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Project Title:
Community Engagement and Co-Creation of a Culturally Appropriate, Community-Delivered Continence Management Program for Older Women

ABOUT PROSPER

Prosper Asaana is a graduate student at the Faculty of Medicine and Dentistry, Division of Geriatric Medicine, University of Alberta, where he is pursuing a PhD in Medicine under the supervision of Dr. Adrian Wagg. His doctoral research employs qualitative participatory methods to advance research on neglected ageing conditions (Geriatric Giants) in rural areas of low- and middle-income countries (LMICs). Prosper brings several years of clinical research expertise, experience in ageing research, and a multidisciplinary background, holding a Master of Arts in Women and Gender Studies from the University of Lethbridge, Alberta, and a Bachelor of Arts in Sociology and Information Studies from the University of Ghana, Legon.

PROJECT SUMMARY

This project will engage and partner with older women (50+), primary healthcare workers (PHWs), and community stakeholders to co-develop a culturally appropriate continence management program (CACMP) for women in underserved communities in rural Ghana. Urinary Incontinence (UI), defined by the International Continence Society (ICS) as the involuntary leakage of urine, is a highly prevalent and stigmatized global health challenge that disproportionately affects older women across countries, cultures, and ethnicities, with devastating impacts on their quality of life. These adverse outcomes notwithstanding, continence research in low- and middle-income countries (LMICs) such as Ghana

remains inadequate and underprioritized, with the few continence-oriented studies being either facility-based, focused on specific groups (such as postnatal or pregnant women), predominantly quantitative, or limited to vesicovaginal fistula. Consequently, evidence on population-based non-fistulous UI, particularly among community-dwelling older women, is not only scarce but also lacks critical patient-lived experiences.

To address this initial gap, the first patient-oriented, population-based feasibility study on non-fistulous UI in rural Ghana was conducted using a qualitative, community-based participatory research (CBPR) design. Findings indicated a substantial adverse impact of UI across multiple domains of older women's lives; that affected older women desired an affordable treatment program; that older women were willing to partner with the research team in co-creating this program; and that PHWs were equally willing to partner in co-creating and delivering the program.

While non-fistulous UI can be effectively managed through multiple approaches, exercise-based interventions, including pelvic floor muscle training (PFMT), are considered the most affordable and practical, and are recommended as the first-line management strategy. The study will continue our established partnership with rural Ghanaian women, PHWs, and community stakeholders by employing a participatory co-design approach to co-create a culturally appropriate, exercise-based continence management program (the recommended first-line conservative management strategy) tailored to the prevailing realities of rural communities. A representative community advisory group (CAG) comprising older women with lived experience, PHWs, and relevant community stakeholders will be constituted to co-develop, via a series of structured, iterative workshops, a cost-effective, exercise-based continence management program for UI. The goal is to collaboratively develop a management program that takes into account the local language, religion, customs, and traditions of rural Ghana. The CAG will oversee every aspect of the program, including framing and terminology to reduce stigma and uphold attendees' dignity; the selection of instructors; the venue within the community; and strategies for recruitment, follow-up, and adherence. This approach is intended to maximize community ownership, contextual fit, acceptability, adoptability, sustainability, and eventual scalability of the resulting management program.

Taken together, the results of this project will address a neglected public health need by generating, for the first time, novel, actionable evidence on co-creating and implementing a patient-led, community-driven health program in rural Ghana. The project's innovative participatory design and integration into Ghana's primary healthcare system will significantly improve the health outcomes of rural older women living with non-fistulous UI.