

## O discurso publicitário sobre a incontinência urinária: “doença silenciosa”

### The advertising discourse on urinary incontinence: “silent disease”

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**Resumo:** O artigo problematiza a condição de incontinência urinária em mulheres na cultura midiática, pensada como possibilidade de educação dos corpos, perguntando: como as mulheres incontinentes são posicionadas a partir de um anúncio publicitário? Como corpus de análise, utilizamos a campanha publicitária da marca Plenitud® – “Histórias corajosas: Lorena”. O recurso teórico-metodológico se fundamentou na perspectiva foucaultiana de análise do discurso. O anúncio vincula a incontinência a um objeto, a roupa íntima descartável. Educa para o consumo, limita as diferentes perspectivas de tratamento e sugere o uso dessa “calcinha” como solução para o problema. Posiciona a mulher como mãe e reforça discursivamente que a incontinência urinária é uma doença silenciosa. Sutilmente, reafirma estereótipos relacionados à limitação da vida sexualmente ativa em consequência da doença.

**Palavras-chave:** educação em saúde; incontinência urinária feminina; publicidade.

**Abstract:** The article problematizes the condition of urinary incontinence in women, especially in the media culture, which is thought as a possibility of

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*bodies' education, asking the question: how incontinent women are positioned by an advertisement? As a corpus of analysis, we use the advertising campaign from Plenitud®-Histórias Corajosas: Lorena brand. The methodological resource operates the technique of discourse analysis by Foucaultian perspective. The advertisement links urinary incontinence to an object, the disposable underwear. It educates for consumption, it limits different perspectives of treatment and suggests the use of "panties" as a solution to the problem. It establishes the women as mother and it reinforces, discursively, that urinary incontinence is a silent disease. Subtly, it reaffirms stereotypes related to the limitation of sexually active life as a result of the disease.*

**Keywords:** *health education; female urinary incontinence; publicity.*

This article problematizes the women's condition with urinary incontinence through an advertisement piece. Urinary incontinence is defined as the loss of urine that occurs involuntarily (HAYLEN et al., 2010). In the report of consensus of professionals from the International Continence Society (ICS) and from the International Urogynecological Association (Iuga), incontinence can be classified into three types: 1) stress incontinence, characterized as the involuntary loss of urine associated to physical effort, such as sneezing, coughing or during physical activities; 2) urge incontinence, which is the loss of urine synchronic or preceded by the sudden urge to urinate, therefore, it is the involuntary loss of urine associated to urgency; 3) Mixed incontinence, which is the involuntary loss of urine associated both with physical efforts and urgency (HAYLEN et al., 2010).

In addition to these three classifications, Haylen and others (2010) define other types of urinary incontinence: postural incontinence, which is the loss of urine associated to the change of body position – for instance, going out of sitting or laying down; nocturnal enuresis, which is the involuntary loss of urine occurring during sleep; continuous incontinence, which is the constant involuntary loss; insensitive incontinence, which is the incontinence that happens without the woman being aware; and, finally, coital incontinence, which is the symptom of involuntary loss of urine during coitus. This symptom can also be divided into loss during penetration or during orgasm (climaturia).

The definitions of each condition for manifestation of urinary incontinence and the cause of this illness still demand investigation. The triggering mechanism of UI has multifactorial determination, as the compromise of the phase of filling and/or emptying the bladder, or it can also be triggered by neuromuscular illnesses, insufficient strength of the pelvic floor, hormonal changes, cancer, symptoms of other illnesses, multiple pregnancies and labors. Dedicaco and researchers (2009) inform that incontinence happens in a more prevalent form among elder women.

In a research in five Brazilian capitals, with a sample of 5.184 people, Soler and researchers (2018), in the first national epidemiological study, identified the high prevalence of urinary symptoms and discomfort caused by them. This result is found especially after 40 years of age and despite being present in men, it is more evident among women. As time goes on, urinary incontinence rises, but it is an illness that also happen in young women, even if they haven't had a pregnancy or labor, and it can afflict men and children (MARTINS et al., 2017; PEREIRA et al., 2010; SANTOS e SANTOS, 2010).

Another multicentric study coordinated by the Panamerican Organization of Health and the World Organization of Health was conducted with elder people in seven countries of Latin America and the Caribbean in 2000. In Brazil, the research took place in São Paulo and comprised of 2,143 elder people. Among women, the prevalence of self-referred urinary incontinence was 26.2% and among men, 11.8%. A bigger prevalence of urinary incontinence was verified among elder man more physically dependent and among women (TAMANINI et al., 2009).

Urinary incontinence is an illness that at times is not referred by women, either by shame, modesty or for understanding it's a condition inherent to women, that belong to their nature, that, some way or another, marks their bodies. To Foucault (2008b), the body is a reality that is materialized in the government of self:<sup>4</sup> The subject is self-governed through the social representations that indicate how they should or shouldn't take care of their body. As subjects, we are inserted into a society of knowledge-power that generates controls. In it, we can observe the Foucaultian concept of a certain control-stimulation to consuming lifestyles and care. According to Foucault (2008b), control-stimulation is produced by an economy of visibility where subjects are stimulated to solve their deficiencies of bodies and insistently show their power, their physical qualities.

4 That refers to what Foucault (2008b) calls governmentality, the government of self and other through techniques that produce identities, positions of subjects.

In the path of reflections on control-stimulation, we can say that the cult to body and health is fed by the media, which, in addition to stimulating the search for alternatives of body construction, transforms health into a consumption object and a source of obsession. It is interesting to think that the control-stimulation of investing about the self highlights the opportunity of reinvigorating the meaning of life itself through self-care. The maximization of capacities points towards the will of potentializing the human existence in its varied dimensions, such as “medicalizing” life, improving self-efficacy with educational investments over bodies.

In this perspective, we can think that “medicalizing life” doesn’t mean only accelerating the body, but it represents a new existential configuration, peculiar of our own somatic culture (COSTA, 2005). In the Brazilian scenario, women are seen as consumers of products, including medicine. Helman (2009) highlights that the consumption of medicine by self-medication is a predominant practice amongst women and less frequent amongst men. According to the author, the predominance of use of medicine by women is partially attributed to the exploration of campaigns that have relationship with social positions traditionally attributed to women, such as providing health for the family.

In almost all western cultures, the biggest part of primary assistance to health happens inside the family and the main caregivers are, generally, women – mothers and grandmothers. In this perspective, we can take back the central place of wise women in villages, community healers, midwives had and still have (in some places) in the care of family health. It seems that this conception has been gaining highlight in advertisement campaigns, which centralize women in their ads both as consumers and as vital characters in the productive chain of Brazilian economy (HELMAN, 2009).

Advertisement pieces, with their messages and visual and sound representations, can be thought as educational and informative resources in the construction of the contemporary social imaginary. It is assumed that the advertisement discourse is the ombudsman of an array of values

and visions, “[...] Supplying symbols, myths and resources that help constitute a culture [...]” (KELLNER, 2001, p. 9). Interwoven with capitalism and development and the extension of technologies of communication and information, the advertisement discourse, in its complexity, focus on contemporary subjectivities.

The advertisement discourse had a key role in capitalism, it is one of the main guardians of the consumption system. According to Lipovetsky (2007), it is impossible to understand the contemporary society without dealing with the dimension of consumption. For the author, consumption is the “precarious dream that is left to contemporary subjects”. Consumption societies, in this perspective, are dislocated to a hedonistic and individualist consumption in which prevail consumers “[...] Expecting quality of life as individuals [...]”, having as goal the pursuit of private happiness (LIPOVETSKY, 2007, p. 41).

In consumption society, advertisement pieces produce and communicate significant concepts and forms of the discourse of body and health. In this exchange of signs and meaning, body and health are the merchandise/product to be consumed in the daily life of almost all the subjects, a consumption of “wellness”, in which the goal is consumption of self. To Lipovetsky (2007), the status of consumption emphasized appeals for the biggest sovereignty of the individual, which is confronting the non-stop management of self. One of the most striking purposes which are expressed in advertisement pieces is the emphasis in life, bodies and health. One of these goals we highlight is body education; here we discuss incontinent women.

In the contemporary world, advertisement discourses are who maintain the most profound effect over body experiences, producing an education of bodies (FISCHER, 2012). As it historically modify the concrete conditions of social, political and economic production of bodies, they change, in an equally historic form, the conditions of body care and education. To Foucault (1996), the control of society over individuals began in the body, with the body, where the capitalist society primarily invested.

From that, we challenge ourselves to problematize, in this study, an advertisement piece addressed to women with urinary incontinence. In order to do that, we question: how the ad positions incontinent women? What is taught to them? Therefore, in the next section, we present some definitions around urinary incontinence, followed by the analysis of the advertisement piece.

We took as empirical object for analysis one of the advertisements of the campaign Plenitud®, called “Brave stories: Lorena” (2016), signed by the agencies Ogilvy Brasil (film) and VML (digital). The analysis of this ad is justified by the few advertisement pieces relating urinary incontinence and women.

### **Methodologic path**

We adopted as methodologic reference the presupposition of Foucault (2004) and the conditions of his discursive enunciation, seeking to identify in the discourses of the advertisement discourse the meanings that give sustenance to a certain configuration of women with urinary incontinence. To Foucault (2008a), the discursive utterance are the ones who position the subjects, in a way that:

Describing a formulation while utterance does not consist in analyzing relationships between the author and what he says (or meant to say, or said unintentionally), but in determining what type of relation can and must occupy every individual to be its subject (FOUCAULT, 2008a, 108).

Working with discourse analysis in the perspective of Foucault is investigating a “discourse always pronounced through the conditions of production given” (FOUCAULT, 2008a, p. 12). Thus, there is no subject of a discourse, but diverse positions of subject. The meaning is also not giving a priori, once words only mean inside discursive formations, in other words, in the game of relations. It is through the operationalization of discursive formation that the analyst can work the discourse synchronically and diachronically, exposing the games of knowledge-power evidenced in them (FOUCAULT, 2008a).

Thus “[...] The power of persuasion in a discourse consists, partly, in leading the reader to identify himself with the movement of a body invested in socially specified values and meanings” (MAINGUENEAU, 2001, p. 99). It is in discourse that language operates, therefore, there is no subject without language. To Foucault (2008a, p. 87), “[...] The constitutive processes of discourse must be seen in terms of a dialectic, in which the impact of the discursive practice depends on how it interacts with the pre-constructed reality”.

The analysis of the advertisement discourse we chose is materialized in verbal language (written and spoken) and in form of images. Thus, the advertisement discourse “uses image with linguistic utterance to present – make present – the qualities of a product and conduct, thus, the reader to remember their qualities” (ACHARD et al., 2010, p. 28). Image, as an operator of the memory contained in the scenes, aims at persuading the receiving audience of the message. In this perspective, the advertisement discourse gives new meanings to ideas and reformulates them to accomplish their objective: achieving a goal and selling a product and/or service advertised.

We deal with operating inside the advertisement discourse, understanding and establishing series, distinguishing what is pertinent, describing relations, defining uttering units that position and sustain them (FOUCAULT, 2008a). According to the author, the careful researcher studies what the utterances raise, the political struggle they put in motion.

So, describing an utterance consists in determining the position that can and must occupy the subject to be their subject (FOUCAULT, 2008a). From this theoretical-methodologic presupposition, some initial questions are outlined: how incontinent women are portrayed in the advertisement piece? What is taught? In what circumstances?

### **Urinary incontinence in the advertisement discourse**

The advertisement piece analyzed is constituted of a film with 30 seconds of duration with the real story of a woman with urinary incontinence:



This advertisement is broadcast on the internet and on TV in network television. For the description and analysis of the advertisement, we use sequences of scene translated into images captured with the feature of screenshot.

Image 1: Sequence of images with the advertisement scenario and the scene of the daughter jumping on the bed



Source: Brave stories: Lorena (2016).

The narration begins with a figurative duo between a 43-year-old widower and a 3-year-old daughter. The woman tells she had urinary incontinence since the birth of her first daughter, more or less 26 years ago. The scene shows the routine of a middle-class family, evoked by the décor, furniture, garden, spaces like the office. The mother explains she works at home and, that way, she can follow her child's development.

The 3-year-old daughter has an active body dominion, which allows her not only to get up and stand in the bed, but jump in it. The choice of a child in this active age can be thought of as a strategy in the ad of sensitizing, but, especially, relating how much the mother's presence demand and the need to also be active to follow the daughter. The girl presents a developed motor function, she runs and jumps with agility, which is presented also in the final scene, according to the image 1.

We highlight that the loss of urine, even in small drops, in passive activities, is already considered urinary incontinence. Therefore, jumping “like a three-year-old” certainly occasions losses and creates fear of bigger urinary dribbling to those who have this clinical condition.

Another highlight: with three years of age, a child needs the company and presence of their parents – in this case, her mother, because her father had passed away. The girl constantly invites her mother to live bodily experiences like jumping. Through her facial expressions, we can see a certain frustration from the mother having difficulty sharing this active moment with her daughter because of her urinary loss when jumping. The mother also tells the desire of filling the father’s void, which, in her idealized vision, would possibly jump with her daughter on the bed. Another discursive meaning exposed in the ad by the mother is the feeling of obligation perceived to be linked to her role of mother-father of maintaining a strong relationship with her daughters to fill the void of the father.

After many requests of the daughter – “Come, mama!... Come, mama” –, there is a scene of decision about the incontinence: “I had to do something different”. In that moment, the tone of sadness in her speech changes, a song begins to play, the mother appears happy, excited, opening a package similar to a diaper bag from which she takes out a big underwear. From there, the focus of the scene turns to be the product: the underwear with many absorbing layers. After that, the woman appears with the underwear, showing very discretely part of it laterally on the leg (other parts are not shown). In these scenes, possibly, the body and the hand shown aren’t from the lead character of the campaign, since, when taking the underwear out of the bag, her hand has a ring, unlike the lead character, that doesn’t have a ring. There is also a clear difference between the dimension of both bodies presented in the pictures. We can see a feeling of modesty from the mother, that doesn’t get naked, and, at the same time, satisfaction for the product being discreet. The underwear is beige, a color associated with calm,

passivity, low erotization, as we can think about the model of the same, observed in the image 2:

Image 2: Sequence of images with the product in its package and the woman wearing the panty.



Source: Brave stories: Lorena (2016).

The scene advances, showing the mom jumping in a bouncy house and having fun in a gesture of satisfaction, entirely present to the physical activities with her daughter in the bouncy house, now not in the room, but in the garden, showing a bigger dominion of what the product provides. Such scene, illustrated in Image 3, suggests that, now, after taking the decision of using this product, this underwear, she can enjoy life to the fullest.

Image 3: sequence of images of the mother having fun with her daughter in the garden



Source: Brave stories: Lorena (2016).

Just like Sabat (2003), we understand that an advertisement piece like this does not only sell a product, a merchandise, but also sell values, ways of being. This position is presented as fundamental to a research that considers advertisement as a privileged space of creation reiteration and circulation of meanings that operate in the constitution of individual and collective identities, as well as the social production of inclusions, exclusions and differences. Butler (1997) postulates the dislocation of preestablished conceptions, defending the detachment of the category of “women” from a fixed reference and insists that the term means a place of permanent opening and “new meanings”, which enables new configurations for being a woman and the widening of the “capacity of acting”. The formulations developed until here comprise a subject, the women, as non-homogenous, questioning stabilizations, the fixity of meanings and propose the subject as historic and cultural, unintentional, built through image. In this sense, our effort in the next section will be to think of some of the forms of being an incontinent woman.

## Urinary incontinence: silent epidemic

We want to think here that the image of women is usually associated to beauty, to perfection. There are few discussions on the deviation of standards when facing a deficiency and/or a condition affecting the physical condition, such as the loss of urinary continence. The woman in the ad says to live with the condition of being incontinent for over 26 years, what helps to think that there is silence around being incontinent.

It is known that urinary incontinence is underdiagnosed. Yip and Cardozo (2007) say that many women don't talk about their suffering and that, because of that, the illness has been called a "silent epidemic". In an analytic transversal study, performed with 1,291 women, we observed that only a third of them talked with health professionals, like a doctor, about urinary incontinence (SILVA et al., 2013).

In another study, with 213 women, performed by Silva and Lopes (2009), we observed that 45.7% of the participants didn't know any form of treatment and that 65.7% never had any treatment for their urinary incontinence. This group of women said not to have sought treatment for thinking that losing urine is normal, and not considering the loss a big deal. Losing urine and thinking this condition is normal is trying to simplify and not talk about it. It seems that these discourses of the ad reinforce a tendency that normalizes urinary incontinence; it reaffirms the discourse that living with incontinence is normal, sublimating feelings, and even sufferings, giving them a certain level of comfort.

This invisibility reaffirmed in the ad when the lead character says she's been incontinent for 26 years, since the birth of her first daughter, reinforces the discourse of silence, which may prove the inexistence of a social representation about the illness. There is a construction on subject's imaginary – of women, particularly – about that lifestyle as an individual experience of each woman, dependente on her social, economic, cultural and intelectual condition and, according to what we see, facing the problem related to their body, their health.

Despite the female body being exposed in the discourse of poets, politics, doctors, fashion, economy, it is interesting that the women

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themselves do not talk about it (PERROT, 2007). Why does this type of silence comes about? According to Perrot (2007), the private body remains hidden, the intimate life less talked about, less ritualized. The sexual pleasure, the female complicity in the repressed sexuality, the physical violence, sexual abuse, abortion, infanticide and incest are ignored as themes/problems and, because of that, are faced in solitude.<sup>5</sup> In opposition, we notice that the public dimension of the body, the appearance, is shown and charged with meaning, we can talk even about a certain exploitation, because it is not spared or protected from this exposition, that has been exacerbated.

Fáveri and Venson (2007) highlight that women are shown generally with few disposition of talking about their body's intimate experiences. And that, when they refer to their own body or experiences like menopause, menstruation, they do it through metaphors, such as "Aunt Flo", "Time of the month", "Lady business", "Moon time", "monthly friend", "code red", among any other expressions. We see strategies of hiding, a web of meanings and languages extended by them, codes apprehended and reproduced, spoken with a low voice, in an evasive and awkward manner. Under the perspective of a great part of women, talking about the body is embarrassing, shameful. They generally use a coded language, talk between pauses and silences. They have learned that being a woman "is to be discreet, to be silent, to accept their body with resignation and without asking questions" (FÁVERI and VENSON, 2007, p. 13).

On one hand, the secret, the silence and the repression of female bodies; on the other, the frailty of politics. Michelle Perrot (2007) highlights that these traces of silence form the equation responsible for retardating that the female body becomes the center of women's fights. In the studies developed about the silences in the history of women, Perrot (2007) highlights that, when she refers to the intimate life, the silence is bigger, hence the silence of modesty or even the shame and closure of the body in the most private space possible.

5 In a way that they are problems that still need the attention of public politics.

More specifically, we have interest in thinking how the advertisement piece takes urinary incontinence from a body, or from a woman, and submit it to the silence, so that the products speak on her behalf. The ad shows the disposable panty as a product to be consumed in the logic “buy the product and have the cure”. Thus, we ask: does the advertisement promote a social imaginary that amplifies the modes of treatment? Or is it just another artifact that doesn’t promote treatment, but instead offers a product, a “temporary” comfort, softening the desires of living with the illness, a selfless woman. Selflessness refers to a form of sacrifice, like the fact of ignoring their own body, the illness. Instead of “old rags”, arrives the underwear, and at the same time, wider strategies and solutions of treatment are hidden.

We also reinforce that the public investment in educational campaigns on urinary incontinence could contribute to promote knowledge of the population about a public health issue. This restriction of the educational process of combating prejudice and the democratization of other possibilities of treatment makes them remain non-existent, in the imaginary of women, other possibilities of facing the illness, harming their quality of life.

There are numberless techniques that can be implemented to improve the quality of life of incontinent subjects. Urinary incontinence can be treated in many ways. Because it is a complex illness, it requires an interdisciplinary approach of the health team. Doctors, physical therapists, nurses, psychologists, social workers, etc., need to be aware of the problem and in accord with the possibilities of intervention, which does not always involve surgery. However, as conditions like this remain in silence and no public investment is made on health, women, especially, will be subject to settle with the situation that many find themselves in.

Beyond the hiding of the illness on behalf of women, we highlight that the National Health Service, despite taking as presupposition the idea of promoting integral health of subjects, is not efficient in the specific attention of the incontinent person, regardless of age or gender. Martins (2015) affirms that, in public politics, there isn’t any protocol

to urinary incontinence for women, even when talking about the climacteric period. According to the author, there is only a proposal with specific protocol for urinary incontinence in policy for older people, yet without gender distinction.

In the ad, we still localize the position of a mother, widower and incontinent. Many studies (BADINTER, 1985; MEYER, 2005; SCHWENGBER, 2009) show how, throughout time, the social image of the “mother” is set up in a way of summarizing in herself different idealized elements, such as child caregiver, the socially valued child, developed, and in the ad analyzed, an active mother. The ad helps reinforcing the presupposition of an asexual figure of a woman-mother, the sacrificial mother, good and selfless, always putting herself second for others – the children, which the situation of being a widower, highlighted in the ad, may reinforce.

In this model proposed by the ad, it seems that motherhood is put as mission in life and source of female identity. The family well-being, especially the children’s, in this case, a little child, becomes central. The woman-mother, therefore responsible for the child, assumes the symbolic load of also ensuring the emotional structure of the child, since the father died. The woman-mother is positioned around the affective functions: worrying, loving (children and house), giving attention, talking, always being available, playing, jumping, always smiling, always present, being caring, as Meyer said (2004, p. 17), the representation of the “woman-mother individual” [...] “The existence of a being that incorporates and is undone in multiples”. Besides also being located as the provider of the home, because in the ad this is reinforced.

The advertisement, in some way, reaffirms a culture that incontinence is something common and expected among women – “women’s illness” –, especially after having children or getting old. We highlight here that the illness can also afflict young childless women, men and children (MARTINS et al., 2017; PEREIRA et al., 2010; SANTOS and SANTOS, 2010)



Another element brought by the ad seem to highlight that incontinent women tend to abolish or restrict their sexual practices. Such observation is possible once the producers chose a widower, apparently without partners in the current days. A condition like incontinence, which affects the physical condition, seem to produce certain degradation of one's body image and the lack of knowledge of the women about herself and her body, impacting, consequently, the sexuality.

We understand that the body has meaning to express sexuality. Therefore, often, being incontinent means being asexual. Therefore, the advertisement, in a subtle way, minimizes and even reduces the condition of the incontinent women to the diminishment or absence of sexual relations. This woman, the protagonist of the ad, dedicates herself "entirely" to her daughters and, because of that, it seems fundamental to repress their desires (existing only as a mother and no longer as a woman), impeding her from (re)building her identity.

The vinculation of the woman as a mother in the ad distance herself from the discussion of sexuality. The own proposal of the product, the beige underwear, helps give visibility to the non-existence of a sensual and sexual life. Culturally, women are not recognized as active sexual subjects. The ad explores the old presupposition, of being a mother, with moral functions – the responsibility of jumping, playing, watching the kids, being special, renouncing oneself – and her care becomes secondary to her daughter's. It is taught, in many and different ways, that the women's self-care is fused to caring for others and not caring for herself.

The ad operates in the perspective of keeping the woman in a certain place and does not pretend do exercise a social role in educating in health. In it, the imposed place to the woman raise the question that she only masks the illness and don't treat it, because the goal is only to recruit subjects that may consume the product. Thus, according to Baliscei, Accorsi and Teruya (2017), "advertisement as visual artifact is a set of complex experiences, which collaborates with the construction of who we are and how we see the world" and it seeks to teach ways that show the woman as a mere consumer.

## Final considerations

As Foucault (1996) teaches us, the production of a discourse go through mechanisms and external educational procedures. The discourse analyzed here through an ad reproduces and distributes “truths”, establishes, fixates, elucidates and evidences ways of being a woman, taking care of the body and illnesses.

The objective of this article was reflecting about the image built of a woman and think about how they position incontinent women through an advertisement campaign whose focus is a product to lower the discomfort and embarrassment caused by this condition, which is a silent epidemic, not discussed and exposed by women in the Brazilian culture.

The reflection allowed understanding advertisement as producing primary discourses, the legitimacy of conducts and attitudes and reinforcement of values of how to live with incontinence. The role of advertisement is selling a product, service or idea, and, in order to do that, it seeks to take the viewer, through different strategies of seduction and convincing, to the acquisition of a product, service and adhesion to an idea. Advertisement does not have the goal of explicitly exercising the normatizing role of conducts and social behaviors, however, in the logic of seduction and consumption, it ends up reinforcing and stimulating certain conducts and ways of being.

We highlight that the advertisement campaign seem more interested in reproducing values that work to a consumerist goal than humanizing values, fact evidence, for instance, when the ad, in the scene where the woman dresses the underwear, shows a perfect body instead of the body of the lead actress, trying to allure the consumers.

With that, there is, evidently, the need of establishing, especially with Brazilian women, a reflective relationship about the interface between the body and urinary incontinence, between health and illness, because advertisement campaigns, when they promote the sales of a product to ease some problem, will never want it solved. In this context, the woman is seen as a potential consumer and the more frail, the better. That is why the ad has a sentimental approach.

In the context of urinary incontinence, the female image is found weakened and stigmatized by the ad. The illness remains to be understood as normal and expected among women, especially when they have kids or grow old, despite the occurrence in men, children and young women that never had children.

Thus, when they conform with the condition of incontinent, the woman becomes a consumer of products that only supply a certain comfort, but not a solution for the problem. The population, most of the time, is located as a mere receptor and consumer of what is broadcast on media, without the due reflection. Therefore, it seems pressing that women adopt a critic attitude capable of filtrating the information received and build their opinion, not reproducing values preestablished culturally and socially.

Because of that, thinking and taking advertisement campaigns – in its different forms – as an important channel of access to health education and also as a catalizing force for deconstruction and reflection about gender stereotypes become fundamental for the great reach that media has of getting in homes and the imaginaries of subjects. They can help the empowering and leadership of women over their own bodies through educational processes and breaking taboos.

With this article, we hope to enable a space for reflection about how the silence in the intimate life of women, especially when they are incontinent, can become a “silent pact” around themselves, maybe characterized by an attitude of “polite woman”, in an aura of silence. Deconstruct these silences, especially in educational environments, becomes a challenge. Because of that, we insist in the question: how women knocked out of their own bodies open the doors to take care of themselves? We have a lot of work ahead as researchers.<sup>6</sup>

6 These are the contributions of each author for the development of this study: literature review, selection of the material of analysis, discussion through discourse analysis, text organization: Daniela Zeni Dreher; Literature review, discussion through discourse analysis, organization according to magazine norms, Cassia Engres Mocelin; literature review, text revision, checking and enhancing the discussion through discourse analysis: Maria Simone Vione Schwengber.

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