Five key points

1. Prisoners have significant unaddressed continence problems.
2. Continence problems can damage mental health and quality of life.
3. There is a lack of research on the prevalence and management of urinary and faecal continence problems in women prisoners.

Women prisoners may not want to disclose such problems because of the stigma associated with them and the fear of being bullied.

Prison nurses need to develop practices that address the health needs of women in custody.

Results

In total, 246 women accepted the self-report questionnaires; 148 (60%) returned them. Of the women who returned questionnaires, 66% had children, 22% had three or more children and 9% were pregnant. Most women – 80% – were aged under 40. Only 20 (14%) of the questionnaires had all questions answered, with non-response to individual questions at 2-28%. Eleven women (7%) wrote that some questions were too embarrassing to complete and 35 women (24%) said they had given information not previously revealed to any professional.

The self-reported prevalence of bladder and bowel symptoms is outlined in Table 1.

Table 1. Self reported prevalence of bladder and bowel symptoms

<table>
<thead>
<tr>
<th>Reported symptoms</th>
<th>a (%)</th>
<th>Non-response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress urinary incontinence</td>
<td>44 (31)</td>
<td>8</td>
</tr>
<tr>
<td>Urge urinary incontinence</td>
<td>36 (24)</td>
<td>9</td>
</tr>
<tr>
<td>Both stress and urge incontinence</td>
<td>20 (14)</td>
<td>9</td>
</tr>
<tr>
<td>Nocturnal enuresis</td>
<td>8 (5)</td>
<td>7</td>
</tr>
<tr>
<td>Nocturia</td>
<td>75 (51)</td>
<td>6</td>
</tr>
<tr>
<td>Constipation</td>
<td>88 (60)</td>
<td>7</td>
</tr>
<tr>
<td>Incontinence of faeces</td>
<td>11 (8)</td>
<td>10</td>
</tr>
</tbody>
</table>

The women used a variety of means to contain urine leakage. Three women reported using continence pads, nine used sanitary towels, nine used toilet paper and 22 used panty liners, while 13 stated they did not use any containment.

Forty-six women wrote additional comments on the questionnaire. The prison diet was seen as poor by the majority of the women. Some reported that they had received treatment in prison for bladder and bowel problems that they had ignored because of their addictions while they were outside prison. Some women commented on the difficulties in accessing help for bladder and bowel problems while in prison. Some also felt confidentiality would not be observed by prison health staff.

Discussion

Rates of urinary incontinence were higher than those in the general female population (Hunskaar et al, 2005). Reported nocturnal enuresis was higher than the 0.5% reported in the only published study of its prevalence in adult women (Hirasing et al, 1997), as was reported faecal incontinence, which has a prevalence of 2-5% in the community (Hunskaar et al, 2005). The small number of women using prison health service-issued continence pads suggested that few had revealed these problems to prison nurses.

Our study demonstrated that bladder and bowel problems are common in women prisoners as in the general population, and that bedwetting and constipation in particular may be even more common. In the absence of any other data on these types of problems, this information is useful to nurses working in prisons and those involved in commissioning.

We suggest that during health assessments nurses should ask women prisoners directly about bladder and bowel problems. Prison nurses may require additional support through education and training on how to raise these questions sensitively with women prisoners; they may also need a greater knowledge about the treatment and management of bladder and bowel symptoms.

The challenges for prison health services are to ensure this specialist help and containment products are available for women prisoners, and that the women are followed up on their release.

Our findings warrant further investigation into the causes and frequency of bladder and bowel problems in other prison populations. Investigations should inform interventions and management strategies suitable for a prison environment that are acceptable to women prisoners.

Conclusion

Prison nurses, as well as commissioners for prison health services, need to be aware of the scale of the problems described here, and develop practice and systems that address the health needs of women in custody in a non-stigmatising manner.


References


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