

Managing incontinence in humanitarian context: What is the situation in Ethiopia?

What is this research about?

The research was done to understand the specific needs of people suffering from incontinence and young children unable to independently use toilets. The research was also aimed at identifying their coping mechanisms, preferences of solutions to manage their conditions, and existing gaps that need to be addressed. This brief is one of two briefs that summarizes the key findings of the assessment. It focuses on findings on **incontinence** in humanitarian context in Ethiopia. The second brief will cover findings on child feces management.

What did the researchers do?

Acknowledging the impact incontinence have on the lives of the affected individuals and their caregivers, the International Organization for Migration (IOM) in collaboration with the Norwegian Church Aid (NCA), conducted needs assessments among Internally displaced persons (IDPs), refugees and their host communities in two regions in Ethiopia i.e., East Hararghe zone in Oromia region and Jewi refugee camp in Gambella region.

IOM and NCA collected qualitative data through Key Informant Interviews and Focused Group Discussions. The data was then analyzed, and results documented in two separate reports for each region. This brief has been drawn from these reports.

What did the research reveal?

1. Poor knowledge about incontinence

There is limited knowledge about incontinence in the targeted regions. This appear to cut across the general population and professionals including among health care workers.

The poor knowledge is characterized by:

- Myths e.g., that the condition is a punishment from God and as such has no treatment. Thus, preventing many affected individuals from seeking treatment.
- Stigmatization and discrimination of persons suffering from the condition as a cursed lot.
- Poor quality of health care provided due to inadequate capacity of the health care workers to

provide care and support and lack of guidelines to support management of patients with the condition.

- Most incontinent people are taken care of by their immediate family members. They do not receive adequate support from the wider community.

What you need to know

Incontinence is a condition where an individual involuntarily passes out urine or feces or both. Globally, the prevalence of Urinary Incontinence is estimated to be about 200 million among the female population. The actual prevalence of incontinence in Ethiopia is unknown although a few studies indicate that it is common.

The condition can have debilitating effects to the individuals affected and their caregivers. Among the effects highlighted through this research include:

- ☞ Poor mental health characterized by diminished confidence, low self-esteem, depression, and suicide, arising from stigma, discrimination, and social isolation.
- ☞ Poor sexual reproductive health leading to separation and divorce.
- ☞ Restricted movements including to life-saving health services, distribution of food and Non-Food Items (NFIs).
- ☞ Inability to engage in livelihood activities.
- ☞ School dropout among school-going children.

2. Low supply and demand of incontinence management products

Most respondents did not report using any sanitary product from the local markets to manage their condition.

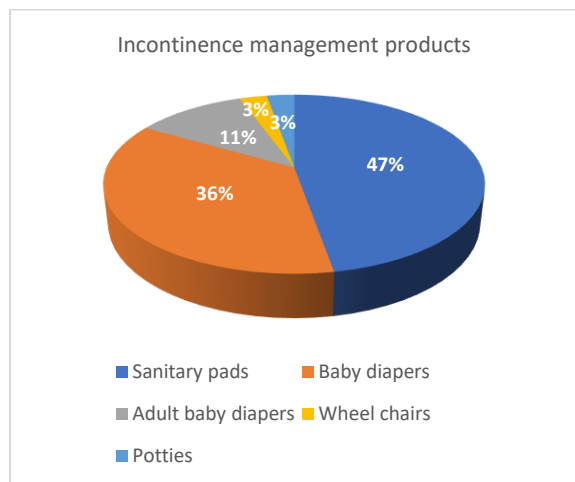
Suppliers indicate that the low availability of the products is partly attributed to lack of awareness about the existence of such products in the market.

The inadequate availability of the products in the local market and the high costs of the products are also causes for the low demand and supply. The low demand for incontinence products means that the traders are unable to profit from selling them. Consequently, they do not re-stock the items.

Business enterprises interviewed at the local level indicated that there is no market demand for sanitary products such as

reusable adult diapers, disposable pouches, reusable pants, plastic bed sheets, disposable and water-resistant sheets, and portable toilets. They indicate that this is the key factor for the non-existence of the products in the market. Additionally, frequent price increases due to inflation, and poverty among the intended users that renders them unable to buy the products contribute to the low demand.

Figure: Products that can be used to manage incontinence.



Source: IOM's Market assessment report for incontinence and young children feces management products in Dire Dawa and Harar town.

3. High cost of the sanitary products coupled with poverty.

Products like adult diapers are rarely available at the local business enterprises and where they are available, the cost is very high (See the table below). High taxation of imported products either as raw materials or finished products, challenges with access to foreign currency and high transport costs translate to increased prices of the sanitary products with the resulting effect of less demand by the users due to unaffordability.

Table: Estimated buying and selling price of the products.

Product Name	Buying Price (ETB)	Selling Price (ETB)
Adult diaper	1,400 – 1,800	1,450 – 1,850
Sanitary pad	30 - 770	36 - 800
Baby diaper	650 - 900	680 - 950
Wheelchair	22,500 - 35,000	22,850 - 36,000
Potty	320	350

Source: IOM's Market assessment report for incontinence and young children feces management products in Dire Dawa and Harar town.

4. Poor mental health

Incontinence leads to social and emotional challenges. Participants suffering from the condition indicated that they

lost their self-esteem, face social isolation, are restricted in their movements, are stigmatised, and face discrimination. The condition also affects their sexual reproductive health (SRH) (particularly among women) as they cannot fulfil their marital conjugal rights leading to rejection and divorce. As a result, incontinent people get depressed and some harbour suicidal thoughts.

5. Inadequate supply of soap, water, and improved toilets

For incontinent people, soap and water are among the key supplies required to maintain their hygiene (bathing and washing clothes). Incontinent people need up to five times the supply of water and soap to maintain their hygiene compared to people without the condition. This assessment found that:

- Incontinent people experience a high shortage of soap due to inadequate distribution by the camp system.
- Incontinent people experience low access to water leading to additional costs as they resort to buying.
- Toilet facilities are inadequate in camps due to filling up. This forces people, including incontinent people to practice open defecation.

How do the affected people cope?

Due to the low availability of the products, incontinent people mainly cope by using clothes or bedpans. Other mechanisms although relatively less used compared to clothes include use of commode chairs, local diapers, plastic and blocking items inserted in the genitalia to prevent leaking and dripping and use of water for cleansing.

Most incontinent people except for the fistula cases hardly seek medical support including support from traditional healers. However, a few respondents indicated that some affected people use smoke and drink medicinal liquids to manage their leak.

How can you use this research?

Humanitarian and development actors working in the WASH sector, health, SRH, Social protection etc., need to design interventions that address these unmet needs. WASH actors need to ensure that adequate water and other WASH NFIs like soap are provided equitably considering the special needs of this category of beneficiaries. They also need to ensure availability and accessibility of sanitary facilities including urinals, and toilets in the refugee camps and host communities.

Humanitarian actors need to create awareness about incontinence and how affected individuals can be supported to effectively manage the condition or referred for treatment where it is available.

The ministry of health, development and humanitarian actors need to capacity-built health care workers through training and provision of guidelines on how to manage patients suffering from incontinence.

Private sector companies and social enterprises can work with humanitarian actors and the affected population to design solutions and products that are affordable, accessible, culturally acceptable, and easy to use to enable incontinent

people and or their caregivers to better manage the condition.

Limitations and next steps

The data collected was qualitative in nature and was only from a few selected sites in two regions. Therefore, it is difficult to generalize the findings of this assessment to the whole population in humanitarian context in Ethiopia. This assessment also did not look at the different types of incontinence and how men and women are differently affected and cope. There is a need to look at the prevalence of different types of incontinence and the specific needs for each category of incontinent people.

About the researchers

The International Organization for Migration (IOM) - UN Migration is the leading intergovernmental organization in the field of migration and is committed to the principle that humane and orderly migration benefits migrants and society. As the leading UN organization working on migration, IOM is committed to saving lives and helping populations move out of harm's way. We protect and assist those displaced or stranded by crisis, and support populations and their communities to recover. We work to mitigate adverse drivers that force people from their homes, help build resilience and focus on reducing disaster risk so that movement and migration can be a choice.

Norwegian Church Aid (NCA) is a Norwegian humanitarian and ecumenical organization with headquarters in Oslo. It was traditionally affiliated with the state Church of Norway but is now independent. Norwegian Church Aid works together with people and organizations across the world to eradicate poverty and injustice by helping those whose needs are greatest, regardless of ethnicity, creed, political or religious affiliation.

This research was based on the needs assessment reports by NCA and IOM conducted in Gambella region and East Hararghe zone of Oromia region and Dire Dawa city respectively. The research was funded by Innovation Norway from the Norwegian Government. However, the views expressed do not necessarily reflect the Norwegian Government's official policies.