In Japan, urinary tract infections in elderly women are increasing, whereas they did not occur in the past. The increase is proportional to the increase in the number of western-style toilets.

Until the 1960s, squatting-style Japanese toilets were the norm in Japan, although many households now use the world’s most admired toilet seats, warm water washing toilet seats and the adoption of Western-style toilets by the Japan Housing Corporation (now the Urban Renaissance Agency) in 1959 led to the gradual spread of Western-style toilets. Coming. According to sanitary ware giant TOTO, the number of Japanese and Western-style toilets shipped in 1976 was nearly equal, followed by a rapid shift to Western-style toilets, with Japanese toilets making up less than 1 percent of the market in 2015 [1].

Public elementary and junior high schools, where evacuation centers are set up during earthquakes and typhoons, are switching from Japanese-style to Western-style toilets after the Kumamoto earthquake in April 2016 and the Hokkaido earthquake in September 2006, when the elderly were reluctant to use them and had to queue up in Western-style toilets. Many elderly people with weak legs and feet found it difficult to use Japanese-style toilets, which require them to squat, and many of them held back or refrained from taking water [2,3].

According to a survey conducted by the Ministry of Education, Culture, Sports, Science and Technology in November 2004, about 60 percent of the toilets in public elementary and junior high schools nationwide were Japanese-style. The government is considering raising the percentage of Western-style toilets to 80 percent within the next three years [4].

With this increase in the number of Western-style toilets, the number of cases of overactive bladder, frequent urination, and cystitis among the elderly has been increasing [5].

Overactive bladder is a common disease that affects more than 8 million men and women in Japan. In addition, cystitis is a common cause of overactive cystitis, which currently affects 50% of Japanese women. It is speculated that the increase in frequency of cures is related to the increase in the number of western-style toilets.

This may be because women do not open their thighs when they urinate in Western-style toilets, and their labia are joined together. As a result, the splashing of urine on the labia and vaginal vestibule and inadequate wiping of urine may lead to an increase in urinary tract infections [6].

A TV program once featured the correct way for women to urinate, and the correct posture for urination, which made a great response [7].

If you urinate with your legs snugly closed, the urine may not fall straight down, but may accumulate in the vulva. This can get into the vagina and cause inflammation, which can lead to a urinary tract infection. It is important to urinate with a "wide open crotch and forward leaning position" to get the urine out straight.
When a urologist broadcasted the message, he received a great response. In other words, most women had not learned the correct way to urinate in a western toilet [8].

To make it more effective, place the knees slightly higher than the horizontal position, with a platform underneath the feet, so that the external urethral orifice is more exposed to the air. Several websites reported that urination in this position reduced leakage, urethritis, and cystitis.

The Japanese Society of Child Education has also suggested that schools should instruct children on the proper use of both western and Japanese toilets, as well as the proper posture for urination and defecation. Furthermore, from an ethical point of view, some people have suggested that we should educate people that discussing this kind of urination and defecation in public places is not shameful, but necessary.

Adequately educating women on proper urination techniques is fundamental to preventing urinary tract infections and, ultimately, overactive bladder, so that the correct way of urination should be taught at the lower grade of elementary schools.

**References**


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