

## Assessment of Stress Urinary Incontinence and Health Related Quality of Life among Women in Port Said City

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### ABSTRACT

**Background:** The most prevalent kind of urine incontinence (UI) in word wide, stress urinary incontinence (SUI), that has an impact on women's quality of life at various phases of their lives. **Aim:** The study aimed to evaluate the stress urinary incontinence and health related quality of life among women. **Subjects and method: Design:** In this study, a descriptive design was used. **Setting:** Under comprehensive health insurance, this study was conducted in outpatient gynecological clinics in hospitals and primary care centers. **Subjects:** 110 women with a diagnosis of stress incontinence were included in this study. **Tools for data collection:** Woman's health assessment questionnaire, and the Incontinence Impact Questionnaire-Short Form (IIQ) -7. **Results:** 55.5% of the women in the study had moderate urine incontinence, and 22. 7 percent had severe incontinence. The two most significant positive influences on urine incontinence severity were determined to be occupation and pregnancy ( $p = 0.002$  and  $0.001$ , respectively). In addition, the women who participated in the study had an average quality of life score of  $8.01 \pm 2.9$ . **Conclusion:** More than half of the women in the study had moderate urine incontinence. The quality of life of the women in the study was also negatively impacted by stress urine incontinence. **Recommendations:** It recommends providing a guide for developing clinical and continuing education curricula for all women on urinary incontinence and pelvic floor muscle exercises. Pelvic floor as a means of prevention and treatment of urinary incontinence.

**Keywords:** Quality of life, Stress urinary incontinence, Women.

## **INTRODUCTION**

Stress incontinence is characterized as an unintentional urine leak that happens when the bladder is under increased strain from coughing, sneezing, laughing, or exercise like pulling up a heavy load or a full shopping bag. It develops as a result of the pelvic muscles and ligaments becoming weaker (Ricci, 2017).

Nearly 200 million people worldwide suffer from stress urine incontinence (SUI), which is approximately six times more prevalent in women than in males. Systematic investigation found a large prevalence range from 16.2% to potentially 81.9% due to population sample heterogeneity (Akinlusi et al., 2020).

In addition, Hussein, Mohamed, and El-Nemer (2015) note that 54% of Egyptian women had experienced UI. Stress incontinence was also seen at a prevalence of 14.8%. The actual figure may be higher, though, as the majority of women do not want to ask for assistance. According to El- Azab and Shaaban (2010), women in Egyptian society commonly fail to disclose urine incontinence and are not routinely questioned about it when they see their healthcare professionals.

Lowdermilk, Perry, Cashion, Alden, & Olshansky (2016) reported that stress incontinence can result from structural injury to the bladder neck. Essa, Hafez, and Kandeel (2020) add that a number of factors, including ageing, childbirth, hormonal changes associated with menopause, obesity, gynecological surgery, genetics, the use of specific drugs, and smoking, as well as physical activities, can contribute to the development of stress urinary incontinence. Additionally, the chance of SUI rises with age, although it can also happen to young women who haven't given birth as well as after childbirth. The main risk factors for SUI are: genetic and sex characteristics, conditions that affect urine control (such as abdominal surgery or multiple births), obesity and overweight, drugs, and urological urinary tract infections.

According to a systematic review by Elbana, Salama, and Barakat (2018), SUI has been demonstrated to make patients uncomfortable and have a detrimental impact on a number of life factors, including sleep, relationships, work productivity, emotional health and depression, and general HRQoL quality of life. A woman's habits may be significantly impacted by urinary symptoms, which may result in restrictions on her ability to engage in physical, social, occupational, family, and sexual activities. Women's

quality of life (QoL) can be significantly impacted by social and sanitary discomfort brought on by worries about urine loss, urine odour, the need to employ hygiene measures, and the frequency of changing clothes. SUI in women is a serious health issue with ramifications on the body, the mind, and the economy.

In order to forecast and make plans for a healthy future, nurses must be able to recognize risk factors. Additionally, prevent risk factors, lessen the detrimental effects of SUI on quality of life, and encourage women to seek therapy by providing them with information to slow the advancement of stress incontinence. Consistently, urine incontinence is a problem that can be treated and prevented (Essa, Hafez, & Kandeel, 2020). In order to assess exercise incontinence and health-related quality of life among women in Port Said, this study was carried out.

### **Significance of the study**

The most typical type of UI in women is stress incontinence (Juráková et al., 2020). According to Jasim & Khalil (2020), the prevalence of stress incontinence is between 4% and 35%. According to Hussein, Mohamed, and El-Nemer (2015), 14.8% of Egyptian women had SUI, while 50% of those who had urine incontinence had symptoms. Townsend et al., (2017). Uncontrollable symptoms are common, have a big impact on how well people feel about their health, and are quite expensive for both individuals and society.

Stress urine incontinence affects one's health, increases vulnerability to stress across age groups, and can have a negative impact on social interactions due to gender constraints, due to potential shame and apprehension about leaving home, social activities. Also recurrent exposure of skin to urine increases the risk for developing dermatitis, skin infections, fungus, itching, and pressure ulcers. Women with UI have a negative view of their overall health status. Depression, loss of interest, and social isolation. Only a small number of research have examined how UI affects women's quality of life (QoL). So they had to assess the health-related quality of life and stress urine incontinence among women in Port Said.

## **AIM OF THE STUDY**

Assess the stress urinary incontinence and health related quality of life among women in Port Said city.

### **Specific Objectives**

The aim was achieved through the following:

1. Assessing the characteristics and severity of stress urinary incontinence among women in Port Said city.
2. Assessing the quality of life among women with stress urinary incontinence in Port Said city.
3. Explore factors affecting the occurrence of the stress urinary incontinence among women in Port Said city.

## **SUBJECTS AND METHOD**

### **Technical design**

### **Research design**

Descriptive research design was used in this study.

### **Setting**

The study was carried up in outpatient gynaecological clinics at two facilities, Dar Sihat Almar'a Hospital in Port Said and Al-Hayaa Hospital in Port Fouad, that are part of a comprehensive health insurance system. Additionally, research was done at the gynaecological outpatient clinic of primary care centres, notably the following ones: El-Arab, Aleilaj Altabieiu, El Taawnyat centre, El Gawhara centre, Bal centre, and Muhamad Meshaly centre. This study covers a wide range of topics and involves a comprehensive health plan.

### **Study Sample**

All women who were diagnosed with stress urinary incontinence under the beforementioned setting were included as a purposive sample in this study.

**Inclusion criteria**

- 1- Women aged 20 -55 years and not pregnant
- 2- Have stress urinary incontinence
- 3- Free from diabetics, and renal disease
- 4- Women with no previous or current urinary incontinence treatment

**Sample Size**

The sample size was determined by using the following equation (Dobson , A. J., 2002):

$$\text{Sample size (n)} = (z / \Delta)^2 p (100 - p).$$

**Where:**

**P:** The prevalence of stress urinary incontinence 35% according to (Jasim& Khalil., 2020).

**Z $\alpha$ /2:** a percentile of standard normal distribution determined by confidence level = 1.96

**$\Delta$ :** The width of confidence interval = 10%.

$$\text{Sample Size (n)} = (1.96/10)^2 35x (100-35) \geq 100$$

**The calculated Sample size is 110 women with stress urinary incontinence**

**Tools of data collection**

Three tools were utilized for data collection:

**TOOL (I): Woman's health assessment questionnaire:** In order to assess the characteristics and severity of women with stress urine incontinence, Hussein, Mohamed, and El-Nemer (2015) developed this tool and modified by the researchers in English format within a six-part .

o **Part 1:** it will include the following socio-demographic details. name, age, education level, marital status, occupation, place of residence, income, and phone number.

o **Part 2:** Medical and surgical history, family history, and obstetrical history such as gravidity, parity, mode of delivery in previous pregnancy.

o **Part 3:** It is concerned with data regarding characteristics of UI such as start, frequency, duration, and Body Mass Index (BMI).

o **Part 4:** The primary outcome of the current investigation was the Sandvik urine incontinence severity index (ISI). In order to determine the Sandvik ISI, leaks are multiplied by the reported UI frequency (less than once per month, 1-3 times per month, once per week, once per day). The amount of leakage is given a value of 1 for a single drop or 2 for numerous drips, and the frequency of the UI is given a value ranging from 1 to 4, with a larger number signifying a higher frequency.

o **Part 5:** Vaginal digital test: This test asks the lady to squeeze around the examiner's finger while wearing a glove and lubricant to determine how well she can contract her muscles. The following scale is used to determine the PFM tone:

No contraction is represented by 0, a poor contraction is represented by 1, a good contraction is represented by 2, and a strong contraction is represented by 3 (stronger pressure than 5 seconds).

o **Part 6:** Provocation test: This examination measures the amount of leakage that a woman produces while coughing five times. Leakage is assessed using the scale below:

Scoring system: No leak is indicated by a score of 0, a slight leak (few urine drops) is shown by a score of 1, a moderate leak is indicated by a score of 2, and a severe leak is indicated by a score of 3.

**TOOL (II): The Incontinence Impact Questionnaire-Short Form (IIQ) -7:** It was developed in 1995 by Uebersax et al. Hassan, Mohamed, and El-Nemer (2015) in English language and modified by the researcher in order to assess how UI affects health-related quality of life (QOL). To further understand how urine leakage affects physical activity, home tasks, social interaction, leisure, travel, emotional health, and frustration, seven items were added to the questionnaire.

Scoring system: Response options were “greatly”, “moderately”, “slightly” or “not at all”. Responses were assigned values of 0 for “not at all”, 1 for “slightly”, 2 for

“moderately” and 3 for “greatly”. The higher the total score of the IIQ-7, the greater the negative impact on health-related QOL. The average score of answered items is calculated. The average is multiplied by 33 1/3 to convert scores on a scale from 0 to 100. Score 0 means no problems. Urinary Incontinence Impact Indicator (UIII) in the range of 1-25 means a slight disturbance, 26-50 moderate, 51-75 substantial and 75-100 severe disturbances.

### **Administrative Design**

An official letter from the Dean of the Faculty of Nursing at the University of Port Said was sent to the responsible authorities, after explaining his intentions, to ask for their permission to conduct the research.

### **Operational Design**

This operational design includes preparatory phase, content validity, Pilot study, and Fieldwork.

#### **1. Preparatory phase**

The researcher reviews the goals at this stage, and data gathering tools are developed. To learn more about the study topic, reviewing the nursing books, articles, the internet, and journals in addition to regularly revised national and worldwide literature, numerous studies, and theoretical knowledge on different facets of the topic.

#### **2. Content Validity of the study tools:**

The tools were developed and approved by seven obstetrics and gynaecology nursing experts.

#### **3. Reliability of the study tools:**

On the research tool, an Alpha Cronbach reliability analysis was done. The results of the Cronbach's alpha test indicated that the internal consistency for urine incontinence features, knowledge of stress incontinence, severe urinary incontinence, and women's quality of life were all satisfactory at  $r=0.932$ ,  $r=0.934$ , and  $r=0.916$ , respectively.

**Pilot study**

Before the actual data collecting started, a pilot research was carried out after the questionnaire had been reviewed and approved by experts. The goal of the pilot study is to identify potential challenges and issues with the data gathering procedure as well as to confirm the accuracy and applicability of the research tools. This aids in estimating how long it will take to finish the questionnaire. On the basis of the pilot study's findings, several questions were altered, explained, left out, or reorganized. To guarantee the consistency of the results, it was administered to 11 women from the Women's Health House Hospital in Port Said who were not part of the study's total sample. There have been internal, external, and conclusive impacts.

**Fieldwork**

The before mentioned framework was used to collect data over the course of four months, from mid-December 2021 to mid-April 2022. Three days a week, from 9 am to 1 pm, the researchers attended one of the particular medical facilities. Each woman who signed up for the study gave her explicit agreement to take part. The women were given a thorough description of the study's purpose and anticipated results. During the interview, the researcher started to gather data and describe the study's goals. Each woman was questioned by the researcher alone, and the assessment process took 45 minutes using the previous designed tools.

**Ethical considerations**

The Faculty of Nursing at the University of Port Said's Research Ethics Committee granted approval {code number NUR (6, 8, 2023) (28)}. Additionally, each participant (women with stress urinary incontinence) and her family gave their informed consent after being explained the purpose of the study and the methods used to gather the data. Additionally, the investigator makes sure that the data is kept private and should only be applied to the research. The study's secrecy was guaranteed, and the researcher emphasized that each woman's involvement was voluntary and that she had the opportunity to leave the study at any time without explanation.



## Statistical Analysis

A quantity and percentage distribution is used to sort, examine, store, tabulate, and analyze the collected data. The statistical tool for social sciences SPSS 16 was used for data entry and analysis. At the coding and data entering stages, quality check was carried out. The reliability of the items used for the established scales was assessed using a reliability study using the Cronbach's Alpha test. If it exceeds 0.7, reliability is considered to be good.

## RESULTS

**Table (1):** shows percentage distribution of the studied women according to their general characteristics. It revealed that, less than half (43.6%) of studied women were aged between 31 – 40 years old with mean  $34.9\pm 8.2$ . Regarding educational level, more than two fifths of the studied women had secondary education (44.5%) and half of them had mild working (50.9%). Concerning to smoking, three fifths (60.9%) of the studied women didn't smoke.

**Table (2):** illustrates that slightly less than two fifths (38.2%) of the studied women had severe urine leakage related to feeling of urgency and half (50%) of them had severe urine leakage due to physical activity, coughing and sneezing.

**Table (3):** shows percentage distribution of the studied women according to their weight, height and body mass index. It clarified that more than one third (35.5%) of the studied women their weight between 70-90 kgm. with mean  $82.8\pm 1.9$ . Regarding to Body mass index, nearly half of the studied women were obese.

**Figure (1):** illustrates percentage distribution of the studied women according to the severity of incontinence (n=110). The figure shows that slightly more than half (55.5%) of the studied women had moderate urinary incontinence and 22.7% of them had severe stress urinary incontinence.

**Table (4):** revealed that slightly less than half (44.5%) had good contraction through vaginal digital test with mean  $1.7\pm 0.7$ . Also about more than two fifths (41.8%) had slight leakage through provocation test with mean  $1.8\pm 0.8$ .

**Table (5):** displays the impact of incontinence on quality of life of the studied women. It was found that 44.5% of them had greater emotional problems as nervousness or depression and 48.2% of them greatly feel with frustration. Also 51.8% of the studied women had mild ability to do household tasks and 40.0% of them moderately able to pray.

**Table (6):** shows the positive and negative factors that affecting severity of urinary incontinence. As indicated from the table that occupation, gravidity considered the most important positive factors for the severity of urinary incontinence ( $p=.002$  &  $p=.001$ , respectively). While mode of last delivery for the studied women considered a negative predictor for the severity of urinary incontinence.

**Table 1: Percentage distribution of the studied women according to their general characteristics (n= 110).**

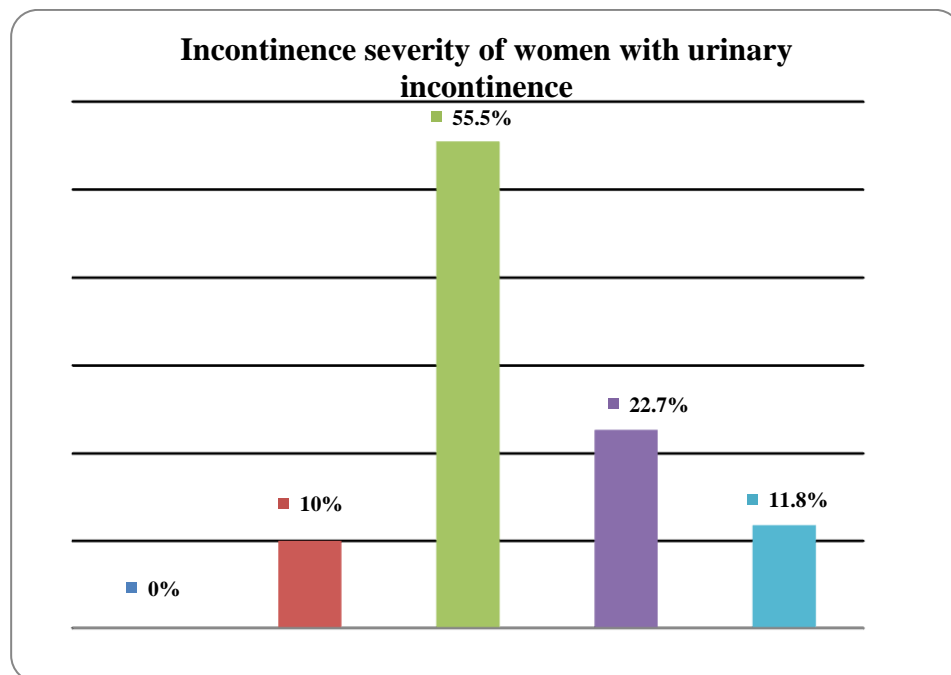
General characteristics	Women (110)	
	No.	%
<b>Age in Years</b>		
20 - 29	28	25.5
30 - 39	48	43.6
40 - 49	27	24.5
≥ 50	7	6.4
±SD	34.9±8.2	
Min- max	20 - 52	
Range	32	
<b>Marital Status</b>		
Single	14	12.7
Married	67	60.9
Divorced	8	7.3
Widowed	21	19.1
<b>Level of education</b>		
Illiterate	15	13.6
Basic education	8	7.3
Secondary education	49	44.5
University education	27	24.5
Post graduate	11	10.0
<b>Occupation</b>		
House wife	33	30.0
Mild working	56	50.9
Heavy working	21	19.1
<b>Smoking</b>		
Never smoking	76	60.9
passive smoking	43	39.1

**Table 2: Percentage distribution of women according to their characteristics of urinary incontinence (n=110).**

characteristics of urinary incontinence	None	Mild	Moderate	Severe
	n(%)	n(%)	n(%)	n(%)
- Frequent urination.	0(0.0)	28(25.5)	50(45.5)	32(29.1)
- Urine leakage related to the feeling of urgency.	0(0.0)	28(25.5)	40(36.4)	42(38.2)
- Urine leakage due to physical activity, coughing or sneezing.	0(0.0)	9(8.2)	46(41.8)	55(50.0)
- Small amount of urine leakage (drops).	2(1.8)	44(40.0)	42(38.2)	22(20.0)
- Difficulty emptying the bladder.	59(53.6)	34(30.9)	17(15.5)	0(0.0)
- Pain or discomfort in lower abdomen or genital area.	63(57.3)	29(26.4)	18(16.4)	0(0.0)
$\bar{X} \pm SD$	9.6±3.9			
Min- max	3 -16			

**Table 3: Percentage distribution of the studied women according to their weight, height and body mass index (n= 110).**

Body mass index of the women	n	%
<b>Weight /kgm:</b>		
50 < 70	28	25.5
70 < 90	29	35.5
90 < 110	29	26.4
≥ 110	14	12.7
$\bar{X} \pm SD$	82.8±1.9	
Min- max	55 – 126	
<b>Height /cm:</b>		
150 – 160	43	39.1
161 – 170	49	44.5
171 – 180	18	16.4
$\bar{X} \pm SD$	163.9±6.1	
Min- max	155 – 177	
<b>Body mass index:</b>		
Under weight (< 18.5)	0	0.0
Healthy weight (18.5 – 24.9)	30	27.3
Over weight (25 – 29.9)	28	25.5
Obesity (30 -39.9 )	33	30.0
Morbid obesity (≥ 40)	19	17.3
$\bar{X} \pm SD$	30.8±6.7	
Min- max	22.4 – 43.6	

**Figure 1: Percentage distribution of the studied women according to the severity of incontinence (n=110).**

**Table 4: Percentage distribution of the studied women according to the vaginal digital test and provocation test (n=110).**

<b>Vaginal digital test and provocation test</b>	<b>n</b>	<b>%</b>
<b>Ability to contract muscle (Vaginal digital test):</b>		
- No contraction	2	1.8
- poor contraction	81	73.6
- good contraction	22	20.0
- Strong contraction	5	4.5
$\bar{X} \pm SD$	1.3±0.5	
<b>Urine leakage (Provocation test):</b>		
- No leakage	0	0.0
- Slight leakage	27	24.5
- Moderate leakage during first half of test	62	56.4
- Severe leakage during the whole test	21	19.1
$\bar{X} \pm SD$	1.9±0.6	

**Table 5: Percentage distribution of women according to their quality of life (n=110).**

Quality of life of the studied women	n	%
Ability to do household tasks.		
- None	14	12.7
- Mild	57	51.8
- Moderate	20	18.2
- Greatly	19	17.3
Ability to pray.		
- None	15	13.6
- Mild	25	22.7
- Moderate	44	40.0
- Greatly	26	23.6
Physical recreation such as walking, exercise and entrainment activities		
- None	29	26.4
- Mild	40	36.4
- Moderate	26	23.6
- Greatly	15	13.6
Ability to travel by car or bus > 30min.		
- None	24	21.8
- Mild	62	56.4
- Moderate	14	12.7
- Greatly	10	9.1
participation in social activities outside home.		
- None	55	50.0
- Mild	26	23.6
- Moderate	20	18.2
- Greatly	9	8.2
Emotional health (nervousness, depression).		
- None	19	17.3
- Mild	2	1.8
- Moderate	40	36.4
- Greatly	49	44.5
Feeling frustrated.		
- None	13	11.8
- Mild	3	2.7
- Moderate	41	37.3
- Greatly	53	48.2
$\bar{X} \pm SD$	8.01±2.9	
Min- Max	2-16	

**Table 6: Multiple linear regression model for factor affecting severity of urinary incontinence:**

Women characteristics and obstetric history	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	- 4.904-	.841		-5.831-	<b>.000</b>
Age	.027	.022	.107	1.184	.239
Occupation	.756	.232	.259	3.258	<b>.002</b>
Gravidity	.740	.225	.416	3.294	<b>.001</b>
Abortion	-.046-	.178	-.024-	-.260-	.796
Mode of last delivery	-.395-	.121	-.315-	-3.261-	<b>.002</b>

Dependent Variable: Incontinence severity

## DISCUSSION

Women's quality of life is impacted by stress urinary incontinence (SUI), a prevalent health problem that can occur at any stage of life. It represents about half of all women. The most typical signs of SUI are unintentional urine leaking during exercise (such as sports) or when sneezing or coughing (Almoussa & Bandin, 2018). So, this study was conducted to assess the stress urinary incontinence and health related quality of life among women in Port Said city.

The findings of this study revealed that, while evaluating the traits of female urine incontinence, the mean characteristic score was 9.6 3.9. The majority of the women in the study had many pregnancies, multiple births, more than half of them underwent caesarean sections, and nearly half of them were obese, which could explain this outcome. All of these elements increase pressure on the muscles around the bladder, weakening them and resulting in urine leakage.

According to Chow, Chuang, Hsu, Shen, and Shih-Liu (2022), just over half of the women in the research had significant urine incontinence associated with laughing, sneezing, and coughing. The findings of this study support their findings. The findings of this study indicated that over half of the women evaluated were obese based on their body mass indices. This outcome could be explained by the fact that the majority of women have unhealthy lifestyles and are unaware of the value of maintaining a healthy weight.

Essa, Hafez, and Kandeel (2020), who reported that little over half of the women tested were obese, are in agreement with these findings.

The findings of this study indicated that more than half of the women investigated had moderate urine incontinence, according to the urine Incontinence Severity Index (ISI). This discovery may be due to the fact that women's urine incontinence gets worse with age and weight gain, which makes them more susceptible to weak pelvic muscles and urinary incontinence. Alizadeh et al. (2022) reported that more than half of the women in the research experienced moderate urine incontinence, which is similar with the findings of this study.

The findings of the current study revealed an average vaginal digital examination score of 1.7 in regards to the vaginal digital examination and the provocative examination of the women tested. This may be owing to the fact that two-fifths of the women in the study had inadequate muscular contractions brought on by impaired cognition. The average provocative test result was 1.8 as well. This could be as a result of the fact that during the first half of the experiment, more than two-fifths of the women tested reported minor urine leakage. Hussein, Mohamed, and El-Nemer (2015) reported that the mean digital vaginal test score was 1.2 and the mean provocative test score was 1.1, supporting these findings.

Regarding the quality of life of the women surveyed, it is evident that less than half of them encounter major problems and that half of them do not engage in social activities outside of the household. as well as anxiety and melancholy related to their incontinence. This might be as a result of the fact that women who experience urine incontinence are typically less social and avoid engaging in social activities because they feel rejected, socially alienated, and in control. Additionally, considerably higher degrees of despair, embarrassment, and self-consciousness were reported by women with urine incontinence. This study's findings are congruent with those of Ramirez, Tirado, Samur, Gamboa, and Oliveres (2022), who claimed that the majority of the women with urine incontinence they studied did not engage in social activities and experienced serious severe depression.

The current study also shows that a woman's work and pregnancy are both thought to have a favorable impact on the degree of urine incontinence. The findings of



this study may suggest a connection between infrequent urination and prolonged urine retention, which can impair muscles during labour. Additionally, when gravity increases, the likelihood of pelvic floor dysfunction rises.

This finding is in line with a study by Ahmed et al. (2018) that hypothesised a strong correlation between women's work and the severity of SUI symptoms. The findings of this study also concur with those of Seshan et al. (2023), who stated that an increase in pregnancies is thought to be a significant risk factor for stress urine incontinence in women.

## **CONCLUSION**

Based on the current findings, it can be deduced that about half of the studied women had moderate stress urinary incontinence. Also, the quality of life of the women in the study was negatively impacted by stress urine incontinence.

## **RECOMMENDATIONS**

It recommends providing a guide for continuing education curricula for all women with urinary incontinence about pelvic floor muscle exercises for prevention and treatment of stress urinary incontinence.

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## تقييم السلس البولوي الإجهادي وعلاقته بجودة حياة السيدات ببورسعيد

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### الخلاصة

**المقدمة:** يعد السلس البولوي الإجهادي هو النوع الأكثر شيوعا بين أنواع السلس البولوي والتي قد يكون لها تأثير علي جودة الحياة للسيدات بمختلف أعمارهم وهدف الدراسة: تحديد تأثير برنامج تدريبي لعضلات قاع الحوض علي جودة الحياة للسيدات المشخصات بسلس البول الإجهادي. **التصميم:** استخدام بحث شبه تجريبي لمجموعة واحدة. **مكان الدراسة:** العيادات الخارجية بمستشفيات ومراكز تابعة للتأمين الصحي الشامل بمحافظة بورسعيد. **عينة البحث:** تضمنت الدراسة ١١٠ من السيدات اللاتي يذهبن للمستشفيات والمراكز السابقة للحصول علي اي نوع من الرعاية الصحية. **أدوات جمع البيانات:** استبيان تقييم حالة المرأة الصحية، استمارة استبيان مقابلة، استبيان قياس مدي تأثير سلس البول علي جودة الحياة. **النتائج:** وجد أن أكثر من نصف النساء بقليل (٥٥.٥٪) تعاني من سلس بولي متوسط و ٢٢.٧٪ منهن تعاني من سلس بولي شديد. وقد وجد أن كثرة الانجاب وطبيعة وظيفة السيدات أهم أسباب وجود السلس البولوي بشدة لدي السيدات، بالإضافة إلى متوسط درجة جودة الحياة للنساء محل الدراسة كان  $8.01 \pm 2.9$ . **الخلاصة:** لخصت الدراسة إلى أن نصف النساء محل الدراسة يعانين من سلس بولي متوسط، كما أن سلس البول الإجهادي له تأثير سلبي على جودة حياة النساء محل الدراسة. **التوصيات:** ضرورة اعطاء توجيهات لتطوير برامج التعليم والتدريب أثناء تقديم الخدمات بخصوص السلس البولوي وضرورة معرفة التأثير الايجابي للبرامج التدريبية لعضلات قاع الحوض علي جودة الحياة للسيدات.

**الكلمات المرشدة:** جودة الحياة – السلس البولوي الإجهادي – السيدات.