

This page summarises women's accounts of how their injuries impact their lives, with extracts taken directly from interviews with injured women. To protect women's identities, we have not used their real names.

Please be aware that some people may find this content distressing. If you have been affected or need extra support, please follow this [link](#).



Impact on life

Many of the women we spoke to talked about how anal incontinence has had a profound impact on their lives. Women talked about how it affected every aspect, including their social lives, work, how they felt about themselves, and their imagined futures.

Social life

Many women thought their social lives were restricted due to not being able to manage their symptoms when with friends or family. This meant many women no longer socialised in the way they used to.

Anal incontinence has significantly impacted Zoe's social life. She now avoids going out with friends and will only visit close family.

"It's probably had quite an impact on my friendships because obviously I've got friendship groups wanting to go out for like meals and stuff like that whereas I don't want to do that because I don't want to be out of the house that long before these symptoms, so it's had quite a big impact that way as well.[...]"

"It definitely has had an impact on how often I see family, 'cause obviously with the children it's not like I can just go and sit down. If I'm sat down it's not too bad if that makes sense. It's not, but obviously with the children I'm constantly running around after them so I don't like being at like families' houses 'cause I've constantly got to be up on my feet about. Yeah, so I've not really spoke to any of my family about it, but I still see close family like my mum and my grandparents, 'cause they're very local to me. So I've kind of kept that side in my family really close. But wider family, I've not really seen at all." P20

Before having a baby, Sophie was very active and loved holidays. She talked about how her symptoms have now limited the activities she can do with her daughter.

"We used to love going on holidays abroad and it's something that we really want to do with our daughter. You know, she was born pre COVID, but we would have taken her at even just five months old. But I've not been able to do that. I couldn't go to

'Mummy and Baby' classes because I couldn't sit. There was a lot that changed, to me as a person I used to be a very active person. Yeah, I used to love to walk and hike, even, it's just, it's just something simple like playing. Going to a children's playground and hanging outside and playing. I I have to pick and choose when I want to do that now with my daughter, because even something as simple as like trying to get to get up the slide and then down the slide, have to choose, is it worth it? And she's really, really begging me to come on.' P29

When Rahma goes out, she prepares by not eating beforehand and finding out where the toilets are. Rahma limits her enjoyment of food and drink when out with friends, so much so it has stopped her socialising.

"I'm still not gutsy enough to eat before I leave the house or, one thing I've had to do is put a stop in the last 20 years is socialising. I cannot meet people for lunch and coffees because if I have to first find out if there's a toilet and if you know, how many toilets in the place. If I say I need to meet someone for coffee and then go straight to the school run from my coffee shop, I may have used the toilet in the coffee shop, but what if finding the toilet while I'm waiting in the car for my child in the middle of nowhere, there's no toilets, just residential houses. So for that reason I was still a bit, I'll meet you, but I won't eat anything. I'll meet you, but I won't have a coffee too. Or I think what's the point? They're all eating and I'm just, you know, watching, so yeah, so the social things been out of the window. I think I've got used to just saying no to everyone for everything so my life has become just me. P39

Robyn's symptoms stop her from travelling via plane or as a passenger in someone else's car. She talked about how having an accident can 'ruin' an evening and how she has to be really careful when choosing from a menu.

"I won't, don't want to go on a plane now. I don't want to be a passenger in anyone else's car because I know that if I need to go I need to go now. I can't wait. You know if I'm driving, I'm in control I can stop when I need to stop. You know, if you're in a colleague's car and you going to, you know. And I just think I don't want to have to say, 'can we stop now for a poo?' You know I will say that to my close friends, I'm

very open, but you don't necessarily want to say that to people you don't know very well. Or, you know, where's the toilet? [...] I went out with my husband for something to eat for the first time in months the other day. And then couldn't get back home in time after eating, you know, and it just it ruins everything. You don't want to. And then I think what am I going to eat? What, will it, is it the sort of food that will make me need to go more." P10

Emma has missed out on lots of social events because of her anal incontinence and it takes her a long time to get ready to go out. She once declined going on a hen do and used an excuse about not wanting to be away from her kids.

"I've definitely missed out on things because I've had an accident whilst getting ready and then I've not wanted to go and not wanted to leave the house or that's then had a real impact on how long it takes me to get ready. If I need to clean and things so... I think, that's kind of both practical and and the impact, [...]

"Yeah so my brother's getting married and having a hen do and they invited me for three nights and I was really unsure about going away with a group of women I don't know particularly well. I mean I know my sister in law to be and it's all her friends, so I really wasn't sure about going and worried and things. And then they understood that, so I don't want to be too far away from the kids and and also actually, this is what my main concern is and that's been easier to say like... so, I just don't, I don't want to be too far away from home and sharing bathrooms with people I don't know and things." P34

Recently, Susan overcame a challenge as she walked up a mountain with friends. She talked about how she worried beforehand but was very pleased that she did it.

"I used to like last summer I felt like a big milestone because I managed to walk, like went, we went for a walk with a group of friends up a mountain which was like, you know not even that long but was it like maybe 2 hours round trip of a walk but I was so anxious about that beforehand, because I was really worried about the toilet situation. And I was really worried about the drag because some of them were close friends but not all of them were so... Has really worried about having to say like I

need to go, I need to go urgently. I'm just gonna have to go back, you know it's just so psychological I suppose like that but that's that was a milestone to be able to manage to do that.” P30

Disruption to work

Experiencing anal incontinence in the workplace was difficult to manage for many of the women we spoke with. How well women coped depended on the kind of work they did and how accommodating their employers were. Some women had not returned to work after maternity leave and/or covid lockdown. They discussed their concerns about going back to work.

Vanessa was newly qualified before she had her baby, but now feels she cannot work

“Just before I'd had my wee man I had qualified as a classroom assistant and I was hoping whenever he was about one/two start to plan for paid work and you know, to do part time work. But after, after the injuries I just didn't have the confidence to try and manage my symptoms and work so I haven't worked since.” P13

Jackie's confidence was knocked so much she decided not to return to work

“So I used to be a assistant store manager, so I was off and having to go to like back to work, meetings and things like that. I didn't have the confidence to even when I had the stoma, I just I didn't have it in me. I just thought I can't. It's not what I want to do anymore, you know? So I, I just, I've resigned from that job. Just solely looking after myself, my daughter. So yeah, it's just. It's yeah, it's impacted a heck of a lot. Everything really.

“[...] Because like being a manager anyway and in my role my... the store manager was out a lot, so I was running the store a lot anyway without her being there, so it's always about being on hand 'cause you're the first port of call with customers. Especially during peak trades or Christmas holidays etc, so me having to kind of run off to the toilet and, you know it wouldn't have, wouldn't it be great basically to deal with. Even when I had the stoma again, I was panicking because, just managing and sometimes having not leakage there with accidents with the bag and, it's all just, kind of I couldn't even imagine managing my centres and then running the store, and you know” P25

When thinking about returning to work, Judy felt anxious. She would have like to have more advice from her stoma nurse on how to manage this.

“With work I really don't know how I'm gonna cope, like I've asked to go, when I go back to mostly work remotely, because I just I can't envisage sitting in an office, in the office that I work in, I've got my main team who are lovely and understanding and but they're in a different office to me. The office I work in is like mixture of different like researchers on different projects and all very quietly sat at their computers. So it's just like nightmare scenario for noises. [...] It's it's created a lot of anxiety about going back to work. [...] The other thing is my job involves visiting people in the community, I don't know, like it's beyond an embarrassment thing, then I feel like I, I can't physically go to someone's house when I'm not sure that I'm gonna I'm I don't know whether I'll have a leak and I just can't cope with with that. And I don't know what it's like for other people who have incontinence that used to have a job working in the community, but I I just don't know how people manage it. And again, that's the discussion that would have been good to have with the stoma nurses, and you know, they must have experience of people going through similar things.[...] So now I'm feeling like probably need to call them up and say I need help, but if I'm not specifically saying what I need help with.” P17

Lots of women decided that they preferred not to tell their employers about their condition, which could make things difficult if they had to disappear to the toilet frequently and/or for a long time. Some women did disclose that information to their employers which often led to them getting some support in the workplace.

Rahma talked about occasions at work when she had accidents. This was difficult to manage, but she did not want to explain to managers why she went to the toilet so often.

“And then before I walk to the toilet, because I work part time, I work 4 hours in the morning, but the four hours I would also have an accident within those four hours. So I would actually think right, I need to go to the toilet but you're on a call with a customer, you can't literally just say I hang on I need to go to the toilet. So by the time I've put that call down and logged my notes, which we have to before we... because I work customer services on the phone. By the time I found I got up from my

seat to go to the toilet, I'd feel it all just leaking out. Sometimes I would just smell something while I'm on the call or feel itchy, itchy bottom and not even realize I've leaked, bowel leakage, and I'm thinking, oh gosh, that's gonna get worse when I get up. So if I get up and I start walking, if it's a loose bowel I would find it trickling down my leg. This is at work and I'm thinking this is not good, so you have to remember to carry wipes and all sorts. You take ages in the toilets and then if there's two cubicles, there's a queue outside and you do, you think, great, now I'm going to be walking out with all these.

[...] "I work five days a week, four hours every day and I thought for the four hours, if I was spending half an hour in the toilet, cleaning myself up... We used to get managers saying, well, where's she gone? She's had a 15 minute break. Where's the other 15 minutes gone? And I don't want to explain if you got male team leader, you don't wanna explain, if it's a female, I might be still a bit more comfortable. But with a male, no. So, I've been through all of that." P39

Maya talked about the measures she takes to manage her symptoms in the workplace. Sometimes she experienced difficulties, and she has not been able to increase her hours because of her condition.

"I'm a teacher, I'm in front of children. For example, tomorrow I'm working in a school, in a mainstream school, so I will be faced with 30 children times five in the, you know, in a class, so I have 120 to 160 kids, but I won't eat much today 'cause I know I'm working tomorrow. I don't want an accident, and I can't leave them and go to the toilet, because if I come back to 30 kids they won't be sitting at the table just working, and they'll just mess around so it does impact me, and I've got used to it, I've learned just to manage it, because it's been now five years. [...]

"I don't think I could work full time with this condition. My boss asks me all the time, "Can you come back full time, or can you come back ten to two when your kids are at school?" And I don't... now my kids are school, but I just can't imagine anything like it'll be, yeah, I just couldn't do it 'cause I would be constantly just going to the toilet and constantly not eating properly, so I couldn't work full time now. [...]

“Recently I’ve had situations where I’ve not had an LSA, a support assistant in my class, and I’ve got learners with learning difficulties. And they can’t be left on their own, and I have been desperate to go to the toilet, so I’ve had to finish my lesson 15 minutes early, 15 minutes early just to go to the toilet. And then someone did make a comment, “Oh, they’ve finished early.” I said, “Well, yeah, I was desperate to go to the toilet and I don’t have a teaching assistant so I had no choice.” But had they have made a big issue of it, or my boss challenged me, at that point I would have told him exactly why.” P40.

Having an understanding boss has been very useful for Aanya, although she is worried about working in the community again.

“I had to tell my boss, which is fine, she's she's a nurse. And she's she's great and have a very good relationship with her, but I'm I'm lucky in that sense, I've had to tell her and she's sort of been really good with saying, well, you know you can.... She sent me a a a key for disabled toilets so I can use disabled toilet work I can just do what I need to do, I leave a spare pair of clothes in my locker at work and she just understands that I have to, you know, if it's a long drive or whatever, I just do what I need to do. [...] I'm anxious about, when my work goes back to normal because we, a normal day for me could be being in the car for two hours and then being in a clients home for four hours and then being in a car for 2 hours again and you can't just leave somebody if they sort of broken down and telling you all of their intimate life story, you can't just dash off because you're desperate for the loo and then have a really loud explosive accident or whatever. I've been stuck in the car and had accidents because I'm in traffic for too long or whatever, so we're not doing a lot of visits at the moment, so it's worked out well for me, but I am worried about how that's gonna play out if and when we go back to sort of normal.” P26

Claire felt lucky to have employees that were understanding and referred her to occupational health to make work more manageable for her

“I'm very lucky with my employer that they are top ten employers in the country. They've won awards. They're amazing. But I could understand for somebody who didn't work for such a good employer this would have been really very difficult. They did an occupational health referral for me. They got me assessed. Then they've

assisted me and supported me ever since. Part of my job is to take calls. And they gave me a code to punch in my phone, which basically means that I'm present in work but I'm not present to take a call. They call it 'Not Ready'. And they know that one of the things you're rated on in my job is your 'Not Ready' time. And so they chose to not rate me on 'Not Ready'. Because I could put myself in 'Not Ready' and go and sort myself out if, if, if necessary. And so part of the occupational health referral was to not rate me on my 'Not Ready' time, so that I have the luxury of being able to take myself off and sort myself out. The other thing as well is that most people have returned to the office on a hybrid working basis now. They've allowed me to remain at home. So that's very nice" P9

During a difficult situation at work, Caitlin felt she had to tell her boss. Since then, she has been able to work at home more often.

I was forced to tell my manager about it, because there was a situation when I had to work. I took my Loperamide in the morning, but I was really, really stressed. So he, he's gone through a very rough patch in his life and he could be very moody and very difficult to work with and to communicate. And I sat down to my desk and I didn't do what I normally would do on the day when he's in. So I would go to my desk, leave my stuff and go and see him.

"And he picked up on it, I think he wasn't in a very good mood. He picked up on it why I didn't come to see him. And then this forced me ... no, in order to, you know, having to apologise and having to say, "Oh, you know, it's not that I'm annoyed with you," or something, he forced me to explain to him, I've got ... what I did say? I, I said I had an IBS flare-up just to simplify things and then I have to wait for my medication to, to work. And then I would work from home if I had a flare-up on that day, you know, practically bed. And then I would just say that I'm working from home 'cause I've got IBS flare-up. [...]

"Probably if I went to work somewhere else now where I'm office based where if they did that I would probably put on the paperwork during the recruitment that I do have a form of, you know, basically hidden disability. The issue of that is if it's not recognised as a disability, they could say, "Where's your proof?" "Show us the paper

where it says ...” you know, “Where’s the proof?” So, you know, that, that could end up, they all could say, “Oh, we’re not going to employ you.” P1

When discussing the impact that anal incontinence had their lives, Maya, Fatima and Fiona all questioned whether they ought to be classified as having a disability. They felt they would have a right to demand their work made adjustments and may be entitled to benefits.

Maya thought it would not be seen as a disability, despite it impacting her ability to work.

“You know, you know some people get benefits for a disability because they can’t work or it impacts their daily life? This isn’t classed as a disability is it? But it should be ‘cause it is, it affects my ability to perform my job or certain tasks. It is a disability, really but they wouldn’t see it like that, would they?” P40

Women told us how their anal continence had substantially limited their options in looking for new employment. So much so, in many cases they decided not to change jobs or start work again.

Claire talked about how she would not feel confident in a new job

“I left the company on maternity leave as an able-bodied woman, and I came back as a disabled person. And I was, I was very frightened about how that was going to pan out for me. And having done another study recently, one of the questions, you know, was, “Would you feel confident going into employment now, if you weren’t employed?” And the answer to that is ‘no’. And I don’t actually think that I am an employable at the, the moment, had I have not already been employed. And whilst I understand that’s not necessarily a question that you’ve asked, it does, it does allow me to elaborate in the fact that there’s so many branches off of that for ladies that aren’t already employed after maternity leave for various reasons. They may choose to stay at home with the family for longer, or they, they may not have been with a company long enough to seek any maternity pay. You know, we all know there’s loads of variables there. But it, it leads to a massive problem, I think. I don’t think ... I have a tremendous amount to give. I’m bright. You know, I’m qualified. I, I’m able for 99.9% of the time to give them full power, you know, the, the, the, everything that they require from me as an employee. But there is that 1% or .1% of me that unfortunately isn’t able to deliver like I used to be able to. And they now have made

provision for that. But I don't feel like I could walk into a job interview now and be a successful candidate, knowing what I know about myself. And I don't feel I'd be doing them any favours for them to have me on board, 'cause I don't think I'd be worthy." P9

Since her injury, Zoe has applied for new jobs, but she lacks confidence and feels embarrassed about sharing information about her symptoms with a new work place.

"I'm not at work at the moment I've been, I've been for job interviews and stuff and it just kind of comes down to even at the job interviews I feel like, not such I don't want to, but like because of it all, I'm embarrassed to go there and it's a like a new situation and... I don't really know how to explain it, but I feel like because of all the symptoms, I wouldn't want to be in a workplace with other people who don't know and understand sort of thing. But like you seem like, say some days I can't even do the school run, so I just think I don't know how I'm gonna be able to hold a job that when I can't even walk up the road some days.

[...] ""If I could go to work if we'd be in a much better like situation, so I'm not so we do get by and like it's not causing huge financial issues, but if I could work it would take a lot of strain off our family I suppose in that way." P20

Being the main earner puts pressure on Judy, but she now feels limited in the types of roles she can apply for.

"So my job is a is a fixed term contract, so once this contract ends I'll be looking at other jobs and I would have been looking at other jobs that probably involve visiting people in the community, which now I won't be looking at. So I don't know what I'm going to do after this contract ends. So there might be a financial implication there, so I'm the main earner in my household as well. So I feel like it would have been easier if if my husband was the higher earner. I could have, you know, potentially been like you know, doesn't matter about work, it's just as cheap to stay at home and look after [babies name] and not send it to nursery. But I have that pressure to earn the money and most of that involves being outside, going to peoples houses or you know that's what my experience is. It would just limit the pool of jobs that I can apply for after my contract ends." P17

Some of the women we spoke with were waiting for surgery. They talked about how being on a waiting list was quite difficult to manage with their work and sometimes limited their work related opportunities.

Donna works in a shop but does not feel she can apply for anything else whilst she is waiting for surgery.

“I’m working in a shop at the moment because I just graduated myself this summer from university. So uhm, I just wanted to not be studying for a little while so I’m just working in a shop, but sometimes I’m having a bad day. I’m serving customers and you know, even just standing there and I sort of have to wait for them to go and then let things go. And and and the actual impact is that I would like to try and get some work connected to my degree. But I can’t and I thought I can’t apply for work while I’m waiting for this operation because can’t really start a job and say, oh, by the way, I’m going to be off for a few weeks because I’m going to be recovering. So, I’m treading water.” P7

As some who is self-employed, Erika talked about the difficulties of taking on new projects whilst waiting for an operation

“I’m a freelancer, so I have to take time off to do this surgery which is 6 weeks. The difference between, can I accept a job or not. And then hopefully the surgery being successful in three to six months, I’ll have to do a reversal. Where they, yeah, so I don’t know how much time I need to take off for that. So, there are things like that that I go, ‘OK, yeah, this is kind of expensive,’ it’s, it’s an expensive condition to have, UM. Maybe that’s a stupid thing to say, maybe lots of conditions are expensive. [...]

“You know inability to plan your life and I go I find it crazy that, with the surgery. Like the surgery, they only scheduled one month in advance. But you have to take six weeks off work and I just don’t know how many people can get a phone call and say to their employer or like organise childcare, or organise all the things that you have to put in place to make your life manageable in order to take that kind of time off.”

P6

Lots of women talked about the financial implications of having such a condition. This was sometimes an indirect impact through limited work opportunities or unpaid leave. Or sometimes it was the extra expense of sanitary products, underwear, medication, equipment, travel to appointments, special diets, or private healthcare.

Anita talked about how costly it has been to have private care and considers if she will need to pay out more in the future too.

“Well, I was more frustrated that some of the tests were done, and I paid privately you know, we’re talking quite a lot, thousands for scans and things, just to speed things along, and it didn't actually work in my favour because nothing happened anyway. [...]

“Yeah, it was loss of earnings, so obviously I had my maternity, and I chose, I mean, I did, they, they pay for first nine and I took three months unpaid 'cause obviously I was still having hospital appointments, I was still having referrals and investigations done, but then I did have extended time off long term, sick to have more examinations done. And then obviously the surgery then, and the recovery, I had quite a rocky recovery from the, the gyne surgery, so I had long term yet again. So I have had quite a lot of time off sick and obviously naturally then, loss of earnings. So as well having to pay for the private investigations, I’ve also lost financially, because I haven’t been able to work. [...]

“Yeah, but the, the, my concern now is that, this is still gonna be an ongoing problem because if the treatment that is, I’ve been told is beneficial to me, which is the sacral nerve stimulation, and it’s not available, will I look to have to eventually do that? And we’re talking, I think it was 20, 20 odd thousand pounds initially and then you have to have the batteries changed every five years, so that’s more, and obviously you have to pay for anaesthetics, you have to pay for everything, that’s more than I have it done privately, or if I end up to the point where prolapses are getting worse over time which they do, and the surgery’s not done for that, will I have to pay and have that done privately as well?” P28

Changed Identity

As well as disruption to social life, work and finances, sustaining an injury like this impacted how women felt about themselves, what they felt able to do and how they imagined their futures.

Kayleigh described the impact it had on how she felt about herself and her personality

“I remember going into the shower and I had this little thing with me and I'm just stood there. You know it's not great when you've given birth anyway, and I'm certainly looking at myself. It doesn't help there's a full-length mirror in there and I'm stood on my own, you just don't know what's happened to me like... What on Earth has just gone on, you know? [...]

“Like I, I am really chatty and I'm really open, and usually I'll tell you what I had for breakfast and you know everything I've done in our day. But it's made me a bit more cautious and I step back a bit and think, oh that I don't want to show you that. I don't know and it's changed me. It has changed me.” P36

Zara talked about how she thought she had lost everything and was worried about how family saw her.

“My career was over, I just basically thought my life was over to be honest and I didn't think my husband was going to stay with me. I just thought, how can he? And with all the damage to my, to down there, I just imagined that he would just say sorry it's just too much. So, I really did think that everything was gonna end yeah. [...]

“I couldn't hold in my wind. And that was really distressing and I think I just kind of imagined like I'd be like the shitting farting auntie, like you know, like the.... I just imagine that that's how my whole life would be now that would become identity. Or yeah, she's just like shits and farts and like just ignore her kind of thing”. P38

Mary was looking forward to having more time to herself when her kids grew up but felt frustrated and unprepared for worsening symptoms during her menopause.

“Tell us about what happens to our body. Tell us about what's going to happen to our body, you know throughout those years. And when we're going through menopause, why are we not told about pelvic exercises? Why are we not told what might

happen? What we've got to look forward to? I don't know. Yeah, it's just so sad. It's so sad, because this is a time in our life to be honest, where we're supposed to be, sorry where we were supposed to be... Sorry. Where we think that we've got our life now after the children have grown up and we and we worked all our life and it's like now we've got to deal with these issues. [...] I'm angry because I'm only 55 and I'm having to deal with this now. [...] Once you become incontinent, it's very very difficult, the life becomes limited and the more life becomes limited, you then go into a circle of staying at home. You're afraid to go out. You're socialising, your depression kicks in, your anxiety, the financial implications. It's not just one thing. It affects everything in your life.” P19

Caroline felt very upset and talked about how she felt too young to be experiencing these problems

“There was quite a number of times I cried a lot and and thought this is my life now. So I've just had a baby and this is going to be my life. And you know, to the day I die kind of thing I'm going to be double incontinent and I'm always going to be in pain and that's just going to be my life. That's my lot now so I just have to get on with it kind of thing I was and yeah it was. It was horrible because they know I'm I'm 36. And you know, I'm too young to be, that's my life” P5

When comparing her life to other people's, Ulrike felt depressed and thinks she was not good company

“I felt really, I guess, isolated and very. I don't know. I felt I get yeah I I guess not feel, not felt, didn't feel very great with the rest of humanity, felt like everyone – even though I know intellectually that this isn't the case, that everyone's got their own things going on – felt very much like everyone else was kind of more normal. And feel like, oh everyone else is having, you know, living their life and having sex and being like normal people, and I feel I like I, I'm not that person UM anymore, which probably meant that, UM, it was hard... Yeah, I, I wasn't as... Because I was so depressed about it, I probably wasn't the most fun person to be around. UM. So that was, yeah, that was challenging.” P6

Many women talked about how their injury impacted their decision to have more children. Some worried about physically looking after more than one child, some felt pregnancy could cause more pressure to their pelvic floor and some talked about how they would not deliver vaginally again.

Susan had planned to have more children, but now she is not sure if she will.

“I really want to have a second baby, but I'm really worried I am really worried about having that, so that's probably that is one of the main other impacts on my life not being able to run, worrying about access to toilets and then the third one is worrying about having a second baby. Because I really worry like if I had a similar experience again, like it was fine this time because newborn babies are very, you know, movable and they don't need you to run after them they are stationary. Yeah, but I've got a toddler now so I you know I I don't want to not be able to walk for two months, because I would miss out a lot on her life and she wouldn't understand why I couldn't leave the house. [...]

“I am really anxious about it just because I just worry, it's more the impact on like my toddler. I just think I just I feel like in a bit of a moral quandary about it, like is it irresponsible to like how it try for a second baby and potentially be incapacitated and miss out on like part of her life. I don't know” P30

Going from someone who is very independent to needing help was challenging for Akira

“The only thing you can lift is your baby or baby in the car seat, but even the car seat you need to be careful because it is starting to get a really heavy for your injury. And I suppose it was very difficult for me to ask other people for help, in case I need to explain why I'm asking for help. So then all of the sudden from person who is independent, do everything herself, having a five children running around and do the everything else. I became a person who needs to ask for help because I can damage myself, even even more beyond what already what's happened.” P33

It was clear from the women we spoke to that anal incontinence can have a substantial impact on almost every aspect of women's lives. Experiencing such symptoms had implications for their social and work lives, impacted what they were able to do, what they imagined for their futures and sometimes changed how women felt about themselves.