

Common does NOT mean NORMAL

Many pelvic health symptoms are widely experienced, but that does not make them normal. The distinction between “common” and “normal” is critical in healthcare. When dysfunction becomes normalized through cultural messaging, family narratives, or casual conversation, individuals are less likely to seek care. This delay can lead to progression of symptoms and a decreased quality of life over time.

Urinary leakage, urgency, bowel dysfunction, pelvic pain, and discomfort with intimacy are often dismissed as expected outcomes of childbirth, aging, or stress. However, these symptoms are indicators of underlying dysfunction within the pelvic floor and associated systems. They may involve muscular weakness, overactivity, coordination deficits, or nervous system dysregulation.

Regardless of the cause, they warrant evaluation by a trained professional.

Epidemiological data highlights how widespread these issues are. Among women, pelvic floor disorders—including urinary incontinence and pelvic organ prolapse—affect a significant portion of the population, with prevalence increasing across the lifespan.



Change the Narrative: Normalize Function

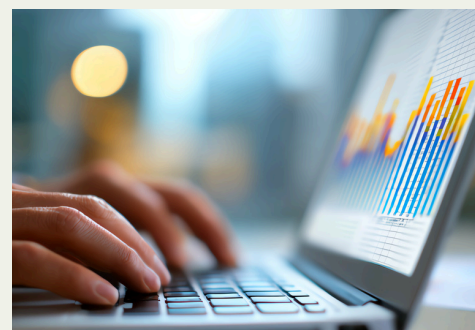
In men, conditions such as chronic pelvic pain and lower urinary tract symptoms are more common than often acknowledged, though underreporting remains a challenge. Children are not exempt; bowel and bladder dysfunction in pediatric populations can affect both physical health and psychosocial development.



Despite this prevalence, effective treatments exist. Pelvic floor physical therapy, behavioral interventions, and interdisciplinary care models can address these conditions at their source. Early intervention often leads to better outcomes, reducing the need for more invasive treatments later. Education plays a key role in shifting perceptions and encouraging individuals to seek appropriate care.

Changing the narrative begins with awareness. When individuals understand that these symptoms are not simply part of life but are treatable conditions, they are more likely to advocate for themselves.

Recognizing dysfunction as a signal—not a norm—opens the door to intervention, recovery, and improved quality of life.



References

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