

The Emotional Impact Of Urinary Incontinence: Experiences Of Older Women In Life At Work And Beyond

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Abstract

Background- Urinary incontinence (UI) is a persistent condition affecting millions of women around the world, significantly impacting their mental health and overall well-being. In spite of its high prevalence, UI is hugely underreported and undiagnosed due to a lack of proper awareness and the stigma about this condition. Many women restrict themselves from seeking professional help, participating in social events, avoiding professional challenges, turning down opportunities and struggling to fulfil family responsibilities because of their condition. The objective of this study is to investigate psychosocial experiences concerning quality of life, stigma and self-esteem among older women suffering from UI.

Method: This purposive cross-sectional study delves into women's lived experiences to uncover insights that can enhance treatment approaches. Data was gathered quantitatively from women (55-65 years) in different workforces presently attached or recently retired. The study seeks to contribute to more holistic and patient-centred care strategies by fostering awareness, providing effective counselling when needed, and refining doctors' instructions and suggestions in the treatment process.

Result: The study's findings indicate a significant impact on quality of life, stigma, and self-esteem among all women suffering from UI. Working women suffer more with respect to quality of life and stigma than non-working women. The regression model shows that increasing age deteriorates the Quality of Life but lowers anticipated stigma, while increasing educational qualification enhances self-esteem and reduces perceived stigma but increases anticipated stigma.

Conclusion: This study helps understand the psychological burden that can hinder women's treatment-seeking process. It also entails the challenges faced by working women suffering from UI, which provides a valuable treatment approach.

Keywords- Urinary Incontinence, Women Health, Psychological Burden, Stigma, Quality Of Life, Self-Esteem

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I. Introduction

Urinary Incontinence is mainly of five types- urgency urinary incontinence, stress urinary incontinence, mixed urinary incontinence, overflow urinary incontinence and functional urinary incontinence. Urinary incontinence is the involuntary leakage of urine. The prevalence of urinary incontinence (UI) in India is between 10% and 42% (Singh et al., 2014). Research says that this condition is more common in women, especially postmenopausal women. According to Singh, Agarwal, Verma et al. (2013, in a hospital-based survey, out of 3000 women, 656 women reported urinary incontinence, and the prevalence was 21.87%. The International Continence Society (2020) estimates that 10-20% of Indians experience some form of UI, with higher rates observed in women, especially postmenopausal women. Urinary incontinence has been classified into a few different types. Stress incontinence is where urine leakage happens when the bladder suffers some pressure, such as coughing, laughing, or exercising. Urge incontinence is when a sudden, intense urge to urinate is felt and at times, urine involuntarily starts to leak. Mixed incontinence is the symptomatic complaint of both stress urinary incontinence and urgency incontinence- Leakage of urine while coughing and leakage of urine with urgency. Urgency urinary incontinence and mixed urinary incontinence appear to become more prevalent with ageing. Risk factors for urinary incontinence include obesity, increased age, female gender, childbirth, hysterectomy, and smoking (Abraham, Cardozo, Wagg, & Wein, 2020). With increasing age and the presence of diabetes, men also experience urgency incontinence. Stress urinary incontinence may be seen after prostate surgeries. Another form of incontinence, more common in men, is overflow incontinence, where there is frequent or continuous dripping of urine drops because the bladder doesn't empty completely.

Urinary incontinence can deeply affect the lives of middle-aged and older women, affecting nearly every aspect of their well-being—physical, emotional, social, and professional. Women suffering from UI are always vigilant on managing their accidental leakage, which further leads to skin irritation, infections and discomfort. Socially, these women often restrict themselves from participating in gatherings or any physical activity, which negatively impact their overall health. Professionally, the impact can be even more significant. Many women find themselves turning down professional challenges, avoiding opportunities, and struggling to fulfill their work responsibilities because of their condition. This aspect of UI is often overlooked, but it is a crucial part of the overall impact on women's lives.

From an emotional perspective, urinary incontinence can trigger feelings of embarrassment, shame, and low self-esteem, especially when women feel unable to talk about their condition openly, as discussed in the article on 'a wholesome guide to women health and wellness'. Socially, many women may start avoiding gatherings, travel, or even intimate relationships because the fear of public embarrassment can overshadow their desire to connect with others. In some social cases, they track the nearby washrooms and how fast they can access them. This fear is exhausting and often leads to avoidance of social participation. This withdrawal brings feelings of isolation, which in turn can contribute to anxiety or depression.

Women have come a long way from being confined to traditional household roles to excelling in diverse fields such as teaching, medicine, labour, factory work, astronomy, and even space exploration. There is almost nothing a woman has not attempted or achieved. In some cultures, even in the 21st century, women are barred from entering the kitchen or participating in auspicious rituals if they are menstruating. Throughout their lives, women go through milestones like pregnancy, childbirth, postpartum recovery, and menopause, all of which significantly impact their overall health. Urinary incontinence is one of those impact which is more common in women than men because of the combined anatomical, hormonal, biological factors. The shorter and less supported female urethra makes women more prone to leakage under stress or pressure. Events like pregnancy and childbirth can further weaken the muscles of pelvic floor and tissues that support the bladder and urethra. Additionally, menopause-related hormonal changes, such as decreased estrogenic levels, can thin and weaken the vaginal and urethral tissues, increasing the risk of incontinence. However, breaking free from societal fears and stigmas that challenge women's self-worth and capabilities has been an ongoing struggle over time. These challenges often stem from the patriarchal structure of society and the rigid expectations attached to conventional gender roles. Despite this, many women play multiple roles and rise above the pressures.

In contrast, men are somewhat protected from certain types of incontinence, like stress urinary incontinence, because of their longer urethra and the added support provided by the prostate. However, prostate-related issues in older men can lead to other forms of UI later in life. These combined anatomical and hormonal differences explain why UI is more common.

According to the Urogynaecologist Ryan Stewart, middle-aged women, in professional settings, suffering from UI have a chance to struggle with frequent interruptions for bathroom breaks or the worry of leakage during meetings, affecting their confidence and productivity at work. The challenge of managing work, family, and personal responsibilities also leaves them with little room to address their own health concerns. Unfortunately, the stigma surrounding UI often prevents women from seeking help, making the condition even harder to manage. However, raising awareness and encouraging women to explore treatments such as urological exercises, medication, or simple lifestyle changes can make a difference (Santos et al., 2018). Building awareness can help them seek timely medical advice and regain control, improve their quality of life, and restore their confidence.

Being a professional impacts self-identity, autonomy, financial security, social standing, and mental health in any individual. Professionals who have worked for many years and grown along with their positions feel esteem near the end of their professional lives. Women, especially, can perceive strength even more, as they have always tried to prove themselves in different spheres of their lives, given the age-old societal perception of being the weaker gender.

II. Methodology

A cross-sectional study was conducted using a purposive non-probability sampling technique involving 118 postmenopausal women suffering from UI, aged 55-65. Out of these, 86 women were clinically diagnosed with urinary incontinence and undergoing treatment, 37 of whom were working and 49 were non-working. Participants were included from various urban and suburban areas of the southern part of West Bengal through purposive sampling after being reported with symptoms of UI from September 2024 to February 2025.

Inclusion Criteria for working women are women working at the present or have worked in the last 5 years, aged between 55-65 years and suffering from Urge-urinary incontinence and Stress-Urinary incontinence. Participants who were excluded from this study were the women suffering from overflow and functional urinary incontinence or have other diagnosed psychiatric conditions or diabetes. The objective of the study is to assess

the impact of Urinary incontinence on the quality of life, anticipated stigma, perceived stigma and self-esteem and to predict if age and education have any significant effect on women with UI.

Data collection began with understanding the socio-demography of the participants and using the structured questionnaire that included clinical assessment to understand the severity of UI and possible psychosocial impact. The International Consultation on Incontinence Questionnaire-Short Form (ICIQ-UI-SF) and General Health Questionnaire were used in the screening procedure. The participants aligned with the inclusion criteria were taken forward in the study. The Incontinence Impact Questionnaire for the impact on quality of life, the Rosenberg Self-Esteem Scale (RSES) for self-esteem, the Stigma Scale for Chronic Illness and the Chronic Illness Anticipated Stigma Scale were administered to all the participants.

The collected data were accumulated in an Excel sheet and were analysed statistically. The scores of both working and non-working women suffering from UI were calculated to see the homogeneity of variance and normality by using Levene's Test and Shapiro-Wilk test, respectively, to meet the assumptions for further analysis of mean and standard deviation. To determine whether this difference in means is statistically significant, we proceeded with the Independent Samples T-Test as the assumption of equal variances was met (based on Levene's test). We found that the age and education of 118 women suffering from UI have a significant effect on their psychosocial health. To find any significant prediction, we proceeded with a regression model.

III. Result

Characteristics		N (118)
Participants	Under Treatment	86
	Not under treatment	32
Age (years)	55-58 years	33
	59-62 years	47
	63-65 years	38
Marital Status	Married	105
	Unmarried	13
Education	Below 12 th Grade	72
	Bachelors and above	46
Occupation	Non-working	49
	Working	21
	Retired	16
Incontinence Impact Questionnaire (Short-form IIQ-7)	Moderate Impact (26-50)	42
	Significant Impact (51-75)	12
	Severe Impact (76-100)	64
Anticipated Stigma	Very low to low anticipated stigma (12-24)	28
	Moderate anticipated stigma (25-36)	41
	High anticipated stigma (37-48)	32
	Very high anticipated stigma (49-60)	17
Perceived Stigma	Minimal Stigma (24-48)	27
	Mild Stigma (49-72)	51
	Moderate Stigma (73-96)	40
	Severe Stigma (97-120)	0
Rosenberg Self-Esteem Scale	High self-esteem (30-40)	6
	Moderate self-esteem (20-29)	63
	Low self-esteem (10-19)	49

Table 1- Sociodemographic Details of participants and psychosocial health (n=118)

Scale	Test		Result	P-Value	Remark
Impact on Quality of Life	Shapiro-Wilk Test	Non-Working women	0.9452	0.0677	Normally distributed
		Working women	0.9793	0.5352	
	Levene's Test Statistics		1.6838	0.1979	Equal Variance
Anticipated Stigma	Shapiro-Wilk Test	Non-Working women	0.9746	0.5474	Normally distributed
		Working women	0.9671	0.1855	
	Levene's Test Statistics		0.9433	0.3342	Equal Variance
Perceived Stigma	Shapiro-Wilk Test	Non-Working women	0.9438	0.0611	Normally distributed
		Working women	0.9658	0.1644	

	Levene's Test Statistics		3.8649	0.0526	Equal Variance
Self-Esteem	Shapiro-Wilk Test	Non-Working women	0.9452	0.0677	Normally distributed
		Working women	0.9793	0.5352	
	Levene's Test Statistics		1.6838	0.1979	Equal Variance

Table 2 shows that Shapiro-Wilk and Levene's tests are used in statistical analysis to check whether the assumptions for certain statistical tests are met Since the Shapiro-Wilk test for both groups of women with UI indicated normality ($p > 0.05$) and Levene's Test suggested equal variances ($p > 0.05$), a t-test or another suitable statistical test would be needed to determine whether this difference in means is statistically significant, depending on the study design. We have proceeded with the Independent Samples T-Test as the equal variances assumption is met (based on Levene's test).

Scales		Non-Working women	Working women	T-Statistic	P-value	Remark
Quality of Life impacted by UI	Mean	10.39	17.14	11.0863	4.0315	Significant difference
	Standard Deviation	3.1	2.54			
Anticipated Stigma	Mean	23.02	39.16	14.8440	3.3505	Significant difference
	Standard Deviation	5.48	4.59			
Perceived Stigma	Mean	50.96	57.57	2.5789	0.0116	Significant difference
	Standard Deviation	9.35	13.29			
Self Esteem	Mean	21.33	20.27	-1.1105	0.2699	No Significant difference
	Standard Deviation	9.35	13.29			

Table 3- T-statistic for working and non-working women suffering from urinary incontinence with respect to their quality of life, anticipated stigma, perceived stigma and self-esteem

Predictor	Outcome Variable	Coeff	(95% CI)	p-value	R ²
Univariate Regression					
Age	UI Impact on QoL	0.4881	(0.353, 0.623)	0.000	0.360
	Anticipated Stigma	-0.8394	(-1.081, -0.597)	0.000	0.340
	Perceived Stigma	0.6257	(0.428, 0.824)	0.000	0.573
	Self-Esteem	-0.3557	(-0.494, -0.217)	0.000	0.221
Education	UI Impact on QoL	-0.4310	(-0.680, -0.182)	0.001	0.114
	Anticipated Stigma	0.9464	(0.521, 1.372)	0.000	0.175
	Perceived Stigma	-1.3602	(-1.603, -1.117)	0.000	0.573
	Self-Esteem	0.8276	(0.650, 1.005)	0.000	0.483
Multivariate Regression					
Age	UI Impact on QoL	0.7403	(0.525, 0.955)	0.000	0.415
Education	UI Impact on QoL	0.4971	(0.159, 0.835)	0.004	
Age	Anticipated Stigma	-0.9872	(-1.389, -0.586)	0.000	0.346
Education	Anticipated Stigma	-0.2914	(-0.923, 0.340)	0.362	
Age	Perceived Stigma	-0.1767	(-0.432, 0.078)	0.172	0.582
Education	Perceived Stigma	-1.5817	(-1.983, -1.181)	0.000	
Age	Self-Esteem	0.176	(-0.008, 0.360)	0.061	0.503
Education	Self-Esteem	1.0483	(0.758, 1.338)	0.000	

Table 4 shows the univariate and multivariate regression of age and education with respect to psychosocial factors of women suffering from Urinary Incontinence

IV. Discussion

Urinary incontinence is a chronic urological condition dealing with urine leakage. This condition significantly disrupts daily functioning. Prolonged suffering from this condition often changes the emotional capacity, and this impairment also hinders the treatment-seeking behaviour in women who are suffering from UI. This study explores the psychosocial dimensions of urinary incontinence, focusing on factors- a) urinary incontinence impact on the quality of life, b) anticipated stigma, c) perceived stigma and d) self-esteem among older Indian women residing in the southern part of West Bengal. Additionally, it digs into the unique struggles faced by working women, highlighting the compounded difficulties of managing urinary incontinence within various workplace environments.

Many women refrain from seeking treatment for urinary incontinence and similar health conditions due to the pervasive stigma and societal judgment surrounding such issues. Perceived fear of embarrassment and anticipated shame often compels them to suffer in silence, as conditions like this are often seen as a sign of weakness, lack of control or uncleanness. The societal tendency to trivialise these challenges further discourages open discussions among family members and close ones, leaving women isolated and hesitant to access the medical care and support they need. Women, even these days, still feel uncomfortable talking about their bodies and their needs and issues. Likewise, often, we see that breast carcinomas go unnoticed by women (50-60% recognising rate in urban Indian women, according to WHO). The results from the present study clearly indicate the significant impact of UI on women and in relation to quality of life, self-esteem and stigma and how this cripples even more severely for working women.

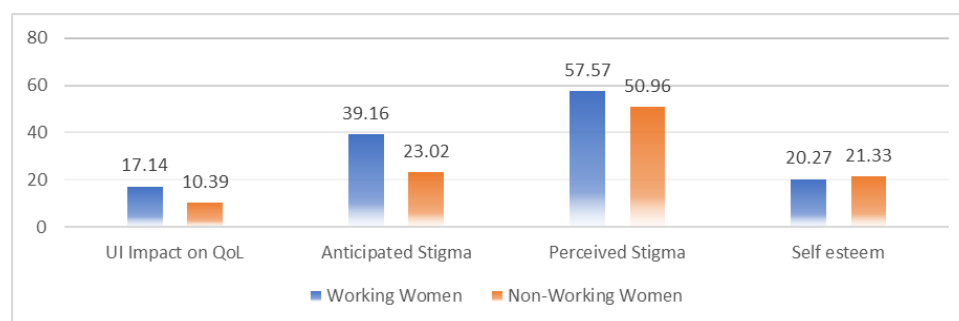


Figure 1 explains the mean of all the psychosocial variables of working and non-working women suffering urinary Incontinence (UI)

The quality of life in the later stages of life often comprehends various dimensions, including household responsibilities, self-care, physical exercise, recreational activities such as travelling, attending social gatherings, and engagement in community interactions. The present analysis reveals that the mean value of Impact on Quality of Life (UI impact questionnaire) scores for non-working and working women are 10.39 and 17.14, respectively, with standard deviations of 3.1 and 2.54, with a t-statistic of 11.0863 (p-value= 4.03). These findings indicate that both groups experience significant challenges in their daily lives due to urinary incontinence. The fear of urine leakage while performing routine activities severely restricts participation, leading to profound self-consciousness and embarrassment.

This phenomenon aligns with Fultz, Girts, and Kinchen et al. (2005) findings,¹¹ who established a direct correlation between the severity of urinary incontinence and decreased cognitive focus, workplace performance, and productivity. The greater the fear of leakage, the more women tend to limit their engagement in even the most fundamental aspects of daily life, ultimately waning their overall quality of life. The impact is more pronounced among working women, as urinary leakage may interfere with professional responsibilities, cause missed deadlines, increase healthcare expenditures, and reduce participation in workplace socialisation, potentially leading to social isolation. Moreover, women in physically demanding occupations, such as caregiving, hospital care, sales or factory work, may experience additional strain on the pelvic floor, exacerbating their symptoms.¹² The study by Chow and Chuang et al. (2022) further supports this observation, emphasising that cultural norms and workplace environments that discourage open discussions about health concerns disproportionately affect women, leading to adverse consequences on both their physical and mental well-being. The results of the t-test confirm a statistically significant difference in the impact of urinary incontinence on the quality of life between working and non-working women. Both groups endure moderate to severe levels of distress, affecting their overall perception of life and personal struggles.

Health issues are common with ageing; however, some conditions, such as urinary incontinence, are further compounded by societal stigma, creating additional barriers to seeking medical assistance. Fear of stigmatization often compels women to withdraw from social interactions and avoid seeking appropriate treatment. In the present study, the mean anticipated stigma scores for non-working and working women were 23.02 and 39.16, respectively, with a t-statistic of 14.84 (p-value = 3.35), indicating a significant difference in the anticipated stigma experienced by the two groups.¹³ These findings line up with the research of Murphy and Avery et al. (2022), which highlights that many women avoid treatment due to the fear of being socially marginalised.

Anticipated stigma often originates from self-stigma and self-criticism, which may stem from unrealistic societal expectations displaced upon women. The mean anticipated stigma score of 23.02 for non-working women suggests a lower level of stigma in comparison to working women, whose mean anticipated stigma score was substantially higher at 39.16. Furthermore, differences were observed in perceived stigma between the two groups, with mean scores of 57.57 and 50.96 for working and non-working women, respectively, yielding a t-

statistic value of 2.57 (p -value = 0.011). ¹⁴This result is also supported by the work of He and Huang et al. (2024), which indicated increased stigma in elderly women with UI, and it has a close association with higher education and work. These results indicate that working women not only anticipate but also perceive greater stigma, further contributing to their reluctance to seek treatment or openly discuss their condition. The mean score of the anticipated stigma of 23.02 on this scale falls within the ‘mild’ category, whereas a score of 39.16 is classified under the ‘high-moderate’ category. Additionally, significant differences were observed in perceived stigma between the two groups, with mean scores of 57.57 for working women and 50.96 for non-working women.

Moreover, it is noteworthy that the perception of stigma in both categories falls within the ‘mild’ range, implying that working women experience greater anticipated stigma than perceived stigma. This distinction underscores the psychological burden associated with the fear of societal judgment, particularly in professional settings, where disclosure of urinary incontinence may be perceived as detrimental to one's professional image or career advancement.

Self-esteem develops in an individual's life by incorporating their idea of self-worth, self-acceptance, confidence, and value, which again are shaped by personal experiences, societal implications, internal perceptions, a sense of competence and belongingness. Urinary incontinence is a chronic health condition which can change self-perception, and we can see in the result that it significantly hampers the quality of life and builds stigma. Similarly, the result shows that the mean self-esteem of non-working and working women are 21.33 and 20.27, respectively, yielding a T-statistic value of -1.11 (p -value= 0.2699). The result indicates both values fall in the ‘low-moderate’ range with no significant statistical difference between the groups. ¹⁵This study aligns with the study of Bahar and Kocak et al. (2023), which showed that women with UI have moderate levels of self-esteem, less than women without UI. ‘Work’, in this case, did not have a separate statistical impact, and both groups of elderly women showed a ‘low-moderate’ range of self-esteem.

The present findings align with the study conducted by Javanmardifard et al. (2022), ¹⁶which identified four primary themes associated with the psychosocial impact of urinary incontinence (UI): (a) problem incompatibility with the disease, (b) mental impasse, (c) facing social restrictions, and (d) concealment and social escapism. Our objective was to examine the extent to which UI affects **social well-being** and whether employment status further exacerbates these challenges. The study revealed that women with UI encounter **significant psychological barriers** that disrupt their daily lives, with the burden being particularly pronounced among working women due to additional workplace-related stressors.

The findings also delved into the bigger picture, predicting that increasing age and education have significant effects on the psychosocial well-being of women suffering from urinary incontinence. Increasing **age** is significantly associated with a **higher impact on quality of life (QoL)** due to urinary incontinence ($\beta = 0.74$, $p < 0.001$, $R^2 = 41.5\%$) and **lower anticipated stigma** ($\beta = -0.99$, $p < 0.001$, $R^2 = 34.6\%$), but it does not significantly affect **perceived stigma** ($p = 0.172$) or **self-esteem** ($p = 0.061$) in the multivariate model. **Education** strongly predicts **lower perceived stigma** ($\beta = -1.58$, $p < 0.001$, $R^2 = 58.2\%$) and **higher self-esteem** ($\beta = 1.05$, $p < 0.001$, $R^2 = 50.3\%$), indicating its protective role. However, in multivariate analysis, education unexpectedly correlates with **greater QoL impact** ($\beta = 0.50$, $p = 0.004$), suggesting that educated women may have higher expectations and demands from life and society and, therefore, perceive more burden. In univariate models, **education reduces QoL impact** ($\beta = -0.43$, $p = 0.001$, $R^2 = 11.4\%$) but increases **anticipated stigma** ($\beta = 0.95$, $p < 0.001$, $R^2 = 17.5\%$), possibly due to heightened awareness. Overall, **age worsens QoL but lowers anticipated stigma, while education enhances self-esteem and reduces perceived stigma but increases anticipated stigma.**

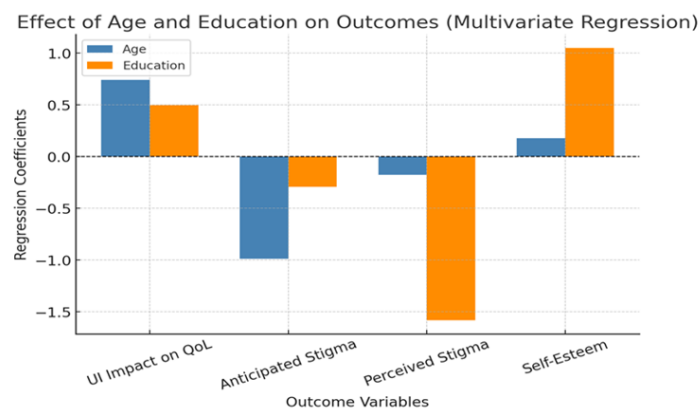


Figure 2- This bar graph visualises the regression coefficients for age and education across different outcome variables. **Positive values** indicate that an increase in age or education **increases** the outcome. **Negative values** indicate that an increase in age or education **reduces** the outcome. The dashed line at $y = 0$ represents no effect.

The present study provides a broader angle that helps understanding the psychological well-being of post-menopausal elderly women suffering from UI, magnifying the critical role of self-evaluation, and societal burden in seeking treatment. This study can bring into notice that building a support system where the healthcare providers and the family members can bridge together to eradicate the existing psychological burden in incontinence management treatment. The healthcare providers can integrate a multidisciplinary approach focussing on adequate awareness, intervention, confidence-building strategies and social reinforcements to reduce stigma. This way the treatment success will be more.

V. Conclusion

Urinary incontinence (UI) is not merely a physical condition but a significant psychological burden, particularly for working women who must navigate the challenges of both professional and personal responsibilities. This study highlights that working women experience higher levels of stress, embarrassment, and worry due to the fear of social stigma, workplace difficulties, and disrupted daily routines. The dual pressure of managing symptoms while maintaining productivity contributes to increased emotional distress and reluctance to seek help.

By exploring the psychological impact of UI on both working and non-working women aged 55-65, this research underscores the necessity of a holistic treatment approach. Recognizing the unique struggles of working women allows healthcare professionals to develop targeted interventions that focusses on both the all-over health aspects of UI. Counselling, workplace support policies, and patient-centred communication from urologists can significantly enhance treatment adherence and improve quality of life.

This study serves as a foundation for designing more empathetic and effective treatment strategies, encouraging more women to seek professional help without fear of judgment. By reducing stigma and promoting awareness, these findings can pave the way for a healthcare system that prioritizes both medical and psychological well-being, ultimately improving outcomes for women with UI.

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