

The partner acts as either a protective factor or a risk factor in the sexual activity of incontinent women. Integrating the partner into assessment is essential for comprehensive care.

The partner-related domain of PISQ-12 provides limited insight into the partner’s role, as it reflects only the woman’s perception of her partner’s sexual function, without assessing broader relational and psychosocial aspects.

The woman’s perception of her partner’s sexual function

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HYPOTHESIS / AIMS OF STUDY

The role of partnership in the sexual health of women with urinary incontinence is central and multidimensional. The partnership has a significant impact on psychological well-being, sexual function and treatment outcomes. The objective of our study was to investigate the role of the partner in sexual activity in incontinent women, using partner – related domain of validated questionnaire PISQ-12.

STUDY DESIGN, MATERIALS AND METHODS

This study was clinical-epidemiological and cross-sectional. A consecutive sample of 660 female patients with different types of urinary incontinence attending the Clinic of urology were invited to participate in this study. The inclusion criteria were that patients must be: 18 years or older, sexually active within the past 6 months, able to read and write Serbian, not pregnant, and have no history of pelvic/gynecological surgery or radiation. All included patients were those having their first visit for urinary incontinence/POP and willingly volunteering to participate in the study. Patients who did not meet all of the inclusion criteria were excluded. In addition, women who were on hormonal replacement therapy for menopause, had a functional disability, and/or had psychotic disorders including schizophrenia were excluded from our study. The control group included 112 women without UI and/or POP. After patients completed the PISQ-12 questionnaire, they were examined by a physician who determined the type of their incontinence and any degree of POP via standardized assessment and POP-Q stage.

RESULTS

Demographic and clinical characteristics of women with incontinence/POP and control are presented in Table 1. A significantly higher incidence of sexually active women in the control group was registered compared to incontinent women (p-value=0.000). Better sexual function was also registered in women without pelvic floor dysfunction, assessed with the total PISQ-12 questionnaire and partner – related domain of questionnaire PISQ-12 (Table 1.)

Study group value	Control Group		p
	(n=660)	(n=112)	
Age (years)			
<0.001	58.4±11.0 (4)*	49.8±8.9 (1)*	
BMI (kg/m2)			
0.389	27.6±8.5 (19)*	26.7±17.0 (1)*	
Parity			
<0.001	1.9±0.7 (8)*	1.5±0.9 (1)*	
Education	(13)*	(1)*	
Elementary (8 grades)		12 (20%)	17 (15%)
0.538			
High school (12 grades)		361 (56%)	66 (59%)
Further Education	158 (24%)	28 (26%)	
Marital status			
0.023		489 (74%) (6)*	94 (85%) (1)*
Married or in relationship			
Single, divorced or widow		165 (26%)	17 (15%)
Menopause			
<0.001		511 (78%) (8)*	52 (47%) (1)*
Sexually active			
<0.001		374 (57%) (2)*	103 (92%)
PISQ-12			
Total		30.84±6.82	38.19±5.61
<0.001			
Behavioral-Emotive		9.71±2.89	11.40±3.21
<0.001			
Physical		13.46±4.41	18.46±2.79
<0.001			
Partner-Related		7.72±1.84	8.33±1.81
0.003			

INTERPRETATION OF RESULTS

Sexual activity in women with urinary incontinence is not only an individual construct but includes a significant partner-related dimension, as demonstrated by validated instruments such as the PISQ-12.