Original Article

Determination of Factors Affecting Sexual Life Changes in Women with Breast Cancer

Nermin Eroglu, RN, PhD
Assistant Professor, Fenerbahce University School of Nursing, Istanbul, Turkey

Aytul Yuntem, RN
Education Nurse, Anadolu Medical Center Hospital, Kocaeli, Turkey

Correspondence: Nermin Eroglu, RN, PhD, Assistant Professor, Fenerbahce University School of Nursing, Istanbul, Turkey E-mail: nermin.guduloglu@hotmail.com

Abstract

Background: In order to investigate the changes in sexual life in women with breast cancer and to determine the factors affecting it, descriptive.
Objectives: The study was carried out with 34 patients with Turkish, Bulgarian, Romanian and Russian nationality who were diagnosed with breast cancer between the ages of 20-55, who were not diagnosed as having breast cancer and who were volunteered to participate in the study. The data consists of 65 questions; personal information form, questionnaire related to sexual changes, questionnaire related to sexual life requirements was obtained by using female sexual function scale and evaluated in computer environment.
Results: The mean age of the patients was 35.97 ± 7.57, 91% were married, 47% were undergraduate, 35.7% were housewives, 50% (n = 17) were Turkish and 50% (n = 17) were foreign nationals.
Conclusion: As a result, it was determined that patients with breast cancer had decreased sexual function after treatment. In order to eliminate the negative effects of treatment, it was suggested that health professionals should take the patient as a whole and demonstrate a multidisciplinary approach.

Key Words: Breast cancer, chemotherapy, sexual life.

Introduction

Breast cancer is the most common type of cancer among women. 24.1% of all cancer cases seen in women in our country are in the first place. The incidence and prognosis of the region is changing and the rate of breast cancer increase by 1.5% every year. In many societies, breast is known as a symbol of the aesthetic appearance, sexuality, motherhood and feeding of the baby for the woman (Denizgil and Sönmez, 2015). According to the World Health Organization, sexual health is the whole of the somatic, intellectual, mental, emotional and social aspects of the individual. For this reason, sexuality is a concept that transcends sexual intercourse and expresses much more. It is known that the physical appearance of the individual changes and disrupts the body image due to the change in tissue integrity, disease, treatment, and this change is perceived as a threat to self-esteem, and this situation is frequently known to cause disability and problems in the sense of pleasure and satisfaction of the person (Cavdar, 2006, Terzioglu and Alan, 2015).

Mastectomy in breast cancer causes more sexual dysfunctions than other types of cancer. Breast cancer surgery, radiotherapy, chemotherapy or hormonal treatment affects the physical health of the patient affects his sexual life (Cavdar, 2006, Ertem et al., 2017). In women with breast cancer, deterioration of sexual health after treatment reveals the necessity and importance of therapeutic, therapeutic interventions.

The effect of cancer on an individual's spiritual life varies according to the variables such as age, self-esteem, personality structure, family order, cultural and social attitudes, coping processes, value and meaning given to the cancerous organ (Akyolcu, 2008).Among the problems experienced by women with breast cancer, physical, emotional, family, work and social roles occur in the loss (Cam et al., 2006, Akyolcu, 2008). The poor sexual relationship negatively affects the quality of life. This negativity causes

unhappiness in family members (Ertem et al., 2017). If the person with cancer is supported, the relationships and the spiritual strengthening, the ability to cope with their sexual life, the strong sexual intercourse are causing their well-being to rise. The importance of health care workers in giving support to patients about sexuality is significant (Kedde et al., 2013).

Methods

Participants: This study was carried out as a descriptive study in order to investigate the changes in sexual life and the factors affecting breast cancer.Methods: The study was conducted between 01 August and 25 December 2013 in Anadolu Medical Center Chemotherapy Unit. The diagnosis of breast cancer was 20-55 years old. The study was carried out with 34 patients who were Romanian, Russian. The data collection tool consisted of a personal information form consisting of 65 questions, a questionnaire about sexual changes, a questionnaire on sexual life requirements, and a female sexual function scale.

Instruments: Female Sexual Function ScaleIt was validated and validated by Rosen et al. (2000) in 2000; The cronbach alpha coefficient was 0.82. The validity and reliability analysis of the scale was performed by Oskuz and Malhan in 2005. The cronbach alpha coefficient of the scale was 0.95. CBCT consists of 6 subscales, including arousal, slippery, saturation, satisfaction and pain. Each sub-dimension is evaluated between 0 or 1 to 6. Questions 1, 2, 15 and 16 are scored from 1 to 5, other questions are scored from 0 to 5. The total score of all sub-dimensions varies between 2 and 36. High score is an indicator of normal sexual function (Oskuz and Malhan, 2006).

Data Analysis: Evaluation of Data the questionnaires were requested to fill the patients with closed envelopes. Data were evaluated on computer and percentage, mean, standard deviation, student T test, one way anova, mann whitney U, chi-square, correlation analysis were used.

The Ethical Aspect of The Study: Ethics committee and institution permission were obtained for the study to be conducted. voluntary consent was obtained from the patients.

Result and Discussion

In our study, the mean age of the patients was 35.97 ± 7.57, the mean age of their spouses was 40.45 ± 6.69, 91% were married, 47% were undergraduate, 35.7% were housewives, 50% were Turkish and 50% were foreign nationals (Table 1). It was found that 47% (n = 15) of the patients were breast protective. 91% (n = 31) of the patients had no sexual problems before treatment and 68% (n = 23) reported having problems in their sexual life after treatment (Table 2). In Okanlı and Ekinci (2004), it was found that mastectomy affected the patient and his / her wife's emotion control levels, and it was found that spousal support was quite important after mastectomy on the marital adjustment and life satisfaction of the patients. Women in the literature as a result of breast cancer; feelings of distortion in the body image, decrease in self-esteem, the idea of losing femininity, the idea of decreasing sexual function, anxiety, depression, hopelessness, guilt and shame, fear of repetition, fear of isolation and fears of death are experiencing severe psychological and spiritual (Babacan, 2006).

In our study, pre-treatment sexual problems of patients; 35.3% did not think about anxiety and sex because of disease, 61.2% did not decrease in sexual desire, 55.9% did not decrease interest in spouse, 47.1% did not feel discomfort in sexual relationship, 61.8% had trouble getting satisfaction during sexual intercourse. 52.9% had no pain during intercourse, 47.1% had no dryness in sexual organs due to insufficient secretion during sexual intercourse. In Okanlı and Ekinci (2004) study, mastectomy affects the emotion control levels of the patient and his / her wife, and stated that after mastectomy, the spousal support of the patients on marital adjustment and life satisfaction is very important. Aygin and Etiarslan (2005) reported that 54.2% (n = 103) of the women had sexual problems before breast cancer; negative effects, and 46.4% (n = 13) of them stated that they had a negative effect on the sexual life of chemotherapy.

A 32.4% of the patients during and after the treatment had decreased sexual desire, 26.5% had decreased interest in the spouse, 35.3% had discomfort in sexual intercourse, 36.5% had satisfaction with sexual intercourse, 50% had sexual intercourse. During the intercourse, 50% of the patients had sexual dysfunction due to insufficient secretion during sexual intercourse. Ertem et al. (2017), the most common sexual dysfunction in breast cancer patients, stated that there was a decrease in sexual desire. Takashi and Kai (2005), after the treatment of breast

cancer patients in the sexual life, the speed of physical and psychological healing, the anxiety of the spouse to respond negatively, the importance given to the sexual relationship of spouses as well as factors such as the understanding and support of the spouse stated that effective.In our study, according to the responses of patients about sexual life information; 67.8% of the patients did not ask questions about possible changes, 41.2% did not feel ready to talk, 76.5% did not talk about sexual issues during their illness, 59.5% stated that the profession of nurses was a nurse, 44.1% 61.8% of them wanted to get information about sexual subjects, 50% of them wanted to get information about this subject and 52.9% of them stated that they wanted nurses and doctors.

Table 1. Individual Characteristics of Patients

Individual Features	Min	Max	Ort±ss
Age	34	20	35.97±7.57
		%	**n**
Marital Status	Married	91	31
	Single	9	3
Educational Status	Undergraduate	47	16
	High School	32	10
	Other	21	8
Nationality	Turkish	50	17
	Foreign	50	17

Table 2. Changes By Type Of Surgery

Operation Type	%47 Breast Protector (n=15)	%33 Mastectomy (n=11)	%20 No Surgery (n=8)
Pre-Treatment Sexual Problem Presence	%91 No (n=31)	%9 No (n=3)	-
Sexual Problem Presence After Treatmen	%68 Yes (n=23)	%32 Yes (n=11)	-

Patients are aware of how they harm the bodily integrity of cancer and affect interpersonal relationships, and they attempt to develop coping strategies against all the factors that cause behavioral changes in their and their spouses and impose limitations on their lives. It should be kept in mind that the patient and his / her partner need to share the anger and sadness caused by the trauma caused by the disease and to discuss the problems to prevent misunderstandings (Akyolcu, 2008).In our study, in the responses of the patients to the questions about female sexual function scale; In the last 4 weeks, 41.2% have never felt sexual desire, 35.3% have stated that their sexual desire and interest level is low and they have never had any sexual activity. Sexual problems that occur after chemotherapy in women in general; decrease in sexual interest and vaginal lubricity, inability to orgasm, decrease in dyspareunia and sexual attraction (Can, 2004).

In our study, we compared the pre and post-disease related to female sexual function scale and sexual changes; there was a statistically significant difference in sexual desire due to decreased sexual desire, lack of interest in spouse, decrease in satisfaction during sexual intercourse, pain during sexual intercourse, insufficient secretion during sexual intercourse ($p < 0.05$). In her study, Kedde (2013) emphasized the importance of good communication, necessity of sexual treatment and care with a multidisciplinary approach to the woman and her husband while trying to maintain their sex life. Most women with breast cancer can benefit from the short recommendations of health professionals as they are in intense stress of diagnosis and treatment methods. Thus, the loss in the treatment of the disease can be minimized by some emotional support and recommendations without experiencing serious sexual dysfunction or loss of relationship (Smith, 2006, Ertem et al., 2017). In a large community study conducted in

the USA, 40% of women (22% sexual reluctance), 30% of men (21% premature ejaculation) had different types of CV, women had orgasmic disorder in a quarter, and one fifth had vaginal dryness (Dogan). , 2011).

The incidence of CV in a normal population survey in Konya; vaginismus 15% in women, anorgasmia 5% in men and premature ejaculation 29%, and 14% in erectile dysfunction was found (Yilmaz, 2007).

Table 3. The Relationship of the Sub-dimensions of Female Sexual Function Scale with Age

Age	Want	Excitement	Lubrication	Orgasm	Satiety	Pain
Want	0.98	.	0.60	0.07	0.18	0.00
Excitement	0.81	0.60	.	0.00	0.18	0.00
Lubrication	0.89	0.07	0.00	.	0.00	0.00
Orgasm	0.83	0.18	0.00	0.00	0.00	0.00
Satiety	0.83	0.18	0.00	0.00	.	0.00
Pain	0.72	0.00	0.00	0.00	0.00	.

$p<0.05$ r= correlation analysis

It was found that there was a statistically significant relationship between the sub-dimensions of female sexual function and age ($p <0.05$). Cayan et al. (2004), Turkish women stated that the frequency of sexual dysfunction is high.

It is a complex problem which has been affected by many biological, psychological, medical, social and individual factors affecting 30% to 50% of women. Sexual dysfunction in women also causes loss of self-confidence, deterioration in interpersonal relationships and often emotional stress (Ege et al., 2010, Dogan, 2011).

Results and Suggestions

There was a decrease in the sexual function of patients with breast cancer after treatment. In order to eliminate the negative effects of treatment, it is recommended that health professionals take the patient as a whole, act with a multidisciplinary approach, and advise nurses on how to maintain their sexual life by training them on sexuality issues.

Acknowledgment: RN. Aysegul Ince, Elif Akbal, Dr. Haluk Onat, Dr. Necdet Uskent, and Dr. Yesim Yildirim for their contribution to the study.

References

Akyolcu N. Sexual life after surgical intervention in breast cancer. Journal of Breast Health 2008, 4 (2): 77-83.

Aygin D, Aslan E.F., (2008) Examination of sexual dysfunction in women with breast cancer. J Breast Health, 4,105-114.

Aygin, D. (2003). Breast cancer and sexual function. 2nd International -9th National Nursing Congress, Congress on Female and Male Sexual Health, Antalya, 95-103.

Babacan, G.A. (2006). Psychosocial problems and supportive interventions in breast cancer. Journal of Breast Health, 2 (3), 129-135.

Can, G. (2004). Sexual health in cancer. Andrology Bulletin Nurse Working Group, (19), 355-356.

Cam, O., Babacan-Gumus A. (2006). Emotional support oriented nursing interventions for women with breast cancer. CU Journal of School of Nursing, 10 (3), 52-60.

Cavdar I. (2006) sexual problems in breast cancer patients. The Journal of Breast Health, 2 (2), 64-66.

Denizgil, T., Sonmez I. (2015). Comparison of Self-Esteem, Body Perception, Sexual Satisfaction and Sexual Experiences Among Women Undergoing Mastectomy with Breast Protector Surgery for Breast Cancer. New Symposium, 53(3), 17-25.

Dogan, S. (2011). Sexual dysfunction, depression and antidepressants. Journal of Mood Disorders, 1,81-86.

Ege, E., Akın, B., Arslan, S.Y., Bilgili, N. (2010). Frequency and risk factors of sexual dysfunction in healthy women. TÜBAV Journal of Science, 3,137-144.

Ertem, G., Candan Donmez, Y., Bilge A. (2017). The journey of lıfe satisfaction from sexual life in breast cancer. Gumushane University Journal Of Health Sciences, 6(1), 171 – 176.

Kedde H., Van de wiwl H.B.m., Schultz W.w., Virsen C. (2013). Sexual dysfunction in young women with breast cancer. Supportive Care in Cancer 21(1),1521-1529.

Okanli, A., Ekinci, M. (2004). Life satisfaction of breast cancer patients and their spouses. VII. National KLP Congress, Istanbul.

Oskuz E., Malhan S. (2006). Prevalence and risk factors for female sexual dysfunction in Turkish women. J Urol, 175,654-658.

Smith, H. (2006). There is sex after breast cancer. http://healthgate.partners.org/browsing/Content.asp?fileName=14548.xml&title=There%20Is%20Sex%20After%20Breast%20Cancer (Erişim Tarihi:08.10.2018)

Takahashi, M., Ohno,S., Inoune, H., Kataoka, A., Yamaguchi, H., Uchida, Y. ve ark. Impact of breast cancer diagnosis and treatment on women'ssexuality: a survey of Japanese patients. Psycho-Oncology 2007, 12.

Terzioglu F., Alan H. (2015). The effect of psychological problems experienced during gynecological cancer treatment on female sexual life. Journal of Anatolian Nursing and Health Sciences, 18 (2), 140-147.

Yilmaz, E. (2007). An epidemiological research on sexual problems and attitudes. First National Congress of Association of Cognitive and Behavioral Therapy Abstract Book. İstanbul, 80.