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The Effect of Culture on Urinary Incontinence: Do We Really Understand?

When thinking about the concept of culture in relation to urinary incontinence (UI), the question that keeps coming to my mind is, do we really understand how culture influences the actions of the patient, the family, and the care provider? Last year I attended the International Continence Society meeting in San Francisco, California, and heard presentations about the diagnosis, treatment, and management of UI by clinicians from countries all around the globe. Most presentations dealt with the pathophysiology underlying UI or the effectiveness of specific treatment modalities, while some presentations (mostly by nurses) examined bio-behavioral issues associated with UI. Absent from these presentations, in my opinion, was any reference to how the culture of the country or community impacted the effort to diagnose, treat, and manage UI.

Culture encompasses the values, beliefs, norms, and ways of life that are transmitted, learned, and shared by families, groups, and communities from one generation to the next. The concept of culture extends beyond age, race, and sex to embody religious, spiritual, philosophical, environmental, kinship, societal, economic, legal, ethical, technical, and educational factors. The effect of culture on an individual frequently guides thinking, decisions, and actions in patterned ways that require health care providers to pause, ponder, and redirect their care in a manner that conveys awareness and respect for the individual.

Curious and somewhat bothered by my observation, I conducted a search of the literature to discover the extent to which culture has been examined in relation to UI. Not surprisingly, there is very little written on UI from this perspective. One article that caught my attention was a study of women with UI living in Qatar. Researchers found the conservative



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social values and cultural beliefs that form the basis for interactions between women and men in that country contributed to a woman's preference to manage UI with the use of herbal and traditional medical practices rather than disclosing the problem of UI to a male physician (Saleh, Bener, Khenyab, Al-Mansori, & Al Muraikhi, 2005).

Another study examining the sociocultural causes of primary and secondary UI in Israeli children 2 to 6 years of age found that UI is more prevalent among children of less educated mothers who immigrate to Israel. The stress

of adapting to life in a new culture that is fundamentally different from one's country of origin results in these mothers being less attentive to the toilet training process; it also contributes to significant conflict as mothers attempt to deal with toilet training attitudes and practices that often differ significantly between the former and new culture (Landau, Last, & Aldor, 1996).

As many readers know, UI is a health issue that is estimated to affect nearly 200 million men, women, and children in all countries and cultures (Minassian, Drutz, & Al-Badr, 2003; Sampsel, Palmer, Boyington, O'Dell, & Wooldridge, 2004). This issue of *Urologic Nursing* contains three articles that inform readers about UI from a global perspective. The first article by Wells offers readers an historical view on recognition of UI as a global problem. In another article, Beji et al. describe the factors impacting health-seeking behaviors of Turkish women with UI. Finally, the article by Narcisi et al. discusses the sociocultural and physiological causes for obstetric fistula in the sub-Saharan country of Niger.

continued on page 326

Editorial

continued from page 318

Our goal in offering these articles is to enrich readers' understanding of the effect of culture on UI, enhance readers' cultural awareness, and expand understanding of UI beyond the pathophysiologic changes that may be contributing to a patient's loss of urine. I hope these articles will also stimulate reflection on nursing practice related to UI, encourage further inquiry and nursing research into the relationship and impact of culture on UI, and encourage us all to consider the cultural aspects of this problem as we work with patients and their families. ■

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