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Impact of urinary incontinence on the sexual lives of women with traumatic spinal cord injury: a qualitative study**

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ABSTRACT

Objective: To understand the impact of urinary incontinence on the sexual lives of women with traumatic spinal cord injury. **Method:** A qualitative descriptive study conducted at a public referral hospital specializing in rehabilitation in Northeastern Brazil. Eight sexually active women aged 18 years or older, diagnosed with traumatic spinal cord injury and undergoing rehabilitation, participated in the study. Data were collected between August and September 2025 using a sociodemographic form and semi-structured interviews, which were audio-recorded and transcribed. Data were analyzed manually according to the stages of Bardin's content analysis. **Results:** Urinary incontinence negatively affected the participants' daily and sexual lives, generating feelings of shame, embarrassment, fear of exposure, low self-esteem, and insecurity. It interfered with sexual desire, spontaneity, and autonomy, limiting their ability to fully experience their sexuality. Coping strategies included bladder catheterization and behavioral adaptations. Partner support contributed to rebuilding intimacy and trust, whereas the approach taken by healthcare professionals, although relevant, was limited, revealing gaps in care. **Conclusion:** Urinary incontinence has a broad and multidimensional impact on women's sexuality, highlighting the need for comprehensive care that addresses physical, emotional, and social dimensions through empathetic support, attentive listening, and appropriate guidance.

KEYWORDS: Enterostomal therapy. Urinary incontinence. Sexuality. Women's health. Spinal cord injuries.

Repercussões da incontinência urinária na vida sexual de mulheres com lesão medular traumática: um estudo qualitativo**

RESUMO

Objetivo: Compreender as repercussões da incontinência urinária na vida sexual de mulheres com lesão medular traumática. **Método:** Estudo qualitativo e descritivo, realizado em um hospital público de referência em reabilitação, localizado na região Nordeste do Brasil. Participaram oito mulheres com idade igual ou superior a 18 anos, sexualmente ativas e diagnosticadas com lesão medular traumática em processo de reabilitação. A coleta de dados ocorreu entre agosto e setembro de 2025, por meio de formulário sociodemográfico e entrevistas semiestruturadas, gravadas e transcritas. A análise dos dados foi realizada manualmente, seguindo as etapas da análise de conteúdo proposta por Bardin. **Resultados:** A incontinência urinária impactou negativamente o cotidiano e a vida sexual das participantes, gerando sentimentos de

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vergonha, constrangimento, medo de exposição, baixa autoestima e insegurança. Interferiu no desejo sexual, na espontaneidade e na autonomia, dificultando a vivência plena da sexualidade. As estratégias de enfrentamento incluíram cateterismo vesical e adaptações comportamentais. O apoio do parceiro favoreceu a reconstrução da intimidade e da confiança, enquanto a abordagem profissional, embora relevante, mostrou-se limitada, evidenciando lacunas na assistência. **Conclusão:** A incontinência urinária exerce impacto amplo e multidimensional na sexualidade feminina, indicando a necessidade de cuidado integral que contemple aspectos físicos, emocionais e sociais, com acolhimento, escuta qualificada e orientação adequada.

DESCRITORES: Estomaterapia. Incontinência urinária. Sexualidade. Saúde da mulher. Traumatismos da medula espinhal.

Repercusiones de la incontinencia urinaria en la vida sexual de mujeres con lesión medular traumática: un estudio cualitativo**

RESUMEN

Objetivo: Comprender las repercusiones de la incontinencia urinaria en la vida sexual de mujeres con lesión medular traumática. **Método:** Estudio cualitativo descriptivo realizado en un hospital público de referencia especializado en rehabilitación, ubicado en la región Nordeste de Brasil. Participaron ocho mujeres de 18 años o más, sexualmente activas, con diagnóstico de lesión medular traumática y en proceso de rehabilitación. Los datos se recopilaron entre agosto y septiembre de 2025 mediante un formulario sociodemográfico y entrevistas semiestructuradas, grabadas en audio y transcritas. El análisis de los datos se realizó manualmente, de acuerdo con las etapas del análisis de contenido propuesto por Bardin. **Resultados:** La incontinencia urinaria afectó negativamente la vida cotidiana y la vida sexual de las participantes y provocó sentimientos de vergüenza, incomodidad, temor a la exposición, baja autoestima e inseguridad. Interfirió en el deseo sexual, la espontaneidad y la autonomía, lo que dificultó la vivencia plena de la sexualidad. Las estrategias de afrontamiento incluyeron el cateterismo vesical y adaptaciones conductuales. El apoyo de la pareja favoreció la reconstrucción de la intimidad y la confianza, mientras que el abordaje de los profesionales de la salud, aunque relevante, fue limitado, lo que evidenció lagunas en la atención. **Conclusión:** La incontinencia urinaria tiene un impacto amplio y multidimensional en la sexualidad femenina, lo que pone de manifiesto la necesidad de una atención integral que contemple las dimensiones físicas, emocionales y sociales, mediante un trato acogedor, escucha activa y orientación adecuada.

DESCRIPTORES: Estomaterapia. Incontinencia urinaria. Sexualidad. Salud de la mujer. Traumatismos de la médula espinal.

INTRODUCTION

Traumatic spinal cord injury is a disabling neurological condition resulting from damage to the spinal cord, causing motor, sensory, and autonomic impairments, with significant repercussions for individuals' lives[1]. Its worldwide incidence ranges from 15 to 40 cases per million inhabitants per year[2]. In Brazil, approximately 6,000 to 8,000 new cases are estimated to occur annually, with women accounting for approximately 15% of cases and the predominant age group being 15 to 40 years[3]. The main causes of traumatic spinal cord injury include traffic accidents, firearm injuries, falls from heights, and diving accidents in shallow water[1].

Among the complications resulting from traumatic spinal cord injury, neurogenic bladder dysfunction stands out as a consequence of disruption of the neural pathways responsible for bladder control. This condition impairs bladder storage and emptying, favoring the development of urinary symptoms, including urinary incontinence, defined as any involuntary leakage of urine[4].

In addition to its clinical repercussions, urinary incontinence has a significant impact on emotional, social, and relational aspects of women's lives. Feelings of embarrassment, insecurity, decreased self-esteem, and fear of episodes of urinary leakage may negatively affect social participation, interpersonal relationships, and intimacy[5].

Sexuality is recognized as a fundamental component of health. However, women with traumatic spinal cord injury often face challenges related to their sexual experiences, resulting from both physical changes and the psychosocial impacts associated with the injury. Difficulties with positioning during sexual activity, changes in genital sensation, reduced vaginal lubrication, and fear of urinary incontinence during sexual intercourse are factors that may compromise sexual desire, sexual satisfaction, and the quality of intimate relationships[6].

Although the literature demonstrates that urinary incontinence can negatively affect female sexuality, studies specifically focused on women with traumatic spinal cord injury remain scarce. Much of the research addresses the urological and functional aspects of the injury, whereas the impacts of urinary leakage on sexuality, intimate relationships, and coping strategies remain poorly explored.

Thus, understanding the experiences of these women is essential to inform rehabilitation interventions and healthcare practices that comprehensively address their health needs, including aspects that are often overlooked, such as sexuality.

Given this context, this study aimed to analyze the repercussions of urinary incontinence on the sexual lives of women with traumatic spinal cord injury, understand their sexual experiences following the injury, and identify the coping strategies adopted in response to the difficulties they experienced, in addition to characterizing the participants' sociodemographic and clinical profiles.

OBJECTIVES

To understand the repercussions of urinary incontinence on the sexual lives of women with traumatic spinal cord injury.

METHODS

This was a descriptive qualitative study conducted at a public referral hospital for rehabilitation located in the Northeast region of Brazil. The study was conducted and reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ), as recommended by the EQUATOR Network.

The participants were women aged 18 years or older who had been diagnosed with complete or incomplete traumatic spinal cord injury and were hospitalized for rehabilitation between August and September 2025. Women who were not sexually active were excluded, as documented in the electronic medical records during their initial assessment by the Psychology team.

Participants were selected through convenience sampling. Of the fifteen eligible women, eight agreed to participate in the study, while seven declined the invitation; no withdrawals occurred after enrollment.

The invitation was made in person by the lead researcher in a private setting during hospitalization, after providing information about the study objectives, procedures, risks, and benefits, as well as the voluntary nature of participation. The interviews were conducted by the researcher, a rehabilitation professional at the institution, outside her working hours.

Data were collected using a form developed by the authors, containing sociodemographic information (age, race/skin color, educational level, marital status, and economic status) and clinical information (etiology, duration and level of spinal cord injury, and classification according to the American Spinal Injury Association (ASIA), obtained from electronic medical records). In addition, a semi-structured interview consisting of open-ended questions was conducted to explore experiences and feelings related to urinary incontinence, its impact on sexuality, management strategies adopted, and guidance received during bladder rehabilitation. The guiding questions addressed aspects such as: "What are your experiences and feelings regarding urinary incontinence?"; "How do you feel when urinary leakage occurs during sexual intercourse?";

"What strategies do you use to cope with urinary incontinence during sexual activity?"; and "How do you assess the guidance received during the bladder rehabilitation process?".

The interviews were conducted individually in a private setting, ensuring participants' privacy and confidentiality. All interviews were audio-recorded with the participants' prior authorization and subsequently transcribed verbatim, preserving the fidelity of their accounts. The transcripts were used for data analysis, and excerpts from the participants' statements were selected to illustrate the findings. The transcripts were not subsequently returned to the participants for validation (member checking).

The data were analyzed using the content analysis technique proposed by Bardin[7]. The process comprised the stages of pre-analysis, material exploration, and treatment of results with interpretation. After reading the transcripts, the recording units were coded, grouped according to thematic similarity, and interpreted, enabling the formulation of findings and conclusions aligned with the study objectives. Data organization and coding were performed manually by the researchers, without the use of specific software.

Data collection was concluded at the end of the period established for the study, when thematic saturation was observed, evidenced by the recurrence of information and the absence of new relevant elements regarding the emotional repercussions of urinary incontinence, experiences of sexuality following spinal cord injury, and management strategies adopted by the participants.

Anonymity was ensured by identifying participants only through codes (E1, E2, E3…), with access to the data restricted to authorized researchers. In accordance with Resolution No. 466/12 of the Brazilian National Health Council, all participants signed the Informed Consent Form. The study was approved by the Research Ethics Committee under Certificate of Presentation for Ethical Review (CAAE) No. 87991625.0.0000.5544, opinion No. 7,726,361.

RESULTS

Getting to Know the Women in the Study

The interview group comprised eight women aged 18 to 47 years. Regarding self-reported race/skin color, four identified as Black, three as White, and one as brown. Most participants had completed (three) or incomplete (two) high school education; only one had higher education, and two had between six and nine years of schooling. The predominant marital status was married (five), followed by single (two) and separated (one). Six of the eight women interviewed had children, ranging from one to three children. Regarding employment status, four had no income, one was retired, one was self-employed, and two received social assistance benefits.

Regarding the etiology of traumatic spinal cord injury, six cases were related to traffic accidents, three of which resulted from automobile collisions and three from motorcycle accidents. One case resulted from a fall and another from a firearm injury.

The predominant level of injury was thoracic, ranging from T3 to T10, with a total of seven women presenting with paraplegia and only one with a high-level spinal cord injury (tetraplegia), with an injury level at C7. The ASIA classification of spinal cord injury ranged from A to C: four women had complete injuries (ASIA A), and four had incomplete injuries, including two ASIA B and two ASIA C. Time since injury ranged from eight months to four years and eleven months following the spinal cord trauma (Table 1).

After reviewing the accounts of the eight interviewees, four categories were identified that reflect the experiences of participants who experienced urinary incontinence following traumatic spinal cord injury:

1. Impact of urinary incontinence on the daily lives and sexual lives of women following spinal cord injury;
2. Emotional repercussions of urinary incontinence on the lives and sexuality of women with traumatic spinal cord injury;
3. Coping strategies for difficulties in the sexual lives of women with traumatic spinal cord injury; and
4. Perceptions of spousal and healthcare professional support regarding sexual life following traumatic spinal cord injury.

Table 1. Sociodemographic profile of female participants with traumatic spinal cord injury treated at a public referral hospital for rehabilitation. August to September 2025.

Participant	Age	Race/skin color	Educational level	Marital status	Children	Employment status
E1	47	White	Higher education	Married	2	Retired
E2	30	Black	Incomplete secondary education	Married	1	Not employed
E3	19	Brown	Incomplete secondary education	Single	0	Not employed
E4	18	Black	Lower secondary education	Single	0	Not employed
E5	34	White	Secondary education	Married	1	Not employed
E6	40	Black	Lower secondary education	Married	3	Self-employed
E7	29	White	Secondary education	Married	1	Social assistance
E8	32	Black	Secondary education	Separated	1	Social assistance

Source: Study data, 2025.

Category 1 – Impact of Urinary Incontinence on the Daily Lives and Sexual Lives of Women Following Spinal Cord Injury

This category addresses how urinary incontinence alters daily activities and directly interferes with women's sexual experiences following traumatic spinal cord injury. This represents a practical and situational impact related to changes in behavior, routines, and the way intimacy is experienced.

The participants reported difficulties adapting to their new daily routines, in which involuntary urine leakage had become a constant problem.

> *— The injury caused urinary incontinence, and it was very difficult to cope with. Shortly after the injury, we had no intimate contact because my partner was afraid of hurting me. Over time, we resumed sexual intercourse, but leakage would occur during sex, and that was traumatizing. (E1)*
>
> *— Since the accident, urinary incontinence has become a constant problem. I feel uncomfortable and often anxious. (E3)*

In the sexual sphere, urinary incontinence affected spontaneity, the frequency of sexual intercourse, and the quality of intimacy, leading to concrete changes in sexual behavior.

The accounts show that urinary incontinence has tangible effects on daily life and sexual routines, altering habits, reducing the frequency of sexual intercourse, and changing the dynamics of intimacy following traumatic spinal cord injury. Words used in the accounts, such as "tension," "distress," and "insecurity," demonstrate the extent to which this new condition negatively affects women's lives.

> *— My sex life is very different from before. Urinary leakage makes me tense. I am always thinking about whether I will urinate during intercourse. I have reduced the frequency of sexual intercourse because it is distressing. (E2)*
>
> *— My sex life has changed considerably, mainly because of the insecurity about urinary leakage. I was very afraid of being rejected and even avoided having sex for a while. (E4)*

Category 2 – Emotional Repercussions of Urinary Incontinence on the Life and Sexuality of Women with Traumatic Spinal Cord Injury

This category highlights how urinary incontinence affects the emotional and identity-related spheres, influencing women's perceptions of their bodies, femininity, and self-worth. This experience extends beyond physical discomfort and

directly affects their emotional and sexual lives, requiring an ongoing process of emotional adjustment and adaptation to the new conditions imposed by traumatic spinal cord injury.

Feelings of shame were among the most prominent aspects, associated with distress, fear of exposure, and concerns about social judgment, as evidenced by the following statements:

> *— I felt very embarrassed because I could not control when I would urinate, so I had to wear a diaper all the time. (E1)*
> *— I feel distressed during sexual intercourse because I am afraid of urinary leakage. [...] I am afraid of exposing myself and embarrassing myself. (E2)*

It is important to emphasize that these emotions reflect a sense of vulnerability that affects how women perceive themselves and position themselves socially, as illustrated by the following account:

> *— It was as if I had lost my dignity. I felt like a child, dependent on diapers and help from others. (E2)*
> Within this context, other negative emotions also emerged, such as sadness, humiliation, vulnerability, and fear of rejection, as expressed by the participants.
> *— I feel vulnerable and even avoid thinking about sex. It feels like I have lost a part of myself. (E2)*
> *— The first time it happened, I was in shock and cried a lot. I felt humiliated. (E3)*
> Difficulty accepting their bodies after the injury interfered with their perception of femininity and self-esteem and was also reported by the study participants as a factor contributing to psychological distress:
> *— This made me feel very insecure and affected my self-esteem. (E1)*
> *— It feels as though my body no longer belongs to me; I no longer have autonomy over it. (E4)*

Category 3 – Coping Strategies for Difficulties in the Sexual Lives of Women with Traumatic Spinal Cord Injury

The participants reported different strategies for adapting to the new reality imposed by urinary incontinence, including both physical measures and behavioral adjustments aimed at preventing episodes of urinary leakage during sexual intercourse. Among the measures adopted, prior bladder catheterization was the primary management strategy, perceived as a means of providing security and predictability during intimate moments.

> *— Before sexual intercourse, I perform catheterization to empty my bladder and prevent urine leakage during sex. It has become a ritual for me. (E1)*
> *— I perform catheterization and prepare myself as well as possible. This preparation beforehand no longer bothers me; it has become part of my routine. I do it because it gives me a sense of security and makes me feel more comfortable. (E8)*

The accounts reveal that, over time, catheterization became incorporated into the participants' sexual routines as a means of promoting autonomy and bodily control. However, feelings of fatigue and discouragement also emerged, indicating that the necessary preparation beforehand may reduce spontaneity and affect their willingness to engage in intimate contact.

> *— Sometimes, just thinking about getting up and performing catheterization makes me give up on having sex. (E1)*
> *— I have been told to perform catheterization before sexual intercourse, but that discourages me and I even lose the desire to have sex. Accepting catheterization as part of my life is still difficult. (E2)*
> *— But, to be honest, all of this makes me feel tired before I even begin, just thinking about all the preparation that is required. (E7)*

In addition to physical management, some women adopted behavioral strategies to minimize episodes of urinary leakage, such as limiting fluid intake and choosing specific times for sexual activity, seeking to adapt intimate moments to their physical limitations.

> *— I avoided drinking water before having sex, but I would still experience urinary leakage. (E4)*
> *— Since I usually experience urinary leakage at night because I have difficulty performing catheterization while lying down without a fixed mirror, I prefer to have sex during the day. (E6)*

Over time, some participants reported a process of redefining their sexuality, characterized by the pursuit of self-knowledge, adaptation to their new bodies, and the development of practices that promote greater comfort and confidence, as reflected in the following accounts:

> *— I no longer have difficulties. I adapted to my condition after the injury. (E1)*
> *— I needed to get to know myself much better. I had to explore new paths and discover what gives me pleasure now. Incontinence is an unpleasant factor, but it does not prevent me from experiencing my sexuality [...] I no longer have difficulties and can manage the situation. Communication in a relationship is everything and makes all the difference. It is not easy; it takes courage to move forward. (E8)*

Category 4 – Perceptions of Spousal and Healthcare Professional Support Regarding Sexual Life Following Traumatic Spinal Cord Injury

Experiencing sexuality following traumatic spinal cord injury involves physical and emotional challenges that require a gradual process of adaptation. In this context, support from spouses and healthcare professionals emerged as an important element in rebuilding sexual life and redefining sexuality.

Partner support proved to be crucial in this process. Acceptance, patience, and open communication facilitated adaptation to the new condition and contributed to strengthening intimacy, as evidenced by the following accounts:

> *— My boyfriend turned out to be a wonderful man—supportive, understanding, and loving—and over time, I became more comfortable during sexual intercourse. His support was very important in helping me not give up on my relationship. (E4)*
> *— At first, I felt embarrassed and thought my husband would distance himself from me. But he always supported me and said that he understood. This helped me cope better. (E6)*

In addition to partner support, the care provided by healthcare professionals was recognized as an important factor in providing guidance and support for sexual experiences in the context of spinal cord injury. The participants reported that appropriate clarification and information provided greater confidence in dealing with their bodies and understanding their possibilities:

> *— The psychologist talked to me a little. Later, I spoke with a nurse who supported me, answered my questions, and made me realize that sexuality is part of life, even after the injury. This information was very important. (E4)*
> *— I had many questions, which I discussed with the nurses. They gave me important advice about bladder care, positions that would make things easier, and pleasurable sensations. This made all the difference. (E6)*

However, although they recognized the importance of professional support, many women pointed out that the topic remains insufficiently addressed during rehabilitation and emphasized the need for sexuality to be addressed more comprehensively and explicitly.

— Few people ask about it, but very briefly, just whether I am sexually active. [...] It would be good if they made room to talk about this, just as they do with other aspects of rehabilitation. They could ask how I feel as a woman and how I am coping with my sexuality. (E1)

— I wish they would ask me how I am coping with this, provide guidance on what to do to prevent urinary leakage during sex, and talk about pregnancy in this condition. (E3)

— But not all healthcare professionals talk about this. I would like professionals to see sexuality as part of recovery. (E6)

DISCUSSION

The findings of this study demonstrated that urinary incontinence resulting from traumatic spinal cord injury affects the daily lives and sexual lives of the women interviewed, showing that this condition extends beyond the physiological dimension and acquires significant emotional and social meaning.

In this context, feelings such as shame, embarrassment, tension, and insecurity emerged in the participants' accounts, affecting sexual desire, reducing self-esteem, and hindering the full experience of sexuality, which is consistent with studies indicating that this experience can lead to feelings of devaluation and self-rejection, particularly within intimate relationships[8,9]. These findings are supported by observational studies demonstrating an association between urinary dysfunction and poorer quality of life following spinal cord injury. In a study involving 609 women with spinal cord injury, urinary incontinence was associated with reduced quality of life in the general, physical, and emotional domains[10].

Experiencing sexuality after spinal cord trauma requires an ongoing process of redefining the body, pleasure, and intimacy. Research highlights that resuming sexual activity depends on self-knowledge, restoration of self-esteem, and access to information, all of which enable women to reconstruct their sexual experiences. However, this adaptive process is unique to each individual and depends on life history, emotional resources, and patterns of attachment and intimacy, directly influencing how each woman perceives herself and engages socially[11]. Within this process of adaptation, the participants reported different strategies for coping with urinary incontinence and minimizing its impact on their sexual lives.

In coping with urinary incontinence, the participants' efforts to reduce episodes of urinary leakage and maintain a sense of bodily control were evident. The strategies adopted sought to reconcile sexual desire with safety and predictability while preserving intimacy. Among these practices, bladder catheterization was particularly prominent because, although it caused some discomfort, it provided greater reassurance by minimizing urinary leakage and increasing confidence during sexual intercourse[12,13].

The predominance of bladder catheterization among the interviewees corroborates the literature, which considers it the most effective method for managing neurogenic lower urinary tract dysfunction and preventing its complications, while also promoting autonomy, self-confidence, and the resumption of sexual activity[13]. This finding is consistent with international recommendations that recognize intermittent catheterization as a first-line strategy for managing neurogenic bladder in individuals with spinal cord injury, as it is associated with functional independence and psychosocial adaptation[14].

Another relevant finding was the importance of emotional support. Partner support promoted emotional security, self-esteem, and the reconstruction of intimacy, contributing to sexual adaptation after spinal cord injury[10,11]. Observational studies demonstrate that psychosocial factors, such as self-efficacy, couple communication, and positive coping strategies, are associated with greater sexual satisfaction, reinforcing the importance of partner involvement and a biopsychosocial approach in the sexual rehabilitation process[11-15].

In addition to spousal support, follow-up by healthcare professionals also proved to be crucial. Supportive care, active listening, and the guidance provided assisted in emotional adaptation and strengthened the participants' autonomy. Evidence indicates that addressing sexuality during rehabilitation should encompass not only physiological aspects but also the emotional, relational, and psychosocial dimensions involved in sexual experiences following spinal cord injury. In

this context, structured sexual counseling and rehabilitation strategies have been recommended because they contribute to increased sexual satisfaction, self-confidence, and quality of life among individuals with spinal cord injury[16].

Despite the importance participants attributed to professional support, some women reported that sexuality is still insufficiently addressed during the rehabilitation process, reinforcing the need to expand dialogue and incorporate this topic more effectively into care. The literature shows that many healthcare professionals still feel insecure when addressing sexuality-related issues, which may perpetuate taboos and limit women's access to qualified information and support[16,17].

Although neurological changes resulting from spinal cord injury affect sexual function, recent studies demonstrate that emotional, relational, and social factors may be as important as or even more important than physical aspects in determining sexual satisfaction. In this regard, interventions aimed at strengthening self-esteem, partner communication, and sexual education may promote adaptation, well-being, and sexual satisfaction in this population[18].

Thus, coping with urinary incontinence and reconstructing sexuality following spinal cord injury are dynamic processes influenced by self-image, relational context, and the quality of professional support. In this context, incorporating sexuality as an integral part of rehabilitation, providing opportunities for dialogue, and ensuring appropriate guidance are essential measures for comprehensive, humanized, and woman-centered care, recognizing sexuality as a fundamental dimension of women's health.

Study Limitations

The findings of this study reflect the experiences of women with traumatic spinal cord injury receiving care at a single rehabilitation center, which may limit the understanding of experiences in other healthcare settings. In addition, the reported perceptions are related to the participants' sociocultural characteristics and rehabilitation process and should therefore be interpreted in light of the specific characteristics of this group.

Recommendations

The findings of this study reinforce the need to include sexuality as an essential component of rehabilitation for women with traumatic spinal cord injury. The implementation of supportive care, guidance, and health education strategies that promote dialogue about sexuality is recommended, as is training healthcare professionals to address this topic more comprehensively and sensitively in response to women's needs.

CONCLUSION

This study provided an understanding that urinary incontinence resulting from traumatic spinal cord injury has broad repercussions on the daily lives and sexual lives of the women interviewed. The findings demonstrated that this condition extends beyond the physiological dimension, affecting emotional and social aspects, and constitutes an important factor limiting self-esteem, feminine identity, and the full experience of sexuality.

The identification of emotions associated with the unpredictability of urinary leakage during sexual intercourse highlighted the distress experienced by these women. In this context, the adoption of adaptive strategies, such as bladder catheterization, formed part of the process of coping with and redefining sexuality, influenced by individual experiences, the support received, and access to information.

Furthermore, the essential role of spousal and professional support became evident. Support from an understanding and involved partner was crucial for the resumption of intimacy, providing emotional security and strengthening the emotional bond. Similarly, when healthcare professionals adopted a supportive approach characterized by active listening and appropriate guidance, they promoted women's empowerment, autonomy in managing their condition, and the positive reconstruction of sexuality.

In light of these findings, living with urinary incontinence following traumatic spinal cord injury is a complex process that requires ongoing support, professional sensitivity, and therapeutic strategies grounded in humanized care. By giving voice to these women's experiences, this study achieved its objectives and contributed to a broader understanding of their needs, strengthening the ethical and scientific commitment to comprehensive care focused on promoting women's autonomy and dignity.

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