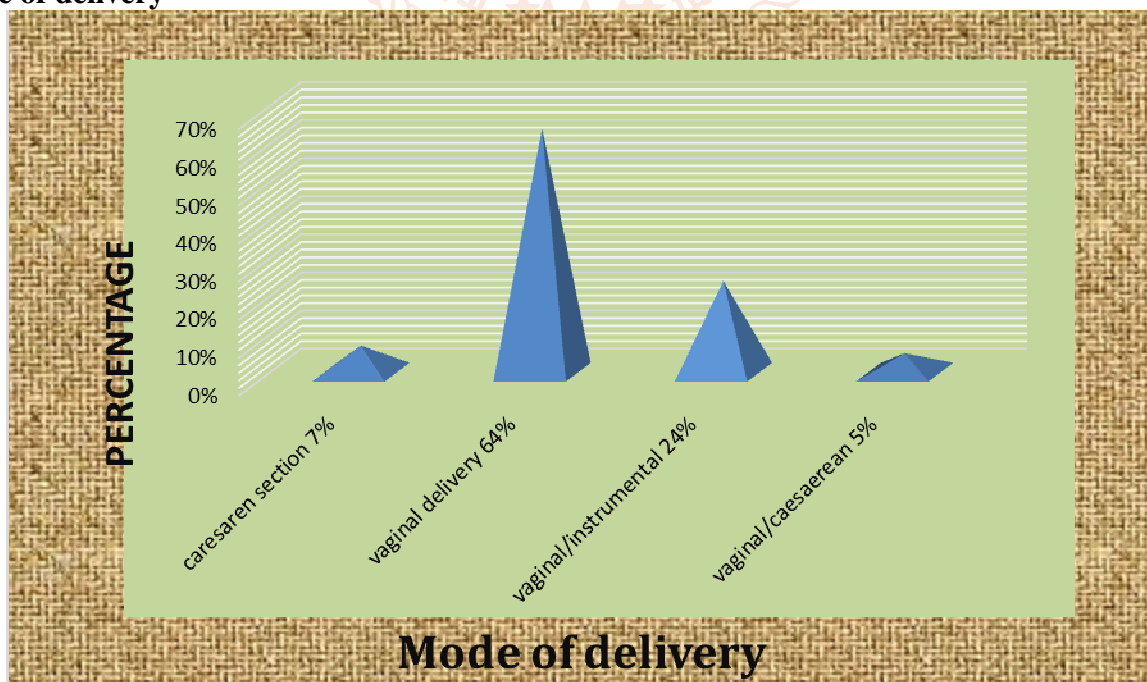


Figure 5: Cone diagram shown distribution of multipara woman according to the mode of delivery

The data in table 1 shows that the majority of the women (64%) had normal vaginal derivative, (24%) had vaginal/instrumental delivery.

6. Monthly income

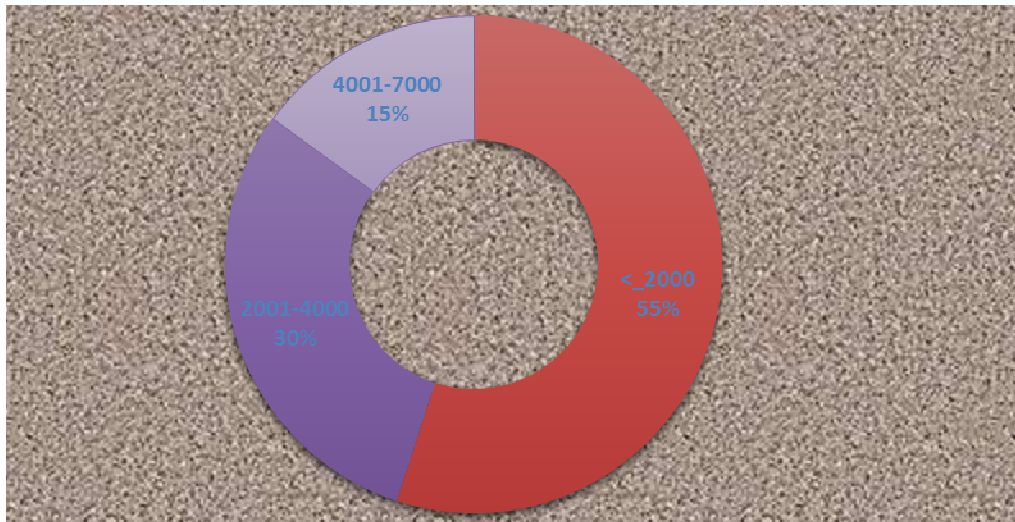


Figure 6. Doughnut showing distribution of subjects according to their monthly income

The data in table 1 shows the majority of women (55%) had family income less than or equal to Rs. 2000, (30%) had Rs. 2001- 4000, and a few (15%) had Rs. 40001 – 7000.

Section II: Health - seeking behaviour of urinary incontinence

In the section, healthy - seeking behaviour score obtained by the women has been organized into different levels such as good health-seeking behaviour, average health-seeking behaviour incontinence, and Poor health-seeking behaviour and it is analysed using frequency, percentage, mean, median and stander deviation.

Grading of health seeking behaviour among multipara woman

| Category | Score | Percentage |
|----------------------------------|-------|------------|
| Poor health-seeking behaviour | 0-2 | 0-25% |
| Average health-seeking behaviour | 3-5 | 26-63% |
| Good health-seeking behaviour | 6-8 | 64-100% |

Table 2: Frequency and percentage distribution of HSB score of multipara women having urinary incontinence

| Category | Score | Frequency | Percentage |
|----------------------------------|-------|-----------|------------|
| Poor health-seeking behaviour | 0-2 | 13 | 21.7 |
| Average health-seeking behaviour | 3-5 | 32 | 53.3 |
| Good health-seeking behaviour | 6-8 | 15 | 25.0 |

Maximum Score: 8

The above data is also represented in diagram.

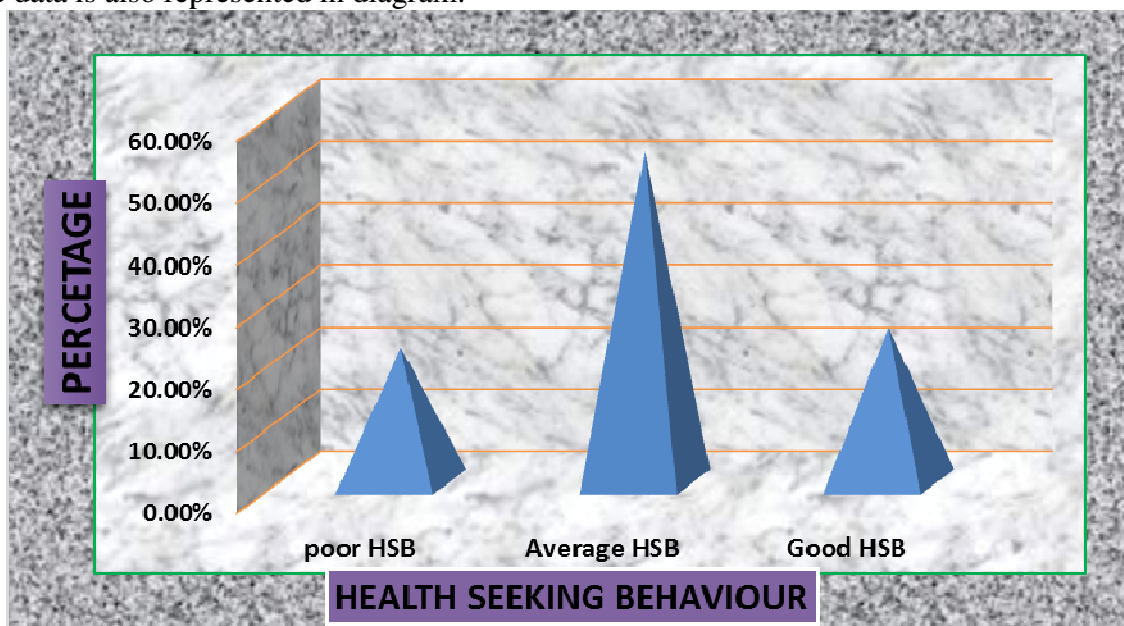


Figure 7: Pyramidal diagram showing the percentage distribution of health- seeking behaviour

Data in table 2 and figure 7 shows the health-seeking behaviour is average (53.3%) for majority of the women, (25%) have good health-seeking behaviour, and the rest have (21.7%) Poor health-seeking behaviour.

Table 3: Mean, median, mean percentage and standard deviation of HSB scores of multipara women having UI.

| Area | Grade | Frequency | Mean | Median | Mean% | SD |
|------------|---------|-----------|------|--------|-------|------|
| HSB | Average | 32 | 4.03 | 4 | 57.67 | 1.87 |

Maximum Score: 8

Data in table 3 shows that the HSG of the women having urinary incontinence is average with mean 4.03, median 4.00, and SD 1.87.

Table 4: Area wise distribution of mean, mean percentage and standard deviation of HSB scores of multipara women having urinary incontinence

| Dimension | Max. score | Mean | Mean% | SD |
|----------------------------|------------|------|-------|------|
| Follow-up | 4 | 2.00 | 50 | 1.42 |
| Information seeking | 1 | 0.68 | 68 | 0.47 |
| Consultation | 3 | 1.37 | 45 | 0.76 |

Maximum Score: 8

The data presented in table 4 shows that the health –seeking behaviour in the area of information seeking was good (68%), followed by follow-up (50%), and consultation (45%).

Section III: description of quality of life multipara women having urinary incontinence.

The section presents the data regarding quality of life score obtained by the multipara woman of urinary incontinence (UI). It is categorised into different grades and analysed in term of frequency, percentage, mean, median, and standard deviation presented in table and figure.

The quality of life is score obtained by the women are arbitrarily graded as follows:

Grading of quality of life among multipara women

| Category | Score | Percentage |
|-------------------------|-------|------------|
| Poor quality of life | 0-18 | 0-35% |
| Average quality of life | 19-36 | 36-82% |
| Good quality of life | 37-60 | 83-100% |

Table 5: Frequency and percentage distribution of quality of life scores of multipara woman having urinary incontinence. N=60

| Category | Score | Frequency | Percentage |
|--------------------|-------|-----------|------------|
| Poor QoL | 0-18 | 5 | 8 |
| Average QoL | 19-36 | 22 | 37 |
| Good QoL | 37-60 | 33 | 55 |

Maximum score: 60

The above data is also represent in diagram.

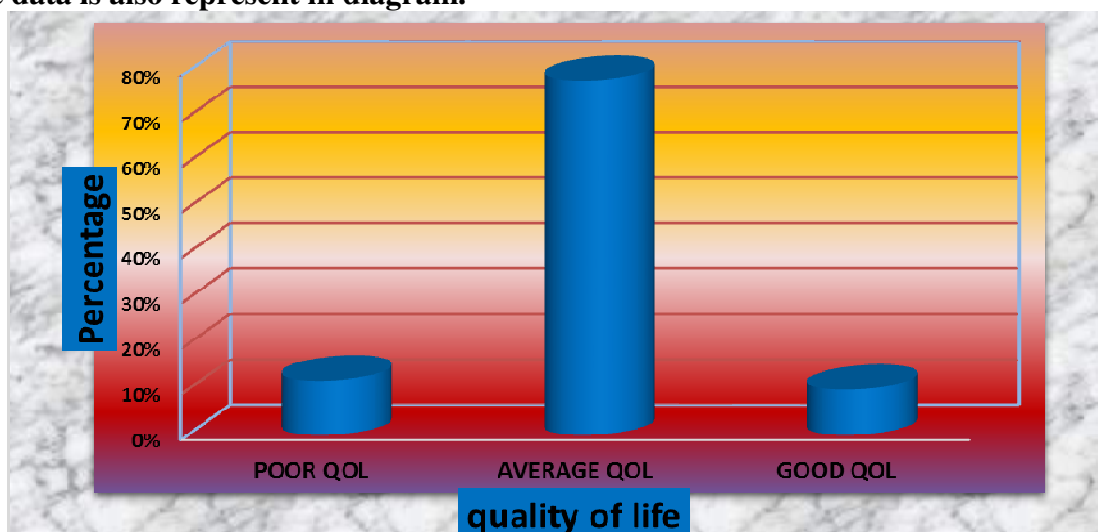


Figure 8: Cylindrical diagram showing the percentage distribution of quality of life.

Data in table 5 and figure 8 shows that the quality of life is average (78%) for majority of women, about (12%) have poor quality of life, and the rest have (10%) good quality of life.

Table 6: Mean, median mean percentage, and standard deviation QoL scores of multipara woman having UI.

| Area | Grade | Frequency | Mean | Median | Mean% | SD |
|------|---------|-----------|------|--------|-------|-------|
| QoL | Average | 35.5 | 39.5 | 13.99 | 59.25 | 13.99 |

Maximum score: 60

The data in table 6 shows that the women having average quality of life with mean 39.5, median 13.99, and SD 13.99.

Table 7: Area wise distribution of mean, mean percentage and standard deviation of QoL scores of multipara woman having UI

| Dimension | Max. score | Mean | Mean% | SD |
|-----------|------------|------|-------|------|
| Physical | 12 | 6.63 | 55 | 3.33 |
| Social | 12 | 6.20 | 52 | 3.60 |
| Sexual | 18 | 6.80 | 37 | 5.16 |
| Financial | 3 | 0.87 | 29 | 0.86 |
| Emotional | 5 | 5.10 | 34 | 3.57 |

The data in table 6 shows that the quality of life in the area of physical dimension was good (55%), followed by social dimension (52%), sexual dimension (37%) and Finance financial dimension (29%).

Section IV: Association of selected demographic variable with health seeking behaviour scores

This section deals with association of health - seeking behaviour score of women regarding urinary incontinence with selected demographic variables; this is analysed using chi - square test. To test the association the following research hypothesis is stated.

H₁: There is significant association health - seeking behaviour and selected demographic variables.

Table 8: chi - square test showing the association of health - seeking behaviour scores and selected demographic variable

| | Demographic variables | X ² Value | df | Inference |
|----|-----------------------|----------------------|----|-----------------|
| 1. | Age | 1.000 | 1 | Not significant |
| 2. | Number of deliveries | 1.000 | 1 | Not significant |
| 3. | Education status | .080 | 1 | Not significant |
| 4. | Occupation | 0.320 | 1 | Not significant |
| 5. | Mode of delivery | 0.019 | 1 | Not significant |
| 6. | Family income | 0.290 | 1 | Not significant |

$$X^2 = 3.84, P < 0.05$$

The data presented in table 8 shows the association of health- seeking behaviour score of women with the selected demographic variables. The chi- square values for demographic variables are found to be less than the table value at 0.5 level of significance. Research hypothesis is rejected and there is no association of health-seeking behaviour scores with selected demographic variables.

Section V: Association of selected demographic variable with quality of life score

To test the association of quality of life score with demographic variables, the following research hypothesis is stated:

H₂: There is a significant association between quality of life score and selected demographic variables.

Table 9: Chi-square test showing the association of quality of life score and selected demographic variables

| | Demographic variables | X ² Value | df | Inference |
|----|-----------------------|----------------------|----|-----------------|
| 1. | Age | 0.230 | 1 | Not significant |
| 2. | Number of deliveries | 0.230 | 1 | Not significant |
| 3. | Education status | 0.580 | 1 | Not significant |
| 4. | Occupation | 0.290 | 1 | Not significant |
| 5. | Mode of delivery | 0.006 | 1 | Not significant |
| 6. | Family income | 0.290 | 1 | Not significant |

$$X^2 = 3.84, P < 0.05$$

The data present in the table 9 shows the association of knowledge score of multipara woman with selected demographic variables. That Chi -square value for demographic variables are found to be the less than the table values at 0.05 level of significance. Research hypothesis is rejected. Hence there is no association of quality of life score with select demographic variables.

Summary

This chapter dealt with the analysis and interpretation of the data. Descriptive and inferential statistics were used in the analysis of baseline characteristics using frequency and percentage presented graphically. Health- seeking behaviour score was categorised into different grade. Quality of life of multipara women is assessed by rating scale and its score also categorised into different grades. Chi-square test was used to find the association of quality of life score and health - seeking behaviour score with selected demographic variables. There was significant association of occurrence score and demographic variables such as age, education status, occupational status, number of delivery and monthly income.

Discussion

The finding of the study are discussed with reference to the objective, hypothesis and the finding of the similar studies. The finding is the personal proforma, health-seeking behaviour of multipara women having urinary incontinence, quality of life of multipara women having urinary incontinence, and the association of the selected demographic variables with health- seeking behaviour scores and quality of life score are discussed in the in this chapter. This chapters has dealt with the discussion of findings in relation to similar studies and inside received by the investigator during the period of data Collection. The following chapter deals with the conclusions drawn based on the study.

Limitations

1. Study was restricted in rural community.
2. The sample was selected by purposes sampling technique.
3. Data Collection was done only by structured questionnaire to explore health- seeking behaviour and quality of life by rating scale. So the amount of information gathered is restricted.
4. The present study was limited to the assessment of health seeking behaviour and quality of life among multipara woman having urinary incontinence but did not involve any intervention.
5. Study include only a descriptive approach.

Recommendation

In view of the finding and limitations of the present study the following recommendation are offered for further research:

1. A planned teaching program can be conducted to improve the health -seeking behaviour and quality of life.
2. A similar study can we replicated in other setting with different age groups.
3. A study conducted to assess the effectiveness of exercise in the prevention of urinary incontinence.

Suggestions

1. Health education camps can be conducted in the community on UI and its prevention.
2. The important and benefits of practicing pelvic floor exercise should be emphasized by the nurse.

Conclusion

The chapter deals with the conclusions drawn based on the finding of the study; implication of those findings on nursing education, nursing practice, nursing research and nursing administration, limitations, suggestions and Recommendation.

The following conclusions were drawn based on the finding of the study:

- Most of the women had had average health seeking behaviour regarding urinary incontinence.
- Majority of the women had average quality of life on urinary incontinence.
- Health-seeking behaviour score had no significant association with demographic variable such as age, number of deliveries, educational status, occupational status, mode of delivery, monthly income.
- Quality of life score had no significant association with demographic variables such as age, number of deliveries, education status, and monthly income.

Declaration

I hereby declare that the ITM University Gwalior M.P. shall have the rights to preserve, use and disseminate this dissertation/thesis in print or electronic format for academic/research purpose.

Acknowledgment

With a profound sense of gratitude I praise and thank God almighty for his constant help and blessing showered upon me throughout my life.

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