

*Original Research*

## **The Relationship Between Urinary Incontinence and Self-Esteem of Woman**

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**Submission Date:** June 13<sup>rd</sup>, 2022

**Acceptance Date:** May 11<sup>st</sup>, 2023

**Pub.Date:** August 31<sup>st</sup>, 2023

### **Abstract**

**Objectives:** In this study, urinary incontinence and self-esteem in women were investigated.

**Methods:** This research is of descriptive type. The sample consisted of 252 female patients who applied to the family health center. The data was collected with the International Consultation on Incontinence Questionnaire Short Form (ICIQ-SF) and the Rosenberg Self-Esteem Scale (RSES).

**Results:** Women with urinary incontinence had a moderate level of self-esteem, while women without urinary incontinence had a high level of self-esteem. In the correlation analysis, a negative, moderately highly significant relationship was found between ICIQ-SF and RSES ( $p=0.001$ ).

**Conclusion:** Questioning urinary incontinence by healthcare professionals, early diagnosis of patients, raising awareness, and informing them about treatment may contribute to the improvement of patients' quality of life and self-esteem.

**Keywords:** *Female gender, Urinary incontinence, Self-esteem.*

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Özgün Araştırma

## Kadınlarda Üriner İnkontinans ve Benlik Saygısı Arasındaki İlişki

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Gönderim Tarihi: 13 Haziran 2022

Kabul Tarihi: 11 Mayıs 2023

Basım Tarihi: 31 Ağustos 2023

### Öz

**Amaç:** Bu çalışma, idrar kaçırmanın benlik saygısı üzerindeki etkisini araştırmaktadır.

**Yöntemler:** Tanımlayıcı tipte olan bu araştırma, bir sağlık ocağına başvuran 252 kadın ile yapılmıştır. Veriler, Uluslararası İnkontinans Anketi Kısa Formu (ICIQ-SF) ve Rosenberg Benlik Saygısı Ölçeği (RSES) ile toplanmıştır.

**Bulgular:** Üriner inkontinansı olan kadınlar orta düzeyde benlik saygısına sahipken, üriner inkontinansı olmayan kadınlar yüksek düzeyde benlik saygısına sahipti. Korelasyon analizinde ICIQ-SF ile RSES (toplam, pozitif, negatif) arasında negatif ve orta düzeyde anlamlılık bulundu ( $p=0,001$ ).

**Sonuç:** Sağlık profesyonelleri tarafından üriner inkontinansın sorgulanması, hastaların erken teşhis edilmesi, bilinçlendirilmesi ve tedavi hakkında bilgilendirilmesi hastaların yaşam kalitelerinin ve benlik saygılarının artmasına katkı sağlayabilir.

**Anahtar Kelimeler:** Kadın cinsiyet, İdrar kaçırma, Benlik saygısı.

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## **Introduction**

Micturition control is a complex physiological and anatomical process that women often experience (Lee et al., 2021). According to the International Continence Society (ICS), urinary incontinence (UI) is defined as involuntary urinary incontinence, which is both a social and hygienic problem (Hsieh et al., 2017; Lee et al., 2021). The problem of urinary incontinence, which is experienced by more than 200 million people worldwide, is three times more common in women than in men (Hsieh et al., 2017). It is estimated that 25-45% of women have involuntary UI (Öz & Altay, 2017). When the age ranges are examined, UI affects 7% of women aged 20 to 39, 17% of women aged 40 to 59, 23% of women aged 60 to 79, and 32% of women aged 80 and older (Biswas et al., 2017).

UI negatively affects women's quality of life due to constant wetness and irritation (Aoki et al., 2017). Shame about incontinence can lead to a lower sense of self-control. Therefore, individuals with urinary problems may have weaker coping resources and capacities (Chiu et al., 2020). Fear of UI, odor, the need to use absorbent pads, and the need to change clothes frequently can lead to isolated life (Elbana et al., 2018). Decreased social activities and isolated lifestyle make individuals more prone to stress by reducing their ability to cope with stress in women with urinary problems.

Self-esteem refers to a person's evaluation of his/her worth (Hepper, 2016). Self-esteem, is the individual's self-acceptance, approval, and having respect for himself/herself (Clucas, 2020). In short, it can be defined as a person's positive or negative attitude towards himself/herself. Most of the women who experience UI feel ashamed, thinking that their situation can be understood by the environment, and they lose their attractiveness (Aylaz et al., 2016). UI may also cause negative psychosocial effects such as decreased self-esteem, deterioration in body image, stigma, embarrassment, and decreased sexual desire (Aoki et al., 2017).

There is a general consensus that UI has a negative impact on the psychological, social, physical, and economic domains, as well as the quality of life, and may even represent a drive for isolation, low self-esteem, vulnerability to stress, and depression (Saboia et al., 2017). In the literature, UI is negatively associated with depression, stress, and self-esteem; it has been reported that women with UI have higher depression and stress levels and lower self-esteem levels than those without (Lee et al., 2021).

Preventive measures should be made more prominent in health services due to the prolonging life expectancy with the aging of the population. Knowing the factors affecting UI

can contribute both to the development of health policies for UI and to increase the quality of life and self-confidence of women. This study investigated the effect on UI and self-esteem in women.

### **Methods**

The research is in the type of descriptive, cross-sectional, and correlation-seeking. It is known that the prevalence of UI in women is higher than in men due to the differences in the structure of male and female urinary tracts (Southall et al., 2017). For this reason, in the study in which the female gender was preferred, the participants were told about the purpose of the research, that their participation was voluntary and that they could withdraw from the research at any time. The G Power program was used to calculate the sample size. The confidence interval was calculated as  $\alpha=0.05$ , power of the test ( $1-\beta$ ) was 0.95, a total of 250 participants. Inclusion criteria for the study were defined as patients who were able to communicate, did not have a physical or psychiatric disease requiring significant medical intervention in the past year, and did not have urinary and genital tract infections.

The study was completed with 252 volunteer women. Women who applied to the Family Health Centers (Beykent Family Health Center and Şehitkamil Family Health Center) affiliated to Gaziantep Provincial Health Directorate formed the population of the study. Ethics committee approval (decision no: 2019/503), institutional permission, and written consent forms from the participants were obtained for the study. Research Question: What is the effect of urinary incontinence on self-esteem in women?

#### **Data collection tools:**

***Personal Information Form:*** This form consists of information about women (age, marital status, educational status, employment status, income level, being in menopause, the presence of chronic diseases, having gynecological surgery, having frequent urinary infections, urinary incontinence, situation of seeking help if there is incontinence, social isolation due to incontinence).

***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 original study was conducted with patients with urinary incontinence or other lower urinary tract symptoms (Avery et al. 2004). The first

of the sub-dimensions of the scale indicates the frequency of UI, the second indicates the amount of urinary incontinence, the third indicates the effects of UI on daily life, and the fourth indicates the conditions that cause urinary incontinence. The first three dimensions are scored in the evaluation; the fourth dimension is used to determine the type of incontinence. The cut-off point in scoring was determined as 8 and above. 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). In the Turkish validity and reliability study, the Chronbach's alpha value was 0.71; found to be 0.82 in this study.

**Rosenberg Self-Esteem Scale (RSES):** The Turkish adaptation of the scale developed by Rosenberg (1963) was carried out by Çuhadaroğlu (1986) and Tuğrul (1994). This self-evaluation scale consists of 12 sub-categories (Self-esteem, the continuity of the self-concept, do not trust people, sensitivity to criticism, depressive affect, imagination, psychomatic symptoms (accepted as an anxiety indicator), feeling threatened in interpersonal relationships, degree of participation in discussions, parent relationship, relationship with the father, psychic isolation). In line with the purpose of the research, the first "ten" items of the scale were used to measure self-esteem. The total score range is between 0-30, and a score between 15-25 indicates that self-esteem is sufficient (Tezcan, 2009). In addition, results can be presented at three levels: low (0-9), medium (10-19) and high (20-30) self-esteem (Lee et al. 2021). . In the Turkish validity and reliability study, the Chronbach's alpha value was 0.71; found to be 0.70 in this study.

### **Data Analysis**

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.

### **Results**

The mean age of the women included in the study was  $37.36 \pm 8.60$  years, and the majority were between the ages of 28-37 (38.9%). Of the women, 91.7% were married, 46.8% were university graduates, and more than half (51.2%) reported that they worked in a job. The income status of the majority of them is at the medium level (Income equals to expenses: 51.2%). 81.3% of the women in our study did not have a chronic disease. In addition, 81.7% of

them did not have a gynecological operation, 89.7% of them stated that they did not enter menopause. When women were asked about their frequent urinary tract infections, 74.2% of them stated that they did not have it. 36.1% of the women in the present study reported UI (with a score above 8 points on the ICIQ-SF scale). 64.8% of 91 women with UI complaints did not consult a physician for this reason and did not receive help. The rate of participants experiencing social isolation due to UI is 56% (Table 1).

When the Rosenberg self-esteem scale was evaluated as low (0-9), medium (10-19), and high (20-30), women with UI were found to have moderate (85.7%), and women without UI were found to have high (53.4) level of self-esteem ( $p=0.001$ ) (Table 2).

Table 3 shows the mean scores of the ICIQ-SF and the RSES and the correlation between the scales. The ICIQ-SF mean score was  $6.59\pm 5.93$ ; the RSES total mean score was  $18.9\pm 4.43$ ; the positive RSES mean score was  $10.0\pm 2.32$ , and the negative RSES mean score was  $8.91\pm 2.63$ . When the relationships between the scales were examined, a negative, moderate and highly significant relationship was found between ICIQ-SF and RSES (total, positive, negative) ( $p=0.001$ ).

**Table 1.** The Women's Introductory Characteristics

		<b>N</b>	<b>n</b>	<b>%</b>
<b>Age</b>	18-27 years old	252	38	15,1
	28-37 years old		98	38,9
	38-47 years old		82	32,5
	48 years and older		34	13,5
<b>Marital Status</b>	Married	252	231	91,7
	Single		21	8,3
<b>Educational Status</b>	Illiterate	252	24	9,5
	Primary school graduate		41	16,3
	Middle and High school graduate		69	27,4
	Vocational school-University graduate		118	46,8
<b>Employment Status</b>	Unemployed	252	123	48,8
	Employed		129	51,2
<b>Income Level</b>	Income is less than expenses	252	55	21,8
	Income is equal to expenses		129	51,2
	Income is more than expenses		68	27,0
<b>Being in Menopause</b>	Yes	252	26	10,3
	No		226	89,7
<b>The Presence of Chronic Diseases</b>	Yes	252	47	18,7
	No		205	81,3
<b>Having Gynecological Surgery</b>	Yes	252	46	18,3
	No		206	81,7
<b>Having Frequent Urinary Infections</b>	Yes	252	65	25,8
	No		187	74,2
<b>Urinary Incontinence</b>	Yes	252	91	36,1
	No		161	63,9
<b>Situation of seeking help if there is incontinence</b>	Yes, I called for help	91	32	35,2
	No, I didn't seek help		59	64,8
<b>Social isolation due to incontinence</b>	Yes	91	51	56,0
	No		40	44,0

**Table 2.** Self-Esteem Levels According to Incontinence Status

	ICIQ-SF (0-8 points)	ICIQ-SF (9-21points)	X <sup>2</sup> and p
	No Incontinence %(n)	There Is Incontinence %(n)	
<b>RSES - Low Level (0-9 points)</b>	0 (0)	2.2 (2)	X <sup>2</sup> = 43.99 <b>p=0.001</b>
<b>RSES – Intermediate (10-19 points)</b>	46.6 (75)	85.7 (78)	
<b>RSES - High Level (20-30 points)</b>	53.4 (86)	12.1 (11)	
	100.0 (161)	100.0 (91)	

ICIQ-SF :International Consultation on Incontinence Questionnaire Short Form  
RSES: Rosenberg Self-Esteem Scale

**Table 3** Scale Score Means and the Relationship Between them

SCALES	Min- Max	$\bar{x}\pm SD$	ICIQ-SF TOTAL	RSES TOTAL	RSES (POSITIVE)	RSES (NEGATIVE)
<b>ICIQ-SF TOTAL</b>	0-21	6.59±5.93	-	r= -0.467 <b>p=0.001</b>	r= -0.394 <b>p=0.001</b>	r= -0.438 <b>p=0.001</b>
<b>RSES TOTAL</b>	6-30	18.9±4.43	r= -0.467 <b>p=0.001</b>	-	r= 0.879 <b>p=0.001</b>	r= 0.908 <b>p=0.001</b>
<b>RSES (POSITIVE)</b>	3-15	10.0±2.32	r= -0.394 <b>p=0.001</b>	r= 0.879 <b>p=0.001</b>	-	r= 0.598 <b>p=0.001</b>
<b>RSES (NEGATIVE)</b>	0-15	8.91±2.63	r= -0.438 <b>p=0.001</b>	r= 0.908 <b>p=0.001</b>	r= 0.598 <b>p=0.001</b>	-

ICIQ-SF :International Consultation on Incontinence Questionnaire Short Form  
RSES: Rosenberg Self-Esteem Scale

### Discussion and Conclusions

The prevalence of UI is high in women; problems such as embarrassment, decrease in self-esteem and self-confidence, social phobia, social isolation, and difficulty in performing activities of daily living are seen in women with incontinence (Southall et al., 2017; Saboia et al., 2017; Amanak & Sevil, 2020). In this study investigating the effect of UI on self-esteem, 36.1% of women reported urinary incontinence. Our finding is consistent with the literature (Choi et al., 2015; Uğurlucan et al., 2016).

Most women do not need treatment for reasons such as not seeing the symptoms as serious, believing that the symptoms will go away with time, or embarrassing (İrer et al., 2018). In the present study, the rate of women who did not seek help because of their UI was found to be high (64.8%). The current study's findings are in parallel with Özcan and Avcı (2021). This negative situation causes psychosocial problems and triggers feelings of powerlessness by hindering women's daily life activities and social participation (Southall et al., 2017). The fact that women perceive UI as a sensitive and embarrassing problem makes it difficult to express this situation. For this reason, it is important to additionally question the urinary symptoms of women who apply to health centers for other reasons (Aynacı, 2020). Actively questioning urinary incontinence can support people with urinary incontinence to seek help.

More than half of the present study's participants reported that they experienced social isolation due to urinary incontinence. Hygienic problems and shame due to UI can cause social isolation and depression, so its social impact is great (Jurášková et al. 2020). Women who find themselves less attractive may avoid communication with other people (Boylu & Dağlar, 2019). Social isolation is more likely to be associated with the possibility of learning from others than the distress caused by the UI itself (Lee et al., 2021). In addition, anxiety about UI in public and the resulting odor may be the other causes of social withdrawal (Aynacı, 2020). The current study's finding is consistent with other studies reporting that individuals with UI are prone to social isolation (Kadıoğlu & Kızılkaya-Beji, 2016).

The feeling of shame that comes to the fore in individuals with UI causes a significant decrease in the women's self-confidence (Boylu & Dağlar, 2019). In the present study, the self-esteem of women with UI was moderate (85.7%). Women with UI reported significantly lower levels of self-esteem than those without. The literature has reported that women with severe UI are 80% more likely to be depressed, and women with mild or moderate UI are 40% more likely to have depression (Kuoch et al., 2019). Low self-esteem is one of the symptoms of depression. Therefore, it is recommended that women with UI be screened for psychiatric symptoms. There are studies that emphasize the importance of routine mental health screenings and close collaboration with mental health professionals (O'Reilly et al., 2018). In addition, in the current study, it was found that UI was negatively and moderately correlated with self-esteem. As women's UI complaints decreased, their self-esteem increased. It has been reported in the literature that urinary incontinence negatively affects women's self-esteem (Sinclair & Ramsay, 2011; Woods & Mitchell, 2013; Gümüşsoy et al., 2019). This study finding is compatible with the literature.

The fact that UI has an effect on women's self-esteem increases the importance of multidisciplinary evaluation of individuals and planning care strategies (Lim et al., 2017). This study provides an important evidence base for the assessment of self-esteem in women with UI. These study results may help improve UI management.

UI, which negatively affects women's families and social lives, should be evaluated from a holistic perspective. After the diagnosis is made and appropriate treatment is recommended, regular follow-up is important to prevent complications, improve self-esteem, and prevent social stigma. In addition, teaching self-management strategies to women with UI may also be effective in increase the self-esteem.

In order to increase the awareness of UI of both patients and healthcare providers, it would be appropriate to hold training, seminars, and information meetings on this subject. Although studies on UI and its effects on quality of life are in the majority of the literature, studies examining the effect of UI on self-esteem are limited. For this reason, it is recommended to evaluate the effects of UI on body image and self-esteem in women with larger samples.

The results of the research presented that women with UI had low self-esteem and did not get help because they were ashamed about this issue, and they experienced social isolation. It is important that nurses adopt holistic care in ensuring early detection of psychosocial problems, especially self-esteem and stigma that may occur as a result of UI, strengthening physiological and psychological coping, and preventing mental health problems such as anxiety and depression.

### **Limitations**

In addition, the fact that urodynamic parameters were not used in the study may also be a limitation.

### **Declaration of conflicting interests**

The authors confirm that there is no conflict of interest.

### **Statement of contributorship**

All authors contributed to the development of the study methodology, data collection and analysis. All authors participated in writing, reviewing and editing the manuscript, and approved the final version.

### **Funding**

This research received no specific grant from any funding agency in public, commercial or not-for-profit sectors.

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