

Improving the quality of sexual and reproductive health and rights (SRHR)  
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## Digital Health Education Needs for Women with Urinary Incontinence in Kigali, Rwanda

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**Background:** Urinary Incontinence (UI) affects women globally, with prevalence rates of 20-50% across ages. It causes discomfort, stigma, and financial burdens, influenced by genetics, age, childbirth, and chronic conditions. Recent data shows that the prevalence of UI is 42% in Rwanda, often underreported due to stigma. Treatments include medication, surgery, pelvic floor muscle training, and lifestyle changes. Digital health interventions offer promise but face validity and accessibility challenges. Rwanda's advancing digital infrastructure presents opportunities to improve healthcare access and digital education for UI-affected women, leveraging digital platforms to bridge educational gaps and enhance health outcomes.

**Aim:** This study assessed the educational needs, facilitators, barriers, and preferred digital health platforms for women with UI in Kigali,

**Method:** It was a qualitative study conducted across Masaka, Rwanda Military, Kibagabaga Hospital, and King Faysal hospitals with 20 women aged 20 to 70 years. Data was analyzed using thematic analysis

**Result:** The analysis identified four key themes: first, there are significant knowledge gaps about UI that necessitate multimodal education and community support to address misinformation, misconceptions, and myths. Second, participants regularly use digital devices and the internet, appreciating their value, benefits, and affordability for accessing digital health information. Third, women with UI face barriers to digital health education due to distrust in the accuracy of online information and financial constraints in maintaining digital devices and internet services. Lastly, women with UI expressed a strong interest in receiving information through multimodal digital health education platforms.

**Conclusion:** Many women misunderstood UI, confusing it with other conditions or believing it to be a normal part of aging, leading to delayed diagnosis, and treatment, and increased feelings of embarrassment and isolation. UI severely impacted their quality of life, causing social withdrawal, limited physical activities, financial strain, and emotional distress. Despite being digitally literate, they rarely sought information about UI due to financial constraints and distrust of online sources. This study emphasized the need for accessible, trustworthy digital health education to bridge the knowledge gap, providing necessary information and support

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