



# WATER, WOMEN AND DISABILITY STUDY

## INCONTINENCE

### SUMMARY

The Water, Women and Disability study\* found that in Vanuatu's SANMA and TORBA Provinces most people who experience incontinence do not talk to others about it, preferring to 'manage' as independently as possible. This is borne from shame, a fear of what others would say and think, because it is thought of as a normal part of ageing and because most people have never been asked about incontinence before. Findings from the study show that people with and without disabilities experiencing incontinence have significant limitations placed on their lives (both self-imposed and by carers) and adequate management measures are not readily available, further contributing to social isolation and stigma generated by the condition.

### KEY FINDINGS

Approximately **one third of people with disabilities** and **one quarter of people without disabilities** included in the case-control study **reported experiencing incontinence, urinary or faecal, at least three times a week or more.**

**People with disabilities were TWICE as likely to experience incontinence as people without.**

Women with disabilities and people with mobility limitations reported a greater likelihood of experiencing urinary incontinence than other people with disabilities.

**44% of people with disabilities who experience urinary incontinence, and 50% of people without, did not use any materials when they leaked.**

Comparatively, 39% of participants with disabilities, and 58% of participants without disabilities who experienced fecal incontinence reported using toilet paper when they leaked. The study found that barriers caused by inaccessible latrines are compounded by the lack of affordable incontinence products on the market, such as bed pans and adult diapers, and information about management strategies.

**APPROXIMATELY HALF OF PEOPLE WITH DISABILITIES SAID THAT THEY WERE UNABLE TO WASH AND CHANGE IN PRIVACY WHILST AT HOME.**

This is in comparison to people **without** disabilities, where almost all reported being able to wash and change in privacy when they experienced incontinence at home.

**Carers of people with incontinence reported limiting people's consumption of food and water, in order to reduce the number of times the person needs to urinate, and to manage weight gain.**

This was a particularly concern for ageing parents of growing children with mobility functional limitations, who have no lifting devices.

Management strategies applied by people who experience incontinence and are unable to sit unaided out of bed, include uncovered bucket latrines next to their bed, which are emptied and cleaned by carers.

**WOMEN AND MEN WHO EXPERIENCE INCONTINENCE FELT THEY WERE A BURDEN TO THEIR FAMILIES AND CARERS, AND SOME CARERS FELT THIS TOO, WHICH LED PEOPLE TO TRY TO MANAGE THEIR INCONTINENCE SILENTLY.**

People with and without a disability who experience incontinence cited a reliance on others as a major challenge, partly because of a deep sense of shame they feel when a carer supports them with toileting.



**55% of girls and women and 67% of boys and men with disabilities who experience urinary incontinence miss out on social activities because of their incontinence.**

**40% of girls and women and 39% of boys and men with disabilities who experience urinary incontinence miss out on eating with others because of their incontinence.**

There were many accounts across all participants who experience incontinence of limiting their own participation, with a lack of public toilets and fear of soiling oneself being cited as a major concern. Carers also limit people with disabilities movements for these reasons, and because they do not want the person subjected to ridicule by others.

\* The Water, Women and Disability study findings on disability prevalence are based on data collected from 56,402 individuals across SANMA and TORBA provinces in Vanuatu, from 11,446 households. In addition, a case-control study of 1516 participants was also carried out. This means a sub-sample of survey participants identified as having a disability age 5+ and an equal number of people without disabilities were examined more closely to assess differences in WASH access and experiences about a range of topics such as education, menstrual hygiene and incontinence explored by the study.