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The Effects Of Urinary Incontinence On Sexual Function And Self-Esteem Of Women

Kadınlarda Üriner İnkontinansın Cinsel Fonksiyon ve Benlik Saygısına Etkisi

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ABSTRACT

Urinary incontinence is a problem that negatively affects women's quality of life and sexual life. Continuous urinary incontinence can also cause a decrease in women's self-esteem. In this study, the effect of incontinence on sexual function and self-esteem in women who applied to family health centers was evaluated. The study was conducted with women who met the criteria for participation in the study and accepted to participate in the study after the information was given, and the study sample consisted of 132 women. Data were collected by applying the Personal Information Form, the Urinary Incontinence Sexual Function Questionnaire (PISQ-12) and the Rosenberg Self-Esteem Scale (RSS) to women who scored 8 or more on the Urinary Incontinence Questionnaire (ICIQ-SF).

The mean ICIQ-SF scale score of women was 13.27±2.79. The mean total score of the PISQ-12 scale was 14.13±6.34, and the mean score of the Rosenberg self-esteem scale was found to be 17.40±4.84. In the correlation analysis, there was a very weak positive correlation between the participants' ICIQ-SF total score and PISQ-12 total score; There was a weak and negative correlation between the ICIQ-SF total score and the Rosenberg self-esteem scale and the mean score of the Rosenberg self-esteem scale. Our study is important in terms of raising awareness about the subject and early detection of problems and improving the quality of life.

Key Words: Urinary Incontinence, Sexual Function, Self-Esteem

ÖZET

Üriner inkontinans kadınların yaşam kalitesini ve cinsel yaşamını olumsuz etkileyen bir sorundur. Sürekli idrar kaçırma durumu kadınların özsaygılarının da düşmesine neden olabilmektedir. Bu çalışma ile aile sağlığı merkezlerine başvuran kadınlarda inkontinansın cinsel fonksiyon ve benlik saygısına etkisi değerlendirilmiştir. Araştırma bilgilendirme sonrası çalışmaya katılma ölçütlerine uyan ve çalışmaya katılmayı kabul eden kadınlarla yapılmış olup, çalışma örneklemini 132 kadın oluşturmuştur. İdrar Kaçırma Sorgulama Formu (ICIQ-SF)'ndan 8 ve üzeri puan alan kadınlara Kişisel Bilgi Formu, İdrar İnkontinansı Cinsel Fonksiyon Sorgulaması (PISQ-12) ve Rosenberg Benlik Saygısı Ölçeği (RBSÖ) uygulanarak veriler toplanmıştır.

Kadınların ICIQ-SF ölçeği puan ortalaması 13.27±2.79'dür. PISQ-12 ölçeği toplam puan ortalaması 14.13±6.34, Rosenberg benlik saygısı ölçeği puan ortalaması ise 17.40±4.84 olarak bulunmuştur. Yapılan korelasyon analizinde katılımcıların ICIQ-SF toplam puanı ile PISQ-12 toplam puanı arasında pozitif yönde ve çok zayıf düzeyde; ICIQ-SF toplam puanı ile Rosenberg benlik saygısı ölçeği ile puan ortalamaları arasında negatif yönde zayıf düzeyde ve PISQ-12 toplam puanı ile Rosenberg benlik saygısı ölçeği puan ortalamaları arasında negatif yönde orta şiddette anlamlı ilişki belirlenmiştir. Çalışmamız konuya yönelik farkındalık oluşturma ve sorunların erken tespiti ile yaşam kalitesini iyileştirme açısından önem taşımaktadır.

Anahtar Kelimeler: İdrar Kaçırma, Cinsel İşlev, Benlik Saygısı

1. INTRODUCTION

Urinary incontinence (UI) has been defined by the International Continence Society (ICS) as any type of involuntary urinary incontinence complaint (Topuz, 2015). Urinary incontinence is a health problem that negatively affects the quality of life of individuals in many ways such as work life, social life, bilateral relations, and sexual life. It is seen 3-4 times more frequently in women than in men and increases in direct proportion to age in both genders (Turkish Urology Association, 2015).

UI negatively affects women's professional and family life and prevents them from meeting with other individuals in society. In addition, UI causes problems such as constant urinary incontinence and fear of bad smell, feeling inadequate and dirty, low self-esteem, and deterioration in body image. Negative psychosocial effects such as stigma, shame, unhappiness, anger, tension, anxiety, depression, decreased sexual desire and avoidance of sexual activity occur in women with UI (Bilgiç-Çelik, 2012; Güdücü & Keser-Özcan, 2016). In the literature, it was stated that women with UI had higher anxiety levels, lower self-confidence, and were more prone to social isolation and depression (Ertem, 2009).

The majority of women with UI symptoms tend to avoid talking about their problems and hide the problem. It is known that women do not seek help because of the thought that UI is a natural consequence of aging or that it develops naturally after childbirth, embarrassment, feeling of boredom, not knowing where to apply, not trusting treatment, and fear (Dinç & Kızılkaya-Beji, 2008).

The most important aim of nursing care in the problem of UI is to ensure the continence of the woman and help her to continue her daily life activities despite the restrictions brought by the disease (Çetinkaya et al., 2015). The fact that women accept this issue as confidential and do not apply to a health institution increases the importance of screening programs to determine urinary incontinence. Nurses are more likely to share women's health problems because they are closer to women and work at all levels of health institutions in society. Therefore, nurses have important responsibilities in the diagnosis, evaluation, and monitoring of urinary incontinence in society. Knowing the effect of incontinence on women's sexual lives and self-esteem is essential for providing better-quality health services and raising women's living standards. This study was conducted to determine the frequency of urinary incontinence and the effects of incontinence on sexual function and self-esteem of women who applied to the family health centers.

2. MATERIAL AND METHOD

The present study is in the type of descriptive, correlational, and cross-sectional research. The current study was conducted with the women who applied to the Family Health Centers affiliated to Gaziantep Provincial Health Directorate, and as a result of the casting logs drawn from 130 Family Health Centers, 16 of which were inactive, in Gaziantep city center, the study was carried out at Beykent Family Health Center and Şehitkamil Family Health Center.

Written permissions were obtained from the Gaziantep University, Faculty of Medicine's Ethics Committee, and Gaziantep Provincial Health Directorate to conduct the study. Before starting the research, the permissions to use the scales were obtained from the researchers who conducted the validity and reliability study for the scales used in the current study. Women who applied to the Family Health Centers affiliated to Gaziantep Provincial Health Directorate formed the population of the study. Inclusion criteria were determined as being over 30 years old, being married, having at least one birth, being sexually active, and getting at least 8 points from the International Consultation on Incontinence Questionnaire Short Form (ICIQ-SF). The study was conducted with women who met the criteria for participation in the study and accepted to participate in the study after the information was given, and the study sample consisted of 132 women.

In the first stage of data collection, the “Incontinence Inquiry Form ICIQ-SF” was applied to women who applied to the Family Health Centers and met the inclusion criteria. An ICIQ-SF score of 8 and above was reported as the most appropriate cut-off point to determine the disturbing urinary incontinence (Çetinel et al., 2004). For this purpose, the ICIQ-SF form was administered to the women first, and the "Personal Information Form", "Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12)" and "Rosenberg Self-Esteem Scale" were applied to the women who scored 8 and above, after the informed consents were obtained.

2.1. Data Collection Tools

Personal Information Form: In this form, prepared by the researchers, there are 27 questions to determine the demographic information of the participants.

International Consultation on Incontinence Questionnaire Short Form (ICIQ-SF): The Turkish validity and reliability of the scale, which was developed by Avery et al. to evaluate urinary incontinence and the effects of urinary incontinence on the quality of life, was performed by Çetinel et al. (Çetinel et al., 2004). The ICIQ-SF can be used to evaluate the prevalence, frequency, amount, perceived causes of urinary incontinence, and the effects of urinary incontinence on the quality of life in all groups, male-female, young-old. The scale consists of four subscales. The frequency of urinary incontinence in the first subscale, the amount of urinary incontinence in the second subscale, the effects of urinary incontinence on daily life in the third subscale, and the perceived cause/type of urinary incontinence in the fourth subscale are questioned. The first three subscales are scored in the evaluation, and the fourth subscale, which is not scored, is used to determine the type of urinary incontinence based on the individual's complaints. In scoring, it was determined that a score of eight or higher for the ICIQ-SF score was the most appropriate cut-off point for irritating urinary incontinence. The scores that can be obtained from the scale range from 0 to 21, with low scores indicating that urinary incontinence affects the quality of life less, and high scores show that it affects the quality of life very much (Çetinel et al., 2004). While Chronbach's alpha value was 0.71 in the Turkish validity and reliability study, this value was found to be 0.82 in the current study.

Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12): The 12-item scale was brought to the literature by Rogers et al. (Rogers et al., 2003) after a validity and reliability study, and it was adapted to Turkish society by Cam et al. in 2009 (Cam et al., 2009). The PISQ-12 consists of 12 questions in total and the responses are graded as a 5-points Likert type between "never-0" and "always-4". In this scale, the total score is obtained by adding the scores given to each question, and the maximum total score is 48. In this assessment (PISQ-12), a low total score is considered an indicator of poor sexual function, and high scores are considered to indicate less sexual dysfunction. In the PISQ-12, sexual function assessments are made in three different areas. The maximum score that can be obtained from each subscale is 16 (Hacıvelioğlu et al., 2012; Cam et al., 2009). The Cronbach's alpha value of the scale is 0.89. In the present study, the internal consistency coefficient of the scale was determined as 0.72.

Rosenberg Self-Esteem Scale (RSES): The scale was developed by Morris Rosenberg in 1963. Çuhadaroğlu (1986) adapted the scale to Turkish society, and its validity and reliability studies were carried out by both Çuhadaroğlu (1986) and Tuğrul (1994). In the validity and reliability study conducted by Çuhadaroğlu (1986), the validity coefficient was r = 0.71; the test-retest reliability coefficient was determined as r=0.75. Tuğrul (1994) found the Cronbach's Alpha internal consistency coefficient of the scale to be 0.86. In the present study, this value was calculated as 0.70. The Rosenberg Self-Esteem Scale is a self-assessment scale consisting of 63 multiple-choice questions. The total score range is between 0-30, and a score between 15-25 indicates that self-esteem is sufficient and below 15 points indicates low self-esteem (Tezcan, 2009).

2.2. Data Analysis

IBM SPSS Statistics 22.0 (IBM Corp. Armong, New York, AB) program was used to evaluate the data. Percentage, arithmetic mean and standard deviation were used to examine the descriptive characteristics of the patients; t-test and analysis of variance were used to compare the descriptive characteristics of women and the mean scores of the scales; correlation analysis was used to determine the correlation between the scales.

3. FINDINGS

The majority of the women included in the study were between the ages of 36-50 (56.8%), secondary school graduates (46.8%), not working in any job (67.4%), their income was equal to expenses (59.1%), had normal/vaginal delivery (75%), did not have an induced abortion (75.8%), did not have a tough delivery (62.9%), did not give birth to a big baby (84.1%), did not experience multiple pregnancies (97.7%), and did not go through the menopause (80.3%). In addition, it was determined that the majority of the women did not have chronic diseases (69.7%), did not take any medication regularly (81.1%), did not have gynecological operations (72.7%), did not have a family member with urinary incontinence (58.3%), and did not have urinary tract infections frequently (62.1%) (Table 1).

The mean scores obtained from the scales and the correlations between the scales were presented in Table 2. The mean ICIQ-SF scale score of women was 13.27±2.79. The total mean score of the PISQ-12 was 14.13±6.34, and the mean score of the Rosenberg self-esteem scale was found to be 17.40±4.84. In the correlation analysis, a positive and very weak statistical significance was found between the participants' ICIQ-SF total score and PISQ-12 total score ($p<0.05$). There was a weak negative correlation between the ICIQ-SF total score and the Rosenberg self-esteem scale and the mean score, a moderately significant negative correlation was found between the PISQ-12 total score and the mean score of the Rosenberg self-esteem scale (Table 2).

Table 3 shows the comparison of the mean scores of women from the ICIQ-SF, PISQ-12, and Rosenberg Self-Esteem Scale according to some characteristics. The difference between the income level, the status of going through the menopause, and ICIQ-SF mean scores was significant ($p<0.05$). As a result of the analysis, a statistically significant difference was found between the mode of delivery, the history of having a tough delivery, the status of having induced abortion, the status of having urinary tract infections frequently, and the mean scores of PISQ-12 ($p<0.05$). The difference between the Rosenberg Self-Esteem Scale's mean scores and the history of having a tough delivery and the status of having urinary tract infections frequently was statistically significant ($p<0.05$) (Table 3).

4. DISCUSSION

Urinary Incontinence is an involuntary urinary leakage that is frequently seen among women, negatively affects the quality of life, and causes social and hygienic problems. As a result of all these negative effects, UI causes psychological problems such as social isolation, a decrease in self-esteem, embarrassment, and disappointment (Terzi et al., 2013; Demirci et al., 2012). Sexual health is very important for women's self-worth, emotional health,

and overall quality of life. However, frequent urinary incontinences negatively affect sexual functions (Chu et al., 2015).

Female sexual function is one of the important components of quality of life, which is affected by many physiological, medical, psychological, and social factors (Özerdoğan et al., 2009). UI is a very common condition and is an important factor affecting women's quality of sexual life. Especially during intercourse, urinary incontinence causes embarrassment for women and a decrease in sexual desire, and as a result, it disrupts the relationship with her partner (Hacıvelioğlu et al., 2012). This situation undermines the self-esteem of women and causes them to feel worthless. In our study, the self-esteem of women whose quality of life and sexual functions were adversely affected due to urinary incontinence was also negatively affected.

Age has a significant effect on sexual function. Physical changes that occur especially during pre-menopause and menopause periods negatively affect women's body image and self-esteem and reduce sexual satisfaction (Thomas et al., 2019). With advancing age, the frequency of women encountering these problems also increases (Özerdoğan et al., 2009). However, in the present study, it was concluded that the sexual lives and self-esteem of women with incontinence were not affected. This can be explained by the fact that the current study has different socio-demographic characteristics.

After menopause, urogenital atrophy develops, which weakens the urogenital support tissue and causes incontinence (Topuz, 2015). With postmenopausal estrogen deficiency, urinary system symptoms (such as the feeling of being desperate for a toilet, incontinence, nocturia, urinary system infections) increase (Uncu & Özdil 2009; Öz & Altay, 2017). Many studies indicated that the incidence of urinary incontinence increases during menopause (Öztürk et al., 2012; Terzi et al., 2013; Fındık et al., 2012; Ünsal et al., 2013; Tsai & Liu 2009; Tamanini et al., 2009).

Postpartum urinary incontinence is caused by excessive expansion of the pelvic floor ligaments and muscles, and the tissues supporting the bladder floor and urethra, especially after vaginal delivery (Liang et al., 2021). In addition, it has been stated that the events that occur during a tough delivery cause pudendal nerve damage in the later period, and these damages are sometimes irreversible (Demirci et al., 2011). Pregnancy and childbirth processes are multifaceted processes that affect women's life not only physically but also psychologically. There are changes such as vaginal dryness, decrease in libido, avoidance of intercourse due to perineal trauma that occur after pregnancy and delivery. As a result of these changes, a new process has been entered into the life of women, and there are changes in sexual functions (Beyazıt et al., 2018). The studies have reported that UI increases after vaginal delivery (Gyhagen et al., 2019; Abufaraj et al., 2021). In a national study, it was found that a history of having a tough delivery significantly affected the complaint of urinary incontinence (Beşen & Oksay, 2016). In the present study, it was determined that the sexual functions of women with urinary incontinence, normal/vaginal delivery, the status of having induced abortion, and the history of having tough delivery were poor.

Urinary tract infections, which are among the most common bacterial infections, are infections that affect all age groups and are frequently encountered both in and outside the hospital (Lane & Takhar, 2011). Urinary tract infection is a risk factor for UI as it stimulates involuntary muscle contractions. Studies have demonstrated that women who have had urinary tract infections have more UI complaints than women who have not (Demirci et al., 2012; Ünsal et al., 2013). As a result of the current study, it was concluded that women who had frequent urinary tract infections were more affected by UI and as a result, their sexual functions were negatively affected. In the study conducted by Ürkmez (2018), it was determined that the sexual problems of women who had urinary tract infections were significantly higher than those who did not, and the present study's findings are consistent with the literature.

Self-esteem has been defined as individuals' self-acceptance and self-respect (Clucas, 2019). An individual's self-esteem affects both his/her psychological and social resilience. It has been stated that individuals who can realize themselves are easily accepted by society and this situation increases the self-esteem of individuals (Weisman et al., 2015). In this physically and psychosocially exhausting condition, it has been determined that women have lower self-esteem, higher anxiety levels, and are prone to social isolation compared to those without urinary incontinence symptoms (Kadıoğlu, 2016).

Urinary incontinence creates negative psychosocial effects such as the fears of constant urinary incontinence and bad smell, feeling inadequate and dirty, decreased self-esteem, deterioration of the body image, stigma, shame, unhappiness, anger, tension, anxiety, depression, decreased sexual desire, and avoidance of sexual activity (Güdücü & Keser-Özcan, 2016; Akhan, 2009).

Pregnancy and childbirth are seen as one of the important features of being a woman in our society. Having these characteristics affects the social acceptance of women (Babacan-Gümüş et al., 2011). In addition, social supports, especially spousal support, affect self-esteem and psychological well-being positively. In the current study, the self-esteem of those who had a tough delivery was found to be high. This result can be explained by the fact that women have strong support systems.

Sexual dysfunction is a multidimensional condition with biological, social, medical, and psychological components (Aydınoğlu et al., 2012). In women with UI, embarrassment towards their partner, avoidance of sexual intercourse, and fear of urinary incontinence occur during intercourse, and as a result, sexual intercourse is avoided. In addition, individuals with urinary incontinence stated that they could not orgasm due to the fear of urinary incontinence (Metin & Demirkol, 2020). According to some studies, it has been determined that there is a relationship between the UI status of women and their sexual functions (Aydınoğlu et al., 2012; Eroğlu et al., 2020). According to another study, while 75% of women with UI had sexual dysfunction, 21.9% of individuals without UI had sexual dysfunction (Metin & Demirkol, 2020). In the present study, a statistically significant relationship was determined between the presence of urinary incontinence of women and their sexual functions, in line with the literature.

5. CONCLUSION

Urinary incontinence, which can negatively affect the quality of life of individuals and is a common health problem, is very important because it affects women's self-perception and self-esteem, fertility, sexual life, and family structure. In the present study, it was found that urinary incontinence negatively affects the quality of life and sexual functions of women with urinary incontinence who applied to the family health centers. Hiding urinary incontinence in the community prevents women from getting help. The current study is important in terms of raising awareness about the subject and early detection of problems and improving the quality of life.

Nurses have important duties in terms of protecting and improving women's health within the framework of primary and secondary health care services in our country. One of these tasks is to teach individuals to demand a healthy and comfortable life. At this point, nurses are expected to evaluate all women in the society in terms of factors that may cause urinary incontinence (birth history, nutrition, familial history, etc.), and to counsel women on issues such as UI findings and ways of protection. Nurses should handle UI with an understanding, knowledgeable, supportive and sensitive attitude, and they should also discuss and guide gynecological problems. It should be ensured that women learn and use kegel exercises in the prevention of UI. In addition, it is important to raise awareness of women by taking an active role in the studies on women's health and in dealing with urinary incontinence more effectively in the media.

TABLES

Table 1. The Distribution of the Women's Introductory Characteristics

		n	%
Age	20-35 years	35	26.5
	36-50 years	75	56.8
	51-65 years	22	16.7
Educational Status	Illiterate	16	12.1
	Primary school graduate	33	25.0
	Middle and High school graduate	44	33.3
	Vocational school-University graduate	39	29.5
Employment Status	Unemployed	43	32.6
	Employed	89	67.4
Income Level	Income is less than expenses	30	22.7
	Income is equal to expenses	78	59.1
	Income is more than expenses	24	18.2
Mode of Delivery	Normal/vaginal delivery	99	75.0
	Caesarean delivery	33	25.0
The Status of Having Induced Abortion	Present	32	24.2
	Absent	100	75.8
The History of Having a Tough Delivery	Present	49	37.1
	Absent	83	62.9
Giving a Big Baby	Present	21	15.9
	Absent	111	84.1
Multiple Pregnancy	Present	3	2.3
	Absent	129	97.7
The Status of Going through the Menopause	Present	26	19.7
	Absent	106	80.3
The Presence of Chronic Diseases	Present	40	30.3

	Absent	92	69.7
The presence of Regularly Used Drugs	Present	25	18.9
	Absent	107	81.1
The Status of Having a Gynecological Operation	Present	36	27.3
	Absent	96	72.7
The Presence of an Individual with a Complaint of Urinary Incontinence in the Family	Present	55	41.7
	Absent	77	58.3
The Status of Having Urinary Tract Infections Frequently	Present	50	37.9
	Absent	82	62.1
TOTAL		**132**	**100.0**

Table 2. The ICIQ-SF, PISQ-12, and Rosenberg Self-Esteem Scales' Mean Scores and the Correlation between Them

SCALES	Min-Max	x̄±SD	ICIQ-SF TOTAL	PISQ-12 TOTAL	ROSENBERG TOTAL
ICIQ-SF TOTAL	8-20	13.27±2.79	-	r=0.193 p=0.027	r= -0.291 p=0.001
PISQ-12 TOTAL	1-29	14.13±6.34	r=0.193 p=0.027	-	r= -0.596 p=0.001
ROSENBERG TOTAL	5-25	17.40±4.84	r= -0.291 p=0.001	r= -0.596 p=0.001	-

Table 3. The Comparison of PISQ-12 Scores According to Some Characteristics of Women

		ICIQ-SF TOTAL	PISQ-12 TOPLAM	ROSENBERG TOTAL
Age	20-35 years	13.00±2.44	13.60±7.06	18.11±5.10
	36-50 years	13.17±2.97	14.81±6.14	17.04±4.70
	51-65 years	14.05±2.68	12.68±5.74	17.54±4.96
Test and p value		F:1.053 p:0.352	F:1.132 p:0.326	F:0.594 p:0.554
Income Level	Income is less than expenses	14.43±2.50	15.06±5.27	16.83±4.41
	Income is equal to expenses	12.77±2.85	13.93±6.27	17.61±4.79
	Income is more than expenses	13.46±2.60	13.62±7.81	17.45±5.61
Test and p value		**F:4.077 p:0.019**	F:0.435 p:0.648	F:0.281 p:0.756
Mode of Delivery	Normal/vaginal delivery	13.30±2.74	13.49±6.71	17.49±5.01
	Caesarean delivery	13.18±2.99	16.06±4.68	17.15±4.33
Test and p value		t:0.215 p:0.830	**t:-2.425 p:0.018**	t:0.352 p:0.707
The Status of Having Induced Abortion	Present	12.63±2.45	16.21±4.72	16.34±3.93
	Absent	13.48±2.88	13.47±6.66	17.75±5.06
Test and p value		t:-1.511 p:0.133	**t:2.162 p:0.032**	t:-1.435 p:0.154
The History of Having a Tough Delivery	Present	13.67±2.92	13.00±6.35	18.08±4.64
	Absent	13.04±2.71	16.06±5.91	16.26±5.00
Test and p value		t:1.267 p:0.207	**t:2.743 p:0.007**	**t:-2.112 p:0.037**
The Status of Going through the Menopause	Present	14.27±2.73	14.19±7.20	16.30±4.53
	Absent	13.03±2.77	14.12±6.15	17.67±4.90
Test and p value		**t:2.051 p:0.042**	t:0.050 p:0.960	t:-1.297 p:0.197
The Status of Having Urinary Tract Infections Frequently	Present	13.48±2.84	15.52±6.32	16.12±4.33
	Absent	13.15±2.78	13.29±6.24	18.19±4.99
Test and p value		t:0.663 p:0.509	**t:1.997 p:0.049**	**t:-2.432 p:0.016**

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