Original Article

Analysis of Sexual Life Quality and Marital Satisfaction in Women with Breast Cancer: Turkish Sample

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Abstract

This descriptive, correlational, cross-sectional study analysed the sexual life quality and marital satisfaction of Turkish women with breast cancer. The sample comprised 300 married women (18 years old and above) with breast cancer, who presented to two public hospitals in Samsun, western Turkey. The data collection procedure involved a personal information form, the Sexual Life Quality Questionnaire and the Marital Satisfaction Scale, and the data analysis comprised percentages, one-way ANOVA, t-test and Pearson's correlation analysis. The patients' ($p \leq 0.04$) and spouses' ($p \leq 0.00$) education levels and type of marriage ($p \leq 0.00$) showed significant differences in relation to marital satisfaction, and marital satisfaction and sexual life quality were significantly positively correlated ($p \leq 0.00$). Further, educational background and type of marriage showed significant differences regarding marital satisfaction ($p \leq 0.00$). Nurses should inform women diagnosed with breast cancer about marriage and sexuality using a holistic approach, and the women and their spouses should receive psychosocial support.

Keywords: Breast cancer, marital satisfaction, sexuality

Introduction

Breast cancer is a major public health problem that affects women's health. According to the 2008 World Cancer Report of the World Health Organization, breast cancer is one of the most common cancers among women globally. In fact, breast cancer represents 23% of all cancers in women, with 1.1 million new cases of each year (Body and Levin, 2008). Breast cancer is six times more prevalent in developed countries than in Asian countries (Tsa and Kim,2004) and just as in the world, in Turkey, it is the most common cancer in women and the cancer with the highest mortality rate among women (Ozmen, 2014). In Turkey, the incidence of breast cancer in the last 20 years has more than doubled (Ozmen, 2014). The high rate of breast cancer both globally and in Turkey has heightened the concerns about the breast cancer risk and awareness of breast cancer. Breast cancer represents a crisis that adversely affects the physical, psychological and social aspects of women's lives. In such a crisis situation, the same side effects are not observable in all patients, regardless of their individual characteristics and the stage of the disease (Andıc ve Karayurt, 2011).

In addition to being a potentially fatal disease, breast cancer may lead to more sexual problems than other types of cancer, resulting from surgery, radiotherapy or hormone therapy, thereby negatively affecting many women's quality of life (Henson, 2002). Therefore, assessing the quality of life including sexual life quality in clinical trials is of crucial importance (Chalubinska et al., 2010). Sexuality is a broad concept comprising emotional, intellectual and sociocultural components beyond competence in a relationship (Henson,2002 ;

Cavdar, 2006). For women, sexuality also encompasses the ideas of desirability and fertility.

Sexual problems lead to difficulties communicating with one's spouse and the deterioration of the marital relationship. For individuals who have begun to live a common life in a bond like marriage, the spouse is the closest source of social support, and being a spouse to a cancer patient is as difficult as being the cancer patient (Schulz and Schwarzer, 2004). Studies on this issue have reported that patients expected emotional support from their spouse and overcame the process of the disease more easily with the support they received (Schulz and Schwarzer, 2004 ; Tiryaki et al. , 2010). When couples refrain from talking about the disease and do not openly express their feelings and thoughts, it may cause them to drift apart (Okanlı and Ekinci, 2008).

A married couple's sexual relationship has many important direct and indirect effects on marital satisfaction (Okanlı and Ekinci ; Dokur and Profeto, 2011). The desired level of sexual intimacy may create an affective state that frees couples from anxiety, brings couples closer together and increases the feelings of attachment, love and protection. The reluctance of one spouse to have sexual intercourse as well as unmet sexual expectations may lead to the perception of dissatisfaction with the marriage (Dokur and Profeto, 2011).

Nurses have an important responsibility to help fulfil the needs of cancer patients and their partners for psychological support and care (Can, 2014).The purpose of nursing care is to improve a patient's overall health, assist with psychosocial adjustment and help the patient build the strength to cope with the disease and resultant life problems (Kocaman, 2006).

According to the American Nurses Association, sexuality is an integral part of nursing care, and thus determining human sexual needs is part of the nursing role. Nurses should identify these needs and increase marital satisfaction by enhancing the quality of patients' sexual lives (Can, 2014 ; Turgut and Golbası, 2010).

Against this background, the aim of the present study was to determine the sexual life quality and marital satisfaction among married women with breast cancer.

Research Questions

- What are the levels of marital satisfaction and sexual life quality for women with breast cancer?
- What are the variables that affect the marital satisfaction and sexual life quality of women with breast cancer?
- Is there a correlation between marital satisfaction and sexual life quality for women with breast cancer?

Materials and Methods

Research Setting

This study is was a descriptive, correlational, cross-sectional study.

Research Sample

The study sites were the outpatient and inpatient units of the departments of oncology, chemotherapy and surgery in two public hospitals in Samsun, located in western Turkey. The data collection occurred between March 2014 and September 2015.The research population comprised 520 women who presented to the aforementioned outpatient and inpatient units for treatment and control purposes during the research period. The final research sample consisted of 300 women diagnosed with breast cancer, who met the inclusion criteria.

Inclusion Criteria

The patients in this research satisfied the following criteria:

- They had been diagnosed with breast cancer for at least six months.
- They were older than 18 years of age.
- They were married.
- They were able to understand, and were open to, verbal and written communication.
- They had no comorbidity affecting their sexual and marital life.

Data Collection

The researcher collected the data. The interviews occurred face-to-face in the private examination rooms of the clinic, taking the privacy of the patient into consideration. The interviews lasted

about 20 minutes. The data collection occurred through a personal information form, the Sexual Life Quality Questionnaire (SLQQ) and the Marital Satisfaction Scale (MSS).

Data Collection Tools

Personal information form

The personal information form consisted of nine questions on age, marital status, educational background, occupation, occupation and educational background of the spouse, age and type of marriage (arranged or companionate), and the time when the patient received the diagnosis.

Sexual Life Quality Questionnaire

Turgut and Golbası in (2010) tested the Turkish validity of the SLQQ, which Symonds et al. (2005) developed. Although the scale applies to all women over 18 years old, they tested its validity and reliability on women between 18 and 65 years of age. Turgut and Golbası (2010) reported with high reliability that the scale is applicable in the evaluation of the sexual life quality of Turkish women. This 6-point Likert scale consists of 18 items. Each item requires investigates the respondent's sexual life in the last four weeks. The original scale specifies that the score for each item can be between 1 and 6 or 0 and 5. In the present study, the scoring of the items was on a scale from 1 to 6 (1 = Completely agree, 2 = Somewhat agree, 3 = Slightly agree, 4 = Slightly disagree, 5 = Somewhat disagree, 6 = Completely disagree). Thus, the possible total score can range from 18 to 108, and a high score indicates a good-quality sexual life. According to the validity and reliability tests that Turgut and Golbası (2010) performed, the Cronbach's alpha coefficient, which is the internal consistency reliability coefficient of the scale, was 0.83. The Cronbach's alpha coefficient in the present study was 0.78.

Marital Satisfaction Scale

The present study used the MSS that Celik (2013) adapted for the Turkish context following Johnson, Zabriskie and Hill's (2006) Satisfaction with Married Life Scale. The MSS is a one-dimensional, seven-point Likert scale consisting of four items (1 = Completely disagree to 7 = Completely agree). The scale contains no reverse coded items. The sum of the scores from the items yields the marital satisfaction score. The possible total score ranges from 4 to 28, and a high score indicates high satisfaction with one's married life. Celik (2013) computed the internal consistency reliability coefficient of the scale as $\alpha = 0.85$. This study found its Cronbach's alpha internal consistency to be 0.81.

Data Analysis

The data analysis relied upon the use of the IBM Statistical Package for Social Sciences (SPSS) 22.Further, the researcher deployed frequency distributions to examine the sociodemographic and descriptive characteristics of the research group, the means to determine the scale scores and Pearson's correlation analysis to examine the correlation between the scale scores. Then the researcher employed a one-way analysis of variance (ANOVA) and t-test to compare the mean scores according to the descriptive characteristics. Finally, the researcher computed the Cronbach's alpha reliability coefficient to determine the internal consistency of the scale items.

Ethical Principles of Research

The researcher obtained ethics committee approval and the necessary permits from the institutions housing the study sites. The researcher explained the purpose of the study to the participants and included volunteers in the study. Following a standard information and consent protocol, the researcher explained to the participants that their information would remain confidential, and the condition of informed consent was fulfilled as an ethical principle.

Results

The results showed that 29.0% of all patients were university graduates; 46.0% were housewives; 34.7% of the patients' spouses were high school graduates; and 56.7% of all patients had had an arranged marriage. Regarding the duration of the disease, 51.7% of all patients had received their diagnosis 6 months to 1 year before participating in the study (Table 1).

Table 1. Distribution of Patients with regard to Their Introductory Features (n=300)

Features	X±SD	
Age	43.3±13.99	
Educational Background		**Number (n)**
Percentage (%)		
Literate	61	20.3
Primary Education	65	21.7
High School	87	29.0
University	87	29.0
Occupation		
Housewife	138	46.0
Civil Servant	77	25.7
Worker	11	3.7
Self-employment	37	12.3
Pensioner	37	12.3
Spouse's Educational Background		
Literate	46	15.3
Primary Education	71	23.7
High School	104	34.7
University	79	26.3
Marriage Type		
Companionate	170	56.7
Arranged	130	43.3
Duration of Disease		
6 months-1 year	155	51.7
1-3 years	72	24.0
3-6 years	51	17.0
6-9 years	22	7.4

Table 2. Sexual Life Quality Scale and Marriage Life Satisfaction Scale Average Scores

Scales	Average±SS	Study Min.-Max.	Scale Min.-Max.
Sexual Life Quality Scale	53.06±16.64	5.6-100	18-108
Marriage Life Satisfaction Scale	15.39±5.36	4-28	4-28

The mean score on the SLQQ was 53.06 ± 16.64 and that on the MSS was 15.39 ± 5.36 (Table 2). The comparison of marital satisfaction based on the patients' characteristics demonstrated that the type of marriage had an influence on marital satisfaction ($p \leq 0.00$). The mean score of those in a companionate marriage was 17.45 ± 5.08, whereas that of those in an arranged marriage was 12.64 ± 4.51. The results also indicated that the patients' educational background affected their marital satisfaction ($p \leq 0.040$), and the women with a high educational background had higher marital satisfaction (19.09 ± 4.91 in university graduates). Furthermore, the educational background of the spouses affected marital satisfaction, and the spouses with a high educational background had higher marital satisfaction ($p \leq 0.00$; Table 3).

Considering the correlation between theme an scores for sexual life quality and marital satisfaction, there was a statistically significant positive correlation ($p \leq 0.01$; Table 4).

Table 3. Comparison of Patients' Marriage Life Satisfaction Scale Average Scores with regard to Their Introductory Features (n=300)

Features	MarriageLife Satisfaction Scale Average±SS	Test Statistics	P
Marriage Type			
Companionate	17.45±5.08	39.030	p≤0.00
Arranged	12.64±4.51		
Patient's Education			
Literate	11.85±4.22		
Primary Education	13.01±4.51	4.308	p≤0.040
High School	15.90±4.59		
University	19.09±4.91		
Patient's Occupation			
Civil Servant	18.76±5.28		
Worker	16.09±4.08	1.679	p≥0.155
Self-employment	15.00±5.03		
Pensioner	17.45±4.69		
Housewife	13.00±4.50		
Spouse's Education			
Literate	11.30±4.34		
Primary Education	12.46±3.90	28.088	p≤0.00
High School	16.61±4.67		
University	18.78±5.05		
Duration of Disease			
0-1 year	16.03±5.18		
1-3 years	14.70±5.78	1.316	p≥0.253
3-6 years	15.07±5.49		
6-9 years	13.40±4.54		

Discussion

As all individuals do, women undergoing treatment for cancer need love, intimacy, touch, warmth, trust, belonging, affection and attachment. This is universal and applies to every age and every situation (Cavdar, 2006).

In the present study, according to the min-max value scale, the sexual life quality of the patients was at a moderate level and their sociodemographic characteristics had no influence on the quality of their sexual lives (Table 2). Takahashi et al. (2007) emphasised the neglect of sexuality in the period following the cancer diagnosis. In the United States, Champion et al. (2014) conducted a comparative study on women diagnosed with breast cancer and healthy women and found that the former had poorer sexual function than the latter. In Yaralı and Hacıalioglu's (2016) study on the sexual life quality of healthy women in Turkey, the mean score for sexual life quality was higher than in the present study. The reason for the difference between the results may be due to the fact that Yaralı studied healthy women. Thus, it is safe to say that the sexual life quality of women with breast cancer is lower than that of healthy women. Studies on Turkey and overseas populations have reported that women with breast cancer often experience sexual problems and that breast cancer has an adverse effect on sexual life (Takahaski et al. , 2007 ; Champion et al. , 2014 ; Gumus, 2006; Guner, 2008; Hunler and Gencoz, 2005). Studies on the subject in Turkey is only limited (Gumus, 2006; Guner, 2008; Hunler and Gencoz, 2005). The results of these related studies emphasise the importance of drawing attention to this issue and developing interventions.

The results of the min-max value scale indicate low mean scores for the breast cancer patients' marital satisfaction. Marriage offers individuals a healthy and high-quality life by providing psychological, social and economic benefits. This may be a bi-directional process (Hunler and Gencoz, 2003).In the present study, the low mean scores for marital satisfaction may have resulted from adverse changes in the patients' quality of life due to breast cancer.

Breast cancer is a difficult process to endure for both the patient and her spouse. The better the inter-partner communication and harmony is, the higher the marital satisfaction will be. Thus, harmony between spouses forms the basis of a crucial support system for undergoing a process like cancer (Akyolcu, 2008 ; Jun et al. , 2011; Tang et al. , 2010).

In the present study, the educational backgrounds of the patient and spouse and the type of marriage influenced marital satisfaction ($p \leq 0.00$, Table 3). The findings of the research show that those in a companionate marriage had higher marital satisfaction ($p < 0.00$). The types of marriage vary between individuals as well as cultures. In Hortacsu's (2007) study in Turkey, partners in a companionate marriage had higher marital satisfaction and inter-partner harmony than those in an arranged marriage. Other studies in Turkey have obtained similar results, suggesting that the type of marriage affects marital satisfaction (Cag and Yldirim, 2013; Dokmen and Tokgoz, 2002). On the other hand, studies that researchers have conducted abroad have shown that the type of marriage has no influence on marital satisfaction (Myers et at., 2005 ; Buss et al. , 2000). This difference in results is likely attributable to cultural features. In Western societies, individuals can make decisions regarding marriage independently, without input from their family. In Turkey, however, individuals can decide to marry someone they are dating (companionate marriage) or someone their family deems appropriate (arranged marriage). Thus, the type of marriage can affect marital satisfaction in studies in the Turkish context, whereas it might not have an effect in studies in other cultural contexts.

Another important result of the present study is that marital satisfaction increased in accordance with the educational backgrounds of the patient and spouse. Domestic and overseas studies have reported that individuals with high educational backgrounds have higher marital satisfaction (Hunler and Gencoz, 2003; Cag and Yldirim, 2013; Dokmen and Tokgoz, 2002; Myers et al., 2005; Buss et al., 2000; Korkut and Sendil, 2008; Ozcan, 2014; Trudel, 2002; Yamac, 2012). Similarly, the results of the present study indicate that educational background has an important influence on marital satisfaction.

The present study found a positive significant correlation between sexual life quality and marital

satisfaction ($p \leq 0.01$). Jun et al. (2011) reported on the implementation of a "sexual life reframing programme for breast cancer patients" to increase marital satisfaction. In China, Tang et al. (2010) compared healthy women and breast cancer patients and found a correlation between inter-partner sexual satisfaction and the quality of marital life. Similar to several previous studies, the results of the present study reveal that the higher the inter-partner sexual satisfaction is, the higher the marital satisfaction will be, and vice versa (Byers, 2005; Stephenson and Meston, 2010; Kududaki, 2002; Arkan and Ozturk, 2014; Wimberly et al., 2005; Brody and Costa, 2003). Given these results, it is safe to say that couples that have achieved sexual satisfaction are also satisfied with their married life.

The results of the present study highlight that the quality of sexual life as well as marital satisfaction in women with breast cancer has an effect on the process of the diagnosis and treatment. However, sexuality is still seen as a taboo subject in Turkey. It is very difficult to work on the issue, especially with women with breast cancer, because cancer is equated with death, whereas sexuality is seen as a pleasure-seeking behaviour. Although sexuality is a key parameter for increasing the quality of life, it is neglected. The research results clearly reveal that breast cancer adversely affects sexual life and marital satisfaction; thus, breast cancer patients need to receive support.

Conclusion

The present study demonstrated that women with breast cancer had lower marital satisfaction and a moderate sexual life quality and that marital satisfaction increased in relation to the educational backgrounds of the patient and spouse and according to whether the spouses had a companionate marriage. Another remarkable result of the present study is the positive significant correlation between sexual life quality and marital satisfaction ($p \leq 0.01$).

These results suggest that nurses ought to provide holistic care to female patients with breast cancer, gather data on their marital satisfaction and sexual life quality, encourage the patients and their spouses to express their thoughts and feelings, and investigate the expectations of the patients and their spouses during the cancer process. Furthermore, it will be useful to give marriage counselling in oncology clinics for both patients and their partners and strengthen the coping mechanisms in the disease process.

Implications for Practice or Research

The findings of this study on breast cancer patients receiving nursing care reveal the importance of recognising the association between marital life satisfaction and education and type of marriage. The research findings indicate that those in an arranged marriage had low marital satisfaction. Arranged marriage is common in developing countries such as Turkey. This situation is a matter of public health. Therefore, it is essential to inform the community of nurses working in this area of their educational role in this regard. There is a strong association between marital life satisfaction and sexual life quality. Nurses have an important responsibility to improve the quality of life of breast cancer patients. The results of this study shed light on the nursing care that breast cancer patients should receive.

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