



ORIGINAL RESEARCH PAPER

Nursing

ASSESS THE STRESS URINARY INCONTINENCE AND EFFECTIVENESS OF BLADDER TRAINING EXERCISE AMONG REPRODUCTIVE AGE WOMEN'S

KEY WORDS: Kegel exercise , urinary incontinence , reproductive aged women .

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ABSTRACT

Stress urinary incontinence (SUI), as “the complaints of involuntary leakage of urine on effort, exertion, sneezing, or coughing” by the international continence society, is the most common type of urinary incontinence in women. Kegel exercise strengthen the pelvic floor muscles. Method to provide the pelvic floor consists of the muscles and tissues that from the sling at the bottom of the pelvis and hold the urinary and reproductive systems. Plevic floor exercise help in improving the strength of the pelvic muscles thereby improving bowel incontinence or urine leakage issues. The present study aims to assess the prevalence of stress urinary incontinence and effectiveness of bladder training among reproductive aged women. The objectives were To assess the level of urinary incontinence among reproductive aged women, To assess the effectiveness bladder training among reproductive aged women, To find the associate level of urinary incontinence with selected demographic variables. A randomized controlled trial with one group pretest and post test research design was chosen for this study. By using purposive sampling technique a total of 60 sample were included for the study. Sample consists of all the reproductive aged women between 18-40 years of age group. The demographic data was collected using structured interview questionnaire. The pre-test was done to assess level of revised urinary incontinence rating scale for both the experimental and control group. The experimental group was given bladder training the control group was given a routine care and then the post test was done. The study results show that none of the demographic variables had shown statistically significant association with level of urinary incontinence among reproductive age women. This indicates of effective non-pharmacological method and cost effective method to bladder training among reproductive aged women. These study findings implied that the simple measure like Kegel exercise was very effective and significantly reduced the stress urinary incontinence among reproductive age women. Over to this it is a simple measure which is very cost effective to reduce the stress urinary incontinence.

INTRODUCTION:

Stress urinary incontinence (SUI), defined as “the complaints of involuntary leakage of urine on effort, exertion, sneezing, or coughing” by the international continence society, is the most common type of urinary incontinence in women. Although it is not a life-threatening condition, SUI affects the quality of women's lives in many ways and may limit women's' social and personal relationships, as well as limiting physical activity. Much has been written about the prevalence of stress urinary incontinence, which affects up to 40% of community-dwelling women living in the western world. Furthermore, its prevalence is increasing due to an aging society, but only a quarter of all women with this problem seek medical support.¹

Urinary incontinence also defined as loss of bladder control, varying from a slight loss of urine after sneezing, coughing or laughing, to complete inability to control urination, or involuntary or uncontrolled of urine from the bladder sufficient to cause a social or hygienic problem.²

Kegel exercise are the most popular method of reinforcing pelvic floor muscle and are non-invasive treatment such that they do not involve the placement of any vaginal weight/cones. They were first described in 1948 by the American gynaecologist an old kegel.³ They are the most cost-effective treatment and differ from other therapies in that the patient can do them by themselves anytime, anywhere while doing other work, and without regular hospital visits. Most studies show that kegel exercises steadily reinforce the pelvic muscles. However, in practice simply need to be trained in how to contract their pelvic floor muscles.⁴ Hence, these study results need to be critically evaluated with respect to actual practice. Also, several studies have reported systematic reviews on pelvic floor muscles exercise but have covered the female urinary incontinence with stress, urge, and mixed UI or have dealt with all nonsurgical treatment including drugs.

The kegel guide is find the right muscles. They key to the success of kegel exercises is to identify your pelvic floor muscles. Alternatively, you can pretending to stop the passage of gas through the anal muscles. If you succeed in these, you've got the muscles to exercises. Exercises the muscles: once you have identified the pelvic floor muscle that need to be exercises contraction and relaxation of these muscle in various positions comprises they kegel exercises.⁶ It is the best to start these exercises lying down. Repeat the cycles: try the contraction-relaxations cycles for about 4-5times. Repeat these cycles three times a day. Remember not to flex the other muscles such as those in the abdomen, buttocks, or thighs while exercising the pelvic muscles. Work with professional: it is best to take they help of a doctor or a therapist at least at the start. These may lead to and incomplete emptying of the urinary bladder and may lead to urinary tract infections in the long run.⁷

The main cause for urinary incontinence is repeated births, poor pelvic floor tone, damage to pelvic floor by the physician at the time of delivery such as instrumental delivery, vacuum extraction of the baby, lower segment caesarean section.⁸

Now a days it is thought that stress urinary incontinence may be a result of changes to the body. The result of damage to the pelvic floor during child birth.¹¹

If the mother underwent epidural or spinal block, perineal nerves are so numb in the first birth that she can't tell when she need to urinate. Urinary incontinence problem resolves within a few weeks of giving birth in few women, and in some it may last for about six to eight weeks after delivery.¹²

MATERIALS AND METHODS:

An evaluative approach with one group pre-test and post-test research design was used to conduct the study. The study was conducted in Saveetha Medical College and Hospital, 60 samples were selected by using a non-probability purposive

sampling technique. The inclusion criteria for the sampling are, Women who are in age group of 18-40years, Women who have pain while urination, Mothers who can understanding Tamil & English. The data collection period was done with prior permission from the medical superintendent of Saveetha Medical College and Hospital. The purpose of the study was explained to the samples. The demographic data were collected using a structured questionnaire and revised urinary incontinence rating scale was used to assess the level urinary incontinence among reproductive aged women. kegel exercises was implemented on stress urinary incontinence among reproductive aged women who are admitted in saveetha medical college and hospital. The data were analyzes using descriptive and inferential statistics. The sample characteristics were described using frequency and percentage. None of the demographic variables had shown statistically significant association with level of urinary incontinence among reproductive age women.

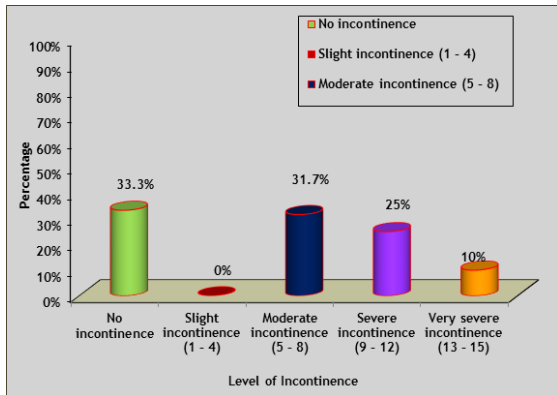
RESULT AND DISCUSSIONS:

Section A: description Of The Demographic Variables Of The Reproductive Age Women.

Most of the reproductive age women 19(31.6%) were in the age group of 25 – 30 years, 39(65%) were Hindus, 37(61.7%) had consanguineous marriage, 46(76.6%) belonged to nuclear family, 29(48.3%) had no children and 33(55%) had normal vaginal delivery, 29(48.3%) belonged to high class and 25(41.6%) were doing private job.

Section B: Assessment Of Level Of Urinary Incontinence Among Reproductive Age Women.

Table 1: Frequency And Percentage Distribution Of Level Of Urinary Incontinence Among Reproductive Age Women.



Most of the reproductive age women, 20(33.33%) had no incontinence, 19(321.67%) had moderate incontinence, 15(25%) had severe incontinence and 6(10%) had very severe incontinence.

Table 2: Mean And Standard Deviation Of Urinary Incontinence Score Among Reproductive Age Women. N= 60

Urinary incontinence	Score
Mean	5.73
Standard deviation	4.83
Minimum	0.0
Maximum	15.0

The mean score of urinary incontinence score among reproductive age women was 5.73 with standard deviation of 4.83. The maximum score was 15.0 and the minimum score was 0.

Section C: Association Of Level Of Urinary Incontinence With Selected Demographic Variables.

None of the demographic variables had shown statistically significant association with level of urinary incontinence

among reproductive age women.

CONCLUSION:

Kegel exercise was very effective and significantly reduced the stress urinary incontinence among reproductive age women. Over to this it is a simple measure which is very cost effective to reduce the stress urinary incontinence. Kegel exercise was an easiest method which can be practiced by the all gynaecology department to reduce stress urinary incontinence.

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