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Relationship between sexual quality of life and life satisfaction in women with urinary incontinence: A cross-sectional survey

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Abstract

Purpose: This study aims to investigate the relationship between the sexual quality of life and life satisfaction in women with urinary incontinence.

Methods: This research is Correlational-descriptive research. Sample of the study consisted of 210 women with urinary incontinence. The data of the study were collected using "The Patient Information Form," "The Sexual Quality of Life Questionnaire" and "The Satisfaction with Life Scale." In analyzing; Mann-Whitney U tests, Kruskal Wallis variance analysis were used.

Results: It has been found that educational status, income status, menopause status, and frequency of urinary incontinence affect the sexual quality of life. A statistically significant positive moderate linear relationship was found between the mean SWLS scores and the mean SQOL scores ($p < 0.05$).

Conclusion: In this study, it was found that the sexual quality of life increased as The Life Satisfaction Of Women With Urinary Incontinence Increased.

Keywords

Urinary incontinence, sexual quality of life, female, life satisfaction

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Introduction

According to the current joint report of the International Continence Society (ICS), urinary incontinence (UI) is defined as involuntary loss of urine during the bladder storage phase.[1] Urinary incontinence, which causes hygienic and social problems, is a universal problem that negatively affects women's lives, although it is not vital.[2,3]

According to the International Incontinence Society report, the prevalence rates of UI in men range from 5% to 32% and in women from 12% to 53%.[1] According to the TurkStat (Turkish Statistical Institute) Health Survey Report, in Turkey, UI was 3.9% in men and 7.8% in women in 2017.[4]

In line with these data, urinary incontinence decreases the quality of life of the individual by negatively affecting their sexual relations, daily life activities, and work-life. According to the studies, urinary incontinence has consequences in women such as severe depression, social isolation, low self-confidence, not to travel, inability to fulfill their religious beliefs, and restriction of fluid intake.[5]

In women, UI is not a vital problem. Health-seeking behaviors might be negatively affected since UI is thought to be happening due to aging, the feeling of embarrassment, its prevalence, and the lack of information about current treatment options. Urinary incontinence and, in particular, the urge to urinary incontinence are known to increase anxiety and lack of self-confidence in women. Fear of smell and incontinence that occur during sexual intercourse affects women's sexual function.[3]

In many studies, it has been reported that the quality of life, which also directly affects life satisfaction, is low in women with urinary incontinence.[6,7] In the literature, quality of life has been investigated in the vast majority of

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studies on women with urinary incontinence, however, in the literature, there is a limited number of studies that investigate the sexual quality of life and life satisfaction together in women with urinary incontinence.

In this direction, the planned study evaluates the effects of urinary incontinence, which affects and complicates the woman's entire life, including her sexual life, on the sexual quality of life, and life satisfaction. Also, it is believed that it might guide nurses who would play a very important role in urinary incontinence in future applications. This study aims to investigate the relationship between the sexual quality of life and life satisfaction in women with urinary incontinence

Methods

This descriptive and correlational type study was conducted in the Urology and Obstetrics and Gynecology clinics of Sinop Atatürk Public Hospital and Gerze Public Hospital between October and December 2019. Women over the age of 18 formed the universe of this study. The sample size was calculated based on studies conducted on female patients with urinary incontinence. with a 21% incidence and 95% confidence margin, 5% margin of error, and 80% power. And the minimum number of patients to be included in the study was determined to be 200. The sample of the study included a total of 210 females, who met the following inclusion criteria;—18 years of age and above,—accepting to participate in the study,—answering "Yes" to the question of "Do you have urinary incontinence problem?"—being able to communicate effectively.

Ethical aspect of the study

Before the study, the ethical approval numbered B.30.2.ODM.0.20.08 / 1707-751 from the Clinical Research Ethics Committee of Ondokuz Mayıs University and written permission was obtained from the hospital where the study was to be conducted. Written permission was obtained from Tuğut to be able to use the SQOL-F. Written permission has been obtained from Dağlı to be able to use the SWLS. After the informed oral consent of the participants was obtained, their voluntary participation was provided.

Instruments and study procedures

The data of the study were collected using "The Patient Information Form (PIF)," "The Sexual Quality of Life Questionnaire (SQOL)" and "The Satisfaction with Life Scale (SWLS)." Data was collected in a place where women could feel comfortable, in about 20–30 min by face-to-face interview method after their informed consent was obtained.

Data collection tools

Patient information form. Patient Information Form was created in the form of 38 questions after the scan of the literature on the subject This form consists of questions that include socio-demographic characteristics of women, gynecological characteristics, and some characteristics related to urinary incontinence.

The satisfaction with life scale (SWLS). The scale was developed by Diener et al. in 1985.[8] The scale, which is in the 7-point Likert type, was adapted to the five-point Likert type by Dağlı and Baysal in 2016,[9] and a validity and reliability study was conducted Each item is a five-point Likert type, and the participants were asked to respond according to five options specified in the scale (1: not suitable at all—5: very suitable). The highest score that can be taken from the SWLS is 25 and the lowest score is 5. The lower the score is on SWLS, the lower life satisfaction is.[8] Cronbach Alpha's internal consistency coefficient of the scale was determined to be 0.88 and test-retest reliability as 0.97.[9]

The sexual quality of life scale-female. The Sexual Quality of Life–Female (SQOL-F) questionnaire was developed by Symonds et al in 2005. In 2010, Tuğut and Gölbaşı[10] conducted a study for the validity and reliability of SQOL-F in Turkey. The scale is a six-point Likert-type scale with 18 items that individuals can answer on their own. All items are expected to be answered by the participants considering their sexual lives in the last 4 weeks. The highest score that can be obtained from the sexual quality of life scale is 100 and the lowest score is 0. The higher the score is on SQOL-F, the better the sexual quality of life is. Cronbach Alpha's internal consistency coefficient of the scale was determined to be 0.83.[23] In this study, the Cronbach Alpha value of SQOL-F was found to be 0.93.

Data analysis

The Statistical Package for Social Sciences (SPSS) 25.0 package program was used for the analysis of the data. The relationship between scale scores was analyzed by Spearman's correlation. The Mann-Whitney U test was used for the significance of the difference between the means of two independent groups. The Kruskal-Wallis (Tamhane's T2 post hoc test) test was used for the significance of the difference between the means of more than two independent groups.

Results

It was found that 45.7% of the women participating in the study were primary school graduates, 57.1% were housewives, 44.3% had primary school graduated spouses,

Table 1. Distribution of some of the characteristics of participants related to urinary incontinence.

Feature	Number (*n*)	%
Waking up from sleep at night for urination		
Yes	181	86.2
No	29	13.8
Urinary incontinence during coitus		
Yes	43	20.5
No	167	79.5
Experiencing urinary tract infection frequently		
Yes	127	60.5
No	83	39.5
Cause of urinary incontinence development		
After pregnancy	58	27.6
Infection	44	21.0
After menopause	33	15.6
No reason	31	14.8
Postoperative	21	10.0
After the Use of Medication	13	6.2
After the Chronic Disease	10	4.8
Actions after urinary incontinence development		
To visit a Doctor	87	41.4
Not Doing Anything	64	30.5
Sharing it with the relatives	59	28.1

68.1% had the equivalent of income to their expenses, 97.1% had health insurance and 84.3% were of the nuclear family type.

The mean age of the women participating in the study was 47.96 ± 12.31, mean BMI 28.47 ± 5.99, mean number of births 2.86 ± 1.38, mean age of getting married 20.80±, 3, 26, mean duration of marriage 27.05 ± 13.73, mean age of first delivery 22.80 ± 3.55, mean number of urination per day 7.69 ± 2.30, the period of UI 6.59 ± 6.65 years (since the first incident), mean score of SWLS 15.30 ± 4.95 and mean score of SQOL 66.83 ± 21.06.

A total of 86.2% of the women involved in the study wake up at night to urinate, 20.5% have urinary incontinence during coitus, 60.5% experience urinary tract infection frequently, 27.6% developed urinary incontinence after pregnancy, and 41.4% visited a doctor when they first encountered urinary incontinence (Table 1).

Table 2 presents the mean scores of the SWLS and SQOL scales according to the informative characteristics of the participants. Accordingly, the mean SQOL score (17.04 ± 5.45) of university graduates, civil servants and women with higher income than expenditure was the highest among the groups ($p < 0.05$) (Table 2).

In Table 3, according to some characteristics of the participants about urinary incontinence, the mean scores of SWLS and SQOL were given. Accordingly, the mean score of SWLS and SQOL of women who did not feel anything emotionally because they had urinary incontinence was higher than in other groups, and the difference between the groups was statistically significant ($p < 0.05$).

The mean SQOL score (69.08 ± 20.48) of women who did not have urinary incontinence during coitus was higher than those who had, and the difference between the groups was statistically significant ($p < 0.05$) (Table 3).

Looking at Table 4, a statistically positive moderate linear relationship was found between the mean SWLS scores and the mean SQOL scores, and this relationship was determined as significant ($p < 0.05$). It has been found that the sexual quality of life increases as life satisfaction increases (Table 4).

A statistically significant positive linear relationship was found between the mean SWLS score of women and their age ($p < 0.05$) (Table 4).

A statistically significant negative linear relationship was found between the mean SQOL scores of women and their age, the number of deliveries, duration of the marriage, and history of urinary incontinence (in years) ($p < 0.05$). A statistically significant positive linear relationship was found between the mean SQOL score of women and the age of marriage, the age of the first delivery ($p < 0.05$) (Table 4).

Discussion

In this study, it was found that 58.6% of women did not visit a doctor after developing urinary incontinence (Table 1). In a study conducted with 292 women in our country, it was determined that 66.4% of them did not visit a doctor regarding their urinary incontinence complaints.[11] Hersh and Salzman[12] found that at least half of

Table 2. Comparison of mean scores of SWLS and SQOL scales according to informative characteristics of the participants.

Features		SWLS $\overline{X} \pm$ SD	SQOL $\overline{X} \pm$ SD
Education Status	Illiterate	14.78 ± 3.60	61.60 ± 17.01[a]
	Being Literate	15.75 ± 4.94	61.11 ± 13.86[a]
	Primary	15.48 ± 5.06	63.96 ± 22.23[a]
	Secondary	14.65 ± 4.10	62.31 ± 19.99[a]
	High school	14.12 ± 5.58	75.72 ± 20.53[b]
	University	17.65 ± 5.11	80.78 ± 13.73[b]
Statistics	KW	X^2=8,974	**X^2=22,974**
	p	*p*=0110	***p*=0.000**
Profession	Housewife	15.34 ± 4.81	64.36 ± 22.10[a]
	Retired	16.20 ± 5.17	62.07 ± 20.94[a]
	Civil Servant	16.13 ± 6.28	78.16 ± 18.64[b]
	Operative	13.85 ± 4.42	64.24 ± 17.74[a]
	Self-employed	15.84 ± 4.74	76.96 ± 15.96[b]
Statistics	KW	X^2=4,384	**X^2=15,219**
	p	*p*=0.357	***p*=0.004**
Income Status	Income less than expenses	13.57 ± 5.51 [a]	64.76 ± 21.51
	Income equivalent to expenses	15.50 ± 4.57 [b]	66.59 ± 21.10
	Income more than expenses	17.04 ± 5.45 [b]	71.69 ± 20.24
Statistics	KW	**X^2=10,553**	X^2=1,912
	p	***p*=0.005**	*p*=0.384
Family Type	Nuclear	15.37 ± 5.02	66.59 ± 21.38
	Large	14.91 ± 4.65	68.11 ± 19.60
Statistics	U	*z*=−0.560	*z*=−421
	p	*p*=0.576	*p*=0.673

$\overline{X}$: Mean; SD: standard deviation.
[a, b]In each column, the difference between groups that do not carry the same letter is significant.
Bolds are meaningful results.

Table 3. Comparison of some characteristics of participants related to urinary incontinence and the mean score of the SWLS and SQOL scales.

Features		SWLS $\overline{X} \pm$ SD	SQOL $\overline{X} \pm$ SD
Emotion when experienced urinary incontinence	Anger	13.38 ± 3.40	65.73 ± 19.33
	Guilt	15.00 ± 6.89	54.72 ± 19.72
	Shame	14.73 ± 5.29	66.24 ± 21.89
	Sadness	15.29 ± 4.77	64.66 ± 21.44
	None	17.00 ± 4.12	75.61 ± 17.38
Statistics	KW	**X^2=9,605**	**X^2=12,523**
	p	***p*=0.048**	***p*=0.014**
Urinary incontinence during coitus	Yes	14.63 ± 5.27	58.09 ± 21.27
	No	15.47 ± 4.87	69.08 ± 20.48
Statistics	U	*z*=−0.922	***z*=−3.101**
	p	***p*=0.357**	***p*=0.002**
Urinary Tract Infection	Yes	14.63 ± 5.00	64.08 ± 20.90
	No	16.33 ± 4.73	71.04 ± 20.75
Statistics	U	***z*=−2.406**	*z*=−2.524
	p	***p*=0.016**	***p*=0.012**

$\overline{X}$: Mean; SD: standard deviation.
Bolds are meaningful results.

Table 4. The relationship between some characteristics of participants and the mean scores of SWLS and SQOL.

Variables		SQOL	SWLS
SQOL	*r*		**0.314**
	p		**0.000**
Age	*r*	−0.242	**0.137**
	p	**0.000**	**0.047**
Number of deliveries	*r*	−0.296	0.005
	p	**0.000**	0.948
Age of getting married	*r*	**0.163**	0.084
	p	**0.018**	0.228
Duration of Marriage	*r*	−0.238	0.104
	p	**0.001**	0.134
Age of first delivery	*r*	**0.209**	0.089
	p	**0.002**	0.200
UI history (year)	*r*	−0.149	0.010
	p	**0.031**	0.888

Bolds are meaningful results.

the patients did not report their incontinence to the doctor. The results of this study show similarities to the literature.

İt was found that the mean SWLS score of women with urinary incontinence was 15.30 ± 4.95 (min: 5, max: 25) which is a moderate level. In the literature, life satisfaction levels of different sample groups were investigated and different results were obtained. In their study with the 19–28 age group, Sapmaz and Doğan[13] found that the mean SWLS score was 21.46 ± 5.98 (min: 5, max: 35). Tümlu and Recepoglu[14] found that the average SWLS score was 26.16 ± 3.98 in their study with academic staff. Our study result was found to be lower than the literature results. In their studies, Bulut and Altay[15] Ozkan et al.,[6] Dogan et al.,[16] and Lim et al.[17] reported that urinary incontinence negatively affects women's quality of life and sexual life. If urinary incontinence affects the quality of life negatively, it can also affect life satisfaction negatively.

In this study, it was found that the mean SQOL score of women with urinary incontinence was 66.83 ± 21.06, which is a moderate level. In the literature, the sexual quality of life of different sample groups was investigated and different results were obtained. Stadnicka et al.[18] in their study with 193 women who were in their postpartum they determined the mean score of SQOL as 75.47 ± 24.68 and concluded that urinary incontinence has negative effects on sexual life in women of reproductive age. In studies conducted with 180 married and literate women who applied to a health institution for various reasons, the mean score of SQOL was $73.37 \pm 17{,}16$ Tuğut and Gölbaşı,[10] Selimoglu and Beydag[19] found that the mean score of SQOL of women who were breastfeeding their children after the delivery was 60.43 ± 10.70.

In this study, it was found that the sexual quality of life of university graduates was higher ($p < 0.05$) (Table 2). When the literature is scanned, similar results are found with the results of this study. According to another study, it was found that the lower the education level was, the lower the sexual quality of life for the individuals was. Karbage et al.[20] in their study, reported that women with the education level of primary school had a worse sexual function. A research conducted by the Sex Education Treatment and Research Association showed that the most important cause of sexual problems in Turkish society is, with 62%, inadequate education on sexuality and lack of knowledge.[21]

İt was found that those who were civil servants had a high sexual quality of life compared to the retired Group ($p < 0.05$) (Table 2). Ozerdogan et al.[22] found sexual dysfunction in women aged 45–49 as 65.8% and 88.6% in women aged 50–65. This can also be caused by the age difference between the civil servant and retired group. Kim and Kwak[23] reported that urinary incontinence is significantly associated with various occupational settings. These results suggest that urinary incontinence is common in working women and is associated with occupational status and work environment.

In this study, it was found that women whose income was higher than the expenses have high life satisfaction ($p < 0.05$) (Table 2). Çekiç et al.,[24] found in their studies that those with high-income levels had high life satisfaction compared to those with low-income levels. The results of this study show similarities to the literature. With increasing income, this situation may be due to the decrease in subsistence anxiety and the improvement of living conditions.

İt was found that those who experienced urinary incontinence once a month had a higher sexual quality of life than those who had more than once a day ($p < 0.05$) (Table 3). In studies, it was found that orgasm disorder, which can also be caused by urinary incontinence, is observed in about 20% of women, and it is determined to be the second most common dysfunction in female sexual dysfunction.[25] Urinary incontinence, in women, may have a negative impact on their sexual life due to urinary incontinence during coitus, the worry of urinary incontinence, and fear of giving bad smell and not looking attractive.

In this study, it was found that those who did not feel anything emotionally because they had urinary incontinence had a higher sexual quality of life than those who had the feeling of guilt ($p < 0.05$) (Table 3). In his study, Turan[26] found that sexual satisfaction affects the level of happiness in relationships. It has been found out that the level of happiness increases as sexual satisfaction increases in the relationship. Felde et al.[27] reported significant associations between the severity of urinary incontinence symptoms and depression or anxiety. According to women's perception of urinary incontinence and their emotions regarding it, their sexual life can be positively or negatively affected.

In this study, it was found that those with urinary incontinence during coitus had a lower sexual quality of life than those without ($p < 0.05$) (Table 3). Karbage et al.[20] reported that women with coital urinary incontinence have worse sexual functions. Because women experience coital incontinence, they feel ashamed of their partner and lose self-confidence, therefore their sexual life can be negatively affected.

In this study, it was found that those who had frequent urinary tract infections (UTI) had higher life satisfaction and sexual quality of life than those who did not ($p < 0.05$) (Table 3). However, Ozturk et al.[28] did not find the association between urinary incontinence and frequent UTI statistically significant. Frequent UTIs in women can affect their physical health and negatively affect their life satisfaction and sexual quality of life.

It has been found that the sexual quality of life increases as life satisfaction increases (Table 4). Yilmaz,[29] Senra and Pereira,[30] reported that as life satisfaction increases, individuals sexual satisfaction increases. In couples who have healthy and satisfactory sexual life in their relationship, the feeling of love and value for each other would increase and this might help strengthen the bond between the partners.[31] A healthy and happy sexual life can also lead to life satisfaction.

A statistically negative linear correlation was found between the mean SQOL scores of women and their age ($p < 0.05$) (Table 4). It has been found that as the age of women increases, their sexual quality of life decreases. When the literature was scanned, increased age was found to negatively affect the sexual quality of life[32] Ozerdogan et al.[22] reported that sexual dysfunction is common in women aged 40–65 in his study, and one of the risk factors is urinary incontinence. Visser et al.[33] reported that approximately 25% of older sexually active women reported that urinary incontinence had a negative impact on their sexual lives. Increasing age can negatively affect the sexual quality of life with physiological, psychological problems that it brings with it.

Conclusions

It was found that women with urinary incontinence have a moderate level of life satisfaction (15,30 ± 4.95) and sexual quality of life (66.83 ± 21.06). A statistically positive moderate linear correlation was found between mean SWLS scores and mean SQOL scores in women, and this correlation was found to be significant ($p < 0.05$). It has been found that the sexual quality of life increases as life satisfaction increases.

It is recommended to teach effective coping strategies to help women with urinary incontinence adapt to their situations, including their spouses, and increase their sexual satisfaction and quality of life, and counseling women with urinary incontinence on life satisfaction and sexual quality of life.

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Authors' note

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Author contributions

Alime Güleryüz: Conceptualization, Design, Data collection or processing, Analysis And İnterpretation, Literature Search, Writing–original draft. **Birsen Altay:** Conceptualization and Design, Analysis And İnterpretation, Data Supervision; Writing–reviewand, editing.

Ethical aspect of the study

Before the study, the ethical approval numbered B.30.2.ODM.0.20.08 / 1707-751 from the Clinical Research Ethics Committee of Ondokuz Mayıs University and written permission was obtained from the hospital where the study was to be conducted. Written permission was obtained from Tuğut to be able to use the SQOL-F. Written permission has been obtained from Dağlı to be able to use the SWLS. After the informed oral consent of the participants was obtained, their voluntary participation was provided.

Metod

The name of the institution that was blinded: of Sinop Atatürk Public Hospital and Gerze Public Hospital.

Declaration of conflicting interests

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