







Giving men a voice: repercussions of living with urinary incontinence and sexual practice

Dando voz aos homens: repercussões do viver com incontinência urinária e a prática sexual

Dando voz a los hombres: repercusiones de vivir con incontinencia urinaria y la práctica sexual

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ABSTRACT

Objective: to understand the repercussions of urinary incontinence in the sexual practice of men. **Method:** descriptive, qualitative study, supported by Dorothea Orem's theory, carried out in a polyclinic in Rio de Janeiro, in 2020, with 18 men over 18 years old, with urinary incontinence, after approval by the Research Ethics Committee. For data collection, a semi-structured interview was applied, transcribed and submitted to content analysis. **Results:** urinary incontinence causes in individuals fear of rejection and feelings of low self-efficacy, as they believe that they do not satisfy their sexual partners, which compromises affective-sexual relationships. As well as it interferes in the development of daily activities, causing the removal of support networks, in addition to the feeling of frustration and impotence, which compromise the quality of life of men. **Conclusion:** urinary incontinence causes social isolation, embarrassment, shame, low self-esteem and sexual dissatisfaction in affected men. **Descriptors:** Men's Health; Urinary Incontinence; Nursing; Models, Nursing; Sexuality.

RESUMO

Objetivo: compreender as repercussões da incontinência urinária na prática sexual de homens. **Método:** estudo descritivo, qualitativo, apoiado na teoria de Dorothea Orem, realizado em uma clínica de atenção especializada à população com incontinência urinária do Rio de Janeiro, em 2020, com 18 homens maiores de 18 anos, com esse diagnóstico médico, após aprovação pelo Comitê de Ética em Pesquisa. Para coleta dos dados, aplicou-se a entrevista semiestruturada, transcrita e submetida à análise de conteúdo. **Resultados:** a incontinência urinária acarreta, aos indivíduos, medo da rejeição e sentimentos de baixa autoeficácia, pois acreditam que não satisfazem seus parceiros sexuais, o que compromete os relacionamentos afetivo-sexuais. Bem como, interfere no desenvolvimento das atividades cotidianas ocasionando o afastamento das redes de apoio, além do sentimento de frustração e impotência, que comprometem a qualidade de vida dos homens. **Conclusão:** a incontinência urinária acarreta isolamento social, constrangimento, vergonha, baixa autoestima e insatisfação sexual dos homens acometidos.

Descritores: Saúde do Homem; Incontinência Urinária; Enfermagem; Modelos de enfermagem; Sexualidade.

RESUMEN

Objetivo: comprender las repercusiones de la incontinencia urinaria en la práctica sexual de los hombres. **Método:** estudio descriptivo, cualitativo, basado en la teoría de Dorothea Orem, realizado en una clínica de atención especializada a la población con incontinencia urinaria de Río de Janeiro, en 2020, con 18 hombres mayores de 18 años, con ese diagnóstico médico, después de la aprobación por el Comité de Ética en Investigación. La recolección de datos se hizo por medio de una entrevista semiestructurada, transcrita y sometida al análisis de contenido. **Resultados:** la incontinencia urinaria provoca miedo al rechazo y sentimientos de baja autoeficacia, ya que creen que no satisfacen a sus parejas, lo que comprometen las relaciones afectivo-sexuales. Además, interfiere en el desarrollo de las actividades cotidianas, provocando aislamiento de las redes de apoyo, y también sentimiento de frustración e impotencia, comprometiendo la calidad de vida. **Conclusión:** la incontinencia urinaria provoca aislamiento social, vergüenza, baja autoestima e insatisfacción sexual en los hombres afectados.

Descriptores: Salud del Hombre; Incontinencia Urinaria; Enfermería; Modelos de Enfermería; Sexualidad.

INTRODUCTION

Men's health has stood out as a scientific research topic in recent decades due to the high morbidity and mortality rates evidenced in the health indicators of the Brazilian population¹.

It is widely known that men seek health services less than women². In addition to that, it is known that there is significant difficulty including these individuals in health promotion actions, due to socio-anthropological characteristics intrinsic to this population segment, among which lack of knowledge about the importance of self-care, devaluation of the body and the sense of that associates the idea of health care with female frailty stand out^{3,4}.

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Editor in chief: Cristiane Helena Gallasch; Associate Editor: Cíntia Silva Fassarela

For a change in this scenario, it is important to use strategies based on the National Policy for Men's Health Care (*Política Nacional de Atenção à Saúde do Homem*, PNAISH), which has as one of its main objectives to promote health actions that contribute significantly to understanding men's differentiated reality in their different sociocultural and political-economic contexts⁵. Although the PNAISH was published in 2009⁵, there are still gaps in knowledge regarding men's health care from a gender perspective, which justifies conducting research on this theme.

The International Continence Society (ICS) characterizes urinary incontinence as involuntary urine loss causing a social or hygienic problem⁶. Currently, it is considered a difficulty in public health for being a multifactorial disease that causes social, economic, professional, psychological, physical and sexual disorders, which affect the quality of life of incontinent individuals⁷.

Impairment of sexual practices is frequent in men, mainly among those subjected to radical prostatectomies^{8,9}. However, the perceptions of this population group regarding the influence of urinary incontinence on sexual life have not been the object of research studies, which highlights the theme as a relevant gap in scientific knowledge.

With its prevention and health education actions, Nursing must involve essential skills in the process of caring for the male population, seeking its integrality in the face of social, occupational, domestic and sexual disorders that can be identified in men with urinary incontinence.

From this perspective, the starting point for this research was the following research question: Which are the repercussions of urinary incontinence on men's sexual practices?

The study objective was to understand the repercussions of urinary incontinence on men's sexual practices.

THEORETICAL FRAMEWORK

In the constructs of the works developed by Dorothea Elizabeth Orem, the following three interconnected theories are outlined: the Self-care theory, the Deficit in self-care theory, and the Nursing systems theory. This study is anchored in the Self-care theory, understood as the performance of activities that individuals do for their benefit to preserve life, health and well-being.

Male self-care is characterized by self-care responsibility, whether linked to physical, social or emotional issues¹⁰. The Self-care theory incorporates the practice of learned activities that allow men to perform actions for their own benefit. From this perspective, self-care can be understood in different ways, influenced by the culture, time period and society in which these men are inserted¹⁰.

Given the stereotypes about masculinities, men face difficulties accessing Basic Health Care services. To minimize this, it becomes necessary to ground the Nursing process on this population segment with respect for the autonomy and individuality of the male gender¹¹, knowing its peculiarities.

In addition to that, the impact of Nursing care aimed at promoting self-care in men with urinary incontinence and sexual dysfunction has been evidenced in the international literature^{12,13}. It is for this reason that the Self-Care Theory framework was chosen to ground the current study.

METHOD

A descriptive and qualitative study anchored in Dorothea Orem's theory. Data collection took place from April to June 2020, in a specialized care clinic for the population with urinary incontinence, linked to a public university located in the municipality of Rio de Janeiro.

The data were collected from semi-structured interviews¹⁴, in which diverse information about the participants' personal profile was obtained, as well as data related to the research theme. Among these were questions about the following: sexual orientation; duration of urinary incontinence; etiological factors of urinary incontinence; feelings experienced in relation to urinary loss; changes observed in the sexual practice after urinary incontinence; occurrence of reduced sexual interest; and satisfaction with the sexual practice.

The clinic had a population of 25 patients with urinary dysfunction treated during the first half of 2020. Of these, 20 met the study inclusion criteria.

The inclusion criteria to take part in the research were as follows: men aged over 18 years old, with urinary incontinence and undergoing treatment to correct their urinary dysfunction. The exclusion criterion corresponded to sexually inactive men.

After conducting 18 interviews, data saturation was evidenced, as no new or relevant data emerged that pointed to the need for new participants or the creation of new categories¹⁵.

The interviews were recorded and, to safeguard the interviewees' identity, identification codes with the word "Participant" were used, followed by a cardinal number representing the sequence in which they were interviewed (P.1, P.2, P.20).

In the analysis, the content analysis technique was used, following these stages: floating reading of the text, in detail; determination of hypotheses; definition of registration units; marking the beginning and end of each registration unit observed in the text; definition of the units of meaning; thematic analysis of the units of meaning; categorical assessment of the units of meaning; treatment and presentation of the results in categories; and discussion of the results¹⁴.

After counting the registration units found in each thematic unit, they were grouped into broader topics, thus assembling the following categories: the inter-relation between being a man and living with urinary incontinence and repercussions of urinary incontinence on men and on sexual practices.

The research protocol was approved by the Research Ethics Committee of the institution involved.

All the participants were guided as regards the study objectives and informed about their voluntary participation, about secrecy and anonymity, about the possibility to withdraw from the study and about the possible minimum risks associated. After all the explanations, they signed the Free and Informed Consent Form (FICF). All the ethical aspects regulating research studies conducted with human beings were respected.

RESULTS

The participants were primarily aged men over 60 years old (n=12), with training up to Elementary School (n=14), not working and retired (n=14); married (n=15) and heterosexual (n=17). More than half of the participants had been living with urinary incontinence for less than a year (n=10). Such condition was observed due to prostate cancer diagnoses (n=18) and after prostatectomy surgeries (n=12).

The categories resulting from the analyses are presented below.

The inter-relation between being a man and living with urinary incontinence

This category comprises 108 registration units and three units of meaning that express the interrelationship between being a man living with urinary incontinence, described by the participants during the interviews.

Urinary incontinence exerts impacts on men's quality of life as it significantly compromises their lifestyle due to the embarrassment and discomfort caused by their inability to control their bladder, as can be seen in the following statements:

It's very difficult to deal with this, you avoid going many places. You're never sure about going any place [...]. I feel very limited and embarrassed about using diapers. I'm not a child. (P.2)

When I'm about to go out I drink less liquid to avoid embarrassment. (P.7)

The word *discomfort*, so rich in terms of interpretations, is strongly underscored in the discourse of men with urinary incontinence as a sensation they experience every day.

It's very uncomfortable, but I [...] have to arrange contingency ways. (P.5)

Due to discomfort, the participants report adopting alternative strategies, such using absorbent pads.

I use from three to four pads a day; this is my current situation. I feel uncomfortable, it'd be very good for me if they suddenly discovered something new. (P.8)

A striking feature of the testimonies is the difficulty men have expressing their feelings about urinary incontinence and related consequences (such as urine odor and dampness in clothes).

Horrible, this is terrible. Having to go to the bathroom at any time. It's uncomfortable, sometimes I happen to sit down a little differently, the "thing" (pad) leaks and soils all the pants and everything else. It's horrible, horrible. (P.16)

I'd describe it as uncomfortable, boring. No way to go out of the house like that. (P.10)

Initiatives pointing to measures targeted at social isolation were also frequent in the research participants' testimonies.

So I stay more at home and most of the time I sit or lie down because that's where I manage to hold the urine a little. (P.6)

But it's that thing, at home I stay close to the bathroom because when I get up I have to run there so I can't empty everything. (P.18)

In addition to the social interactions outside the house, certain negative impact is also evidenced on the interviewees' mental well-being.

My psychology is devastated, you wake up at dawn and you've wet the bed. What's this for a man? (P.7)

I feel bad. It's as if I were someone else, it doesn't look that I'm a man. (P.17)

I find it difficult to feel that I'm a man. (P.15)

In addition to that, men in this condition face a deconstruction of the duties associated with their image with regard to the male gender, with a perception of vulnerability due to urinary incontinence, which opens room for feelings of uncertainty and fear, directly affecting the everyday life of these individuals.

I feel that I don't know what to do, will I remain like this for the rest of my life? (P.14)

Today, it's my wife that tells me what I have to do. (P.12)

Participation of the partner in care identifies the association that still exists in the gender roles established in society, where care is a female duty. It is there that the relevance of Nursing actions targeted at education in health is observed, with the objective of minimizing certain situations experienced by men in this condition.

It bothers me, I have to change my pad twice a day and at night to sleep, my poor wife who takes care of me. I can't do my normal activities. (P.11)

In addition to the impairment in the activities of daily living, in the patients' testimonies there is outstanding distancing from sexual activities, given the discomfort generated by urinary incontinence.

Sometimes I abstain from sex because this bothers me. (P.10)

I end up escaping from sex, fearing urine leaks during intercourse. (P.15)

Despite the changes in their everyday routine, of expressing feelings of low self-esteem, inability and frustrations, some men also tend to manifest understanding and adaptation to the condition they experience.

It's just like this, despite everything, I'm getting old. (P.4)

It is important to consider that part of the mental well-being impairment is related to the lack of social assistance and support, as well as to the fears associated with psycho-affective relationships, with emphasis on the fear of abandonment by their wives, which they report facing.

I don't know how my wife bears staying with me. (P.16)

As for sexual practices, men seem to show dissatisfaction with their performance in sexual relations, underestimating the sexual experience for not going unnoticed due to urinary loss.

I'd like for my sexual performance to be better. Even more now with the strong smell of urine (P.17).

I distanced from my wife. How am I going to do with pee coming out? (P.11)

Repercussions of urinary incontinence on men and on sexual practices

From the prostate cancer diagnosis, the men participating in this study attribute many senses, feelings and meanings to the situation. The expectations are mainly generated in terms of their own health, and with an emphasis on sexual health after the surgery or treatment.

This disease has been configured for the majority as a change in sexual desire and in the body's own psycho-physiological responses, which are manifested in the face of sexual stimuli and which may undergo changes (culturally widespread fact), which can cause distress and dissatisfaction for men.

Even if the meaning of intercourse is characterized in the interviews, some respondents understand that sexual relations are only restricted to penetration and fail to eroticize the rest of the body:

The difference is big, because I can't have erections anymore; I don't have true sex. (P.9)

I don't practice sex like everyone else any more. Not how I think it's right. (P.3)

On the other hand, some participants also seem to understand that sexual relations include other practices beyond mere vaginal or anal penetration.

I still do some things with my wife even though it's not like it used to be, but I still do. (P.1)

Currently, I'd like to improve in sexual relationships, but we get along very well anyway. (P.18)

In addition to urinary incontinence itself, some participants mention the occurrence of erectile dysfunction as a major factor impairing their sexual practices.

I didn't have big changes, just erectile dysfunction. (P.11)

My problem is the erection, I feel pleasure and all. But I don't have erections, just that. (P.18)

When asked about sexual satisfaction, some testimonies reflect hegemonic masculinity models, such as expectations regarding the erection itself, as well as concerns about the possibility of becoming a loser and sexual satisfaction for the partner.

It's part of my lives, but it's a very boring, disappointing thing. I haven't practiced right anymore. (P.6)

The erection is a dysfunction that bothers me, but it's even worse with incontinence because it's disgusting to try something and be dripping all the time. (P.11)

At the moment I'm not doing the penetration part, but I have to go to the bathroom before I start, because I can't. (P.9)

Following common sense, erectile dysfunction is the largest expression of male health status. One of the therapeutic measures against erectile dysfunction is using hormone therapies, which was mentioned by some interviewees who reported satisfaction in adopting such measure to achieve the expected result, regardless of the urine loss.

Look, it's... I'm not going to say it's 100%, of course that I feel a difference. I started taking that medication. (P.7)

It's sort of complicated, got it? It's been a while, I take a medication, that whole thing and then performance improves a little, but it's still complicated. (P.12)

Thus, it is verified that urinary incontinence hinders sexual relations, leading men to avoid sexual contacts for fear of their partner rejecting them. Faced with the men's feeling of low self-efficacy, for not believing that they could satisfy their wife or partner more, the couple experienced the challenge of dealing with urinary incontinence as a causal factor for the distance between them, compromising their marital or social life. In other words, urinary leaks contribute to restrictions in sexual experiences

She doesn't let me do many things, she doesn't want sometimes. (P.10)

My ex-wife couldn't handle it, but my new partners understand and I'm getting so much better over the loss. (P.13)

Therefore, it is verified that knowing the repercussions of urinary incontinence and erectile dysfunction on men's lives becomes indispensable for humanized care, which takes into account the peculiarities, difficulties and discomfort intrinsic to these clinical conditions.

DISCUSSION

Many ramifications of masculinities permeate the attitudes, behaviors, feelings and emotions experienced by men, their bodies and constructs of being male. The difficulties experienced by men adapting to urinary incontinence also permeate self-care, considering their limitations with self-care.

It is known that urinary incontinence is a condition that primarily affects aged patients¹⁶, both those living at their homes and in long-term care facilities¹⁷. With regard to etiology, it is noted that two of the most prevalent complications in the prostatectomy postoperative period are urinary incontinence and erectile dysfunction^{7,18}, which corroborates the findings of the current study.

In this sense, the individual who begins to live with these complications repeatedly tries to adapt to the new condition, changing behaviors to avoid inconveniences. These modifications may include the use of perfumes, dark clothes, absorbent pads, reduced water intake, proximity to bathrooms, suspension of medications that stimulate kidney function, and also reduced social interaction¹⁹.

The need to use absorbent pads, especially diapers, represents a burden for men, as they infantilize them and contribute to the stigma of compromising masculinity²⁰. Even those who do not use diapers on a daily basis always have them available when going out of the house, due to the fear of urine loss as a result of some physical exertion²¹.

This problem is raised when the idea of old age is incorporated, which, by itself, threatens masculinity²², as it is related to a life period in which men are faced with not working, whether due to unemployment, disability or retirement.

Uncontrolled eliminations are associated with dirt, unpleasant odors and presence of moisture in clothes, oftentimes without the corresponding perception. All these factors contribute to reinforcing the feelings of discomfort experienced by these patients, leading to activity restrictions and frustrations²³. Reports of social isolation experienced by men with urinary incontinence were markedly evidenced. Exclusion from social life is the

result of feelings such as anxiety, fear, worry and low self-esteem, compromising both physical and mental health²⁴.

Thus, it is verified that one of the repercussions experienced by these patients is the feeling of loss of masculinity, as described in previous research studies^{25,26}. It is highlighted that, for this, the hegemonic masculinity model in society plays a remarkable role, which represents a specific way of being a man spread daily through different social institutions (family, school, work, etc.) and which requires that, from an early age, men pursue and exercise behaviors and attitudes that attest their virility and manliness before other men²⁶.

In addition to the psychological impact, there is also significant impairment in carrying out activities of daily living. The anxiety caused by urinary loss interferes with quality of life and restricts social and family contact. In this way, it limits autonomy, reduces self-esteem and generates a feeling of loss of control over life. Embarrassment and discomfort are feelings reported by these individuals, considering their inability to control their bladder in the presence of their relatives and friends^{19,21,25}.

It is known that the prevalence of erectile dysfunction is significant among prostatectomized patients⁷, as well as that of urinary incontinence. This is because, during the surgical procedure, the vascular-nerve bundles and smooth muscles can be affected, compromising penile erection²¹.

Due to these changes imposed on sexuality, mainly evidenced by reports of intimate interaction practices with sexual acts with no penetration (only kisses, hugs and caresses)²⁶, these patients have difficulties conceiving themselves as men, which determines significant impacts on mental health.

Thus, there must be guaranteed access to specific care related to mental distress, mainly with regard to issues related to male sexuality. This aspect was also pointed out by a recent research study that indicated the need for more visibility for the relationship between masculinity and mental distress and its specificities in the care context²⁷. On the other hand, health professionals themselves, of both gender, are also influenced by the hegemonic masculinity model²⁶, compromising the provision of holistic and humanized care.

Finally, it can be said that the process of adapting to changes is remarkable in patients who have been living with urinary incontinence for a shorter period of time²¹, a category that was more prevalent in the current study. This indicates that a longer period of time since onset of the incontinence condition can contribute to the implementation of adaptive processes and, therefore, minimize the impacts.

With regard to contributions to the advancement of scientific knowledge in the Health and Nursing areas, this research reiterates the need for health professionals to reflect and act on the problem of the repercussions of urinary incontinence on sexual practices. Nurses' performance stands out, professionals who, through the Nursing Process, must collect data including aspects related to frequency of the eliminations, as well as satisfaction with sexual activity.

In this sense, a recent study allowed constructing and validating a data collection instrument aimed at men's health based on Dorothea Orem's Self-care theory¹¹. In it, the authors highlighted the relevance of addressing aspects related to self-perception, roles and relationships and sexuality, factors considered in the current research data collection.

Thus, it can be said that using instruments targeted at men can optimize nurses' work process and allow recognizing unbalanced response patterns, with a view to planning and interventions with men who live with this condition in a welcoming, humanized and individualized way, aiming to achieve results aimed at improving quality of life.

Study limitations

The study limitations are related to not having compared the results between patients with longer periods of time since the onset of incontinence. This might add to the body of knowledge produced so far in order to elucidate the relationship between time since the onset of incontinence and its repercussions on sexual practices. Likewise, as the reality portrayed corresponded to a unit in the polyclinic of a public university, the results cannot be generalized, although the findings are consistent with other national and international studies.

CONCLUSION

The current study allowed understanding aspects that afflict the male population living with urinary incontinence. The results indicated that episodes of embarrassment, social isolation, shame, low self-esteem and sexual dissatisfaction

are repercussions of urinary incontinence on men's sexual practice. Thus, it is a condition that leads to significant discomfort, which can happen during any sexual activity moment and leads to problems between partners.

In addition to that, it was observed that there is an impact on the development of activities of daily living, with distancing from support networks and feelings of frustration and impotence, which show a considerable reduction in quality of life.

Unveiling of this issue points to the need to highlight men's health in the health promotion and disease prevention context. Nursing plays an essential role for this purpose, as it works with this population group, favoring the understanding of their reality and outlining behaviors to improve quality of life.

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