

Perception of Body Image and Sexual Distress among Women with Selected Cancers

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Abstract

Background: Chronic illness like cancer can have radical repercussions in body image and can affect sexual relationship. It is widely recognized that women with cancers have body image dissatisfaction and sexual distress which impacts their life for many years after successful treatment, and can be associated with serious physical and emotional side effects.

Aim: A descriptive study to assess the perception of body image and sexual distress among women with selected cancers in a tertiary care hospital, South India.

Methodology:

A Non experimental descriptive design was undertaken. A total of 93 women with selected cancers, aged between 21-60 years were selected using consecutive sampling technique. Perception of body image was assessed using Modified Licavoli Body Image Scale and sexual distress was assessed using Revised Female Sexual Distress Scale.

Results: Majority of the subjects (68.8%) were in the age group between 41 and 60 years. 58.1% were between 31 and 45 years at the time of diagnosis. 53.8% had a married life between 16 and 30 years. 65.6% were house wives. Breast cancer (65.6%) was predominant, of which, 54.8% had Mastectomy. 61.3% had more than 4 cycles of chemotherapy. 83.9% had external radiation. Perceived body image dissatisfaction was observed in 59.1% and perceived sexual distress was noted in 60.2% of the subjects. A weak negative correlation exists between body image and sexual distress ($r = -0.351$, $p = 0.001$). Statistically significant association between perception of body image with age ($p = 0.041$), occupation ($p = 0.011$) and between perception of sexual distress with age ($p = 0.038$), occupation ($p = 0.015$), diagnosis ($p = 0.010$) and internal radiation ($p = 0.004$) were elicited.

Conclusion: The study reveals that women with cancer have dissatisfied body image and sexual distress. Nursing interventions should be tailored to address these unattended and often neglected and stigmatized issues. This warrants for further exploration into this aspect using a qualitative approach.

Key variables: Perception of body image and sexual distress, Women with selected cancer

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I. Introduction

The diagnosis of cancer can be a significant crisis in the lives of individuals and families. Chronic illnesses like cancer along with body image disturbance can affect sexual relationship. Body image is the picture of our own body, which we form in our mind, that is to say, the way in which the body appears to ourselves (Schilder, 1950). Various treatments such as surgery, chemotherapy and radiation therapy can be devastating and the effects of treatment can cause changes in body image (M. E. Langhorne, J.S. Fulton & S.E. Otto, 2007).

Women in particular are unhappy with the appearance of their bodies than men. Moreover, women with cancer have a lot of anxiety about their future, relationship and intimacy with spouse. They may lose sexual desire after treatment if the therapy affects the reproductive structures, causing sexual distress (Langhorne et al., 2007 & Grogan, 2016). Women who had chemotherapy have significantly poorer body image, less sexually active, less satisfied with their sex lives and had higher rates of specific sexual dysfunctions (Schover et al., 1995). A study done among breast cancer women revealed that majority of them felt less attractive and less feminine. Low body image, attractiveness, and femininity positively correlated with depression and negatively with overall quality of life (Juhant et al., 2012).

Although knowledge about cancer and its treatment is expanding, there is scanty literature available in regard to the sexuality in cancer patients in India. Most of the available literatures are based on the experiences of western women. The investigator during her clinical experience noted that women with cancer are anxious and fearful. They harbor a lot of queries with regards to tackling issues with body image and sexuality, which is often unaddressed and neglected by the health care team including the nurses. The results of this study would act

as a basis to plan further interventions related to the issues with body image and sexuality of women with cancers in the future.

OBJECTIVES OF THE STUDY

1. To assess the perception of body image and sexual distress among women with selected cancers.
2. To correlate the relationship between the perception of body image and sexual distress.
3. To find the association between the perception of body image and sexual distress with selected demographic and clinical variables.

HYPOTHESES

1. There is relationship between the perception of body image and sexual distress.
2. There is association between the perception of body image and sexual distress with selected demographic and clinical variables

II. Methodology

Approach and design: Quantitative non experimental approach and descriptive design was used.

Setting: The study was conducted in the Out Patient Departments of Radiation Oncology and Medical Oncology, Christian Medical College, Vellore.

Sampling: A total of 93 subjects who fulfilled the study criteria, were selected using consecutive sampling technique.

DATA COLLECTION INSTRUMENT

The data collection instrument was a structured questionnaire with 3 parts:

Part I: Demographic and clinical variables

It includes, age, educational status, occupation, age at marriage, number of years of married life, diagnosis, age at diagnosis, surgery done, chemotherapy - number of cycles, radiation therapy - external or internal and frequency of follow-up visit.

Part II: Modified Licavoli Body Image Scale

It has three domains. 1. Cognitive 2. Affective 3. Behavioral.

It's a four-point Likert scale with 14 items. The items are scored between 0 and 3. Maximum score is 42 and Minimum score is 0. The total score is interpreted as follows:

- Highly satisfied: $\geq 86\%$
- Satisfied: 71- 85%
- Dissatisfied: 36- 70%
- Highly dissatisfied: 0- 35%

Part III: Revised Female Sexual Distress Scale

It has 13 statements related to distress in sexual life. The presence of sexual distress is confirmed when the subject has a score ≥ 11

Validity and Reliability

1. Modified Licavoli Body Image Scale is a standardized tool. High reliability of the scale was reported by Angelin (2017) where the test-retest reported that the internal consistency was high as the Cronbach's Alpha was $r=0.84$.
2. Female Sexual Distress Scale: High reliability of the scale was reported by Derogatis et al., (2008) where the test-retest reported high internal consistency (Cronbach's Alpha was $r=0.86$).

III. Results

a. Demographic and clinical variables:

Majority of the subjects (68.8%) belong to the age group between 41 and 60 years. Illiterates were 12.9% and 65.6% were house wives. 53.8% had a married life between 16 and 30 years. Majority of the subjects had breast cancer (65.6%). Many subjects (58.1%) were between 31 and 45 years at the time of diagnosis. 54.8% had Mastectomy. 61.3% had more than 4 cycles of chemotherapy. Majority of them had external radiation (83.9%). Frequency of follow up was predominantly observed as every 3 months (44.1%).

b. Perception of Body Image

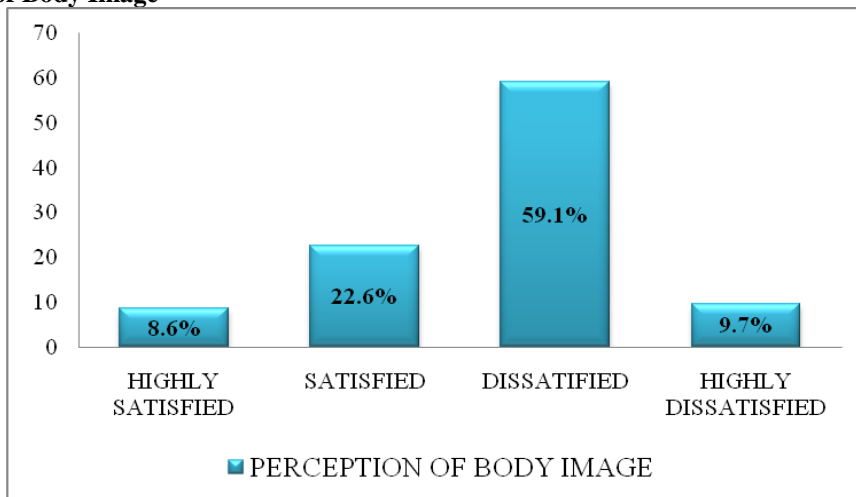


Figure 1: Perception of Body Image

Figure 1 reveals that majority of the subjects (59.1%) were dissatisfied with their perception of body image.

c. Perception of Sexual Distress

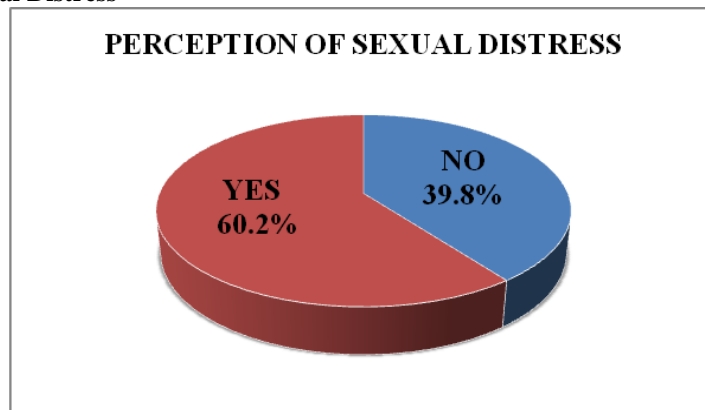


Figure 2: Perception of sexual distress

Figure 2 depicts that perceived sexual distress was observed in 60.2% of the subjects.

d. Correlation between body image and sexual distress

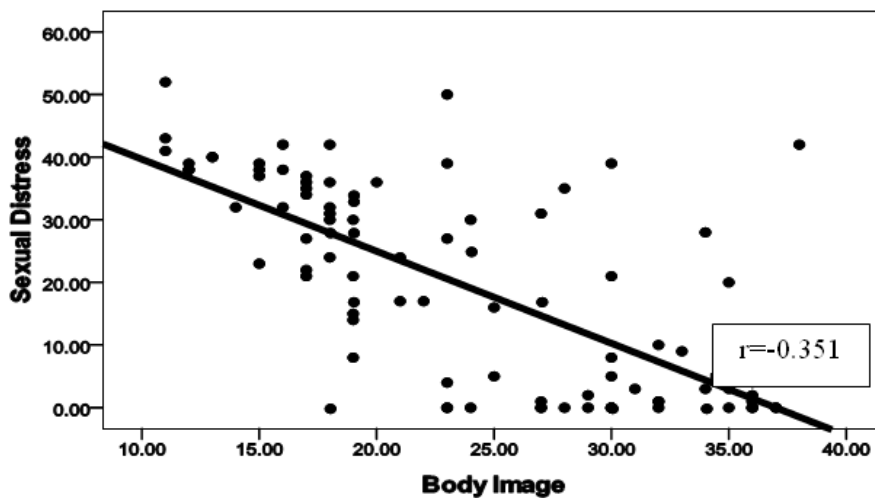


Figure 3: Correlation between Body Image and Sexual distress

Figure 3 reveals weak negative correlation between body image and sexual distress ($r = -0.351, p < 0.001$)

e. Association between body image and sexual distress with selected demographic and clinical variables

There is statistically significant association between perception of body image with age (p- 0.041) and occupation (p-0.011). Statistically significant association exists between perception of sexual distress with age (p-0.038), occupation (p-0.015), diagnosis (p-0.010) and internal radiation (p-0.004)

IV. Discussion

Majority (68.8%) of the subjects belong to the age group between 41 and 60 years. Illiterates were 12.9% and 65.6% were house wives. 53.8% had a married life between 16 and 30 years. Majority of the subjects had breast cancer (65.6%). Many subjects (58.1%) were between 31 and 45 years at the time of diagnosis. 54.8% had Mastectomy. 61.3% had more than 4 cycles of chemotherapy. Majority of them had external radiation (83.9%). Frequency of follow up was predominantly observed as every 3 months (44.1%).

Perceived body image dissatisfaction was observed in 59.1% and perceived sexual distress was noted in 60.2% of the subjects. A weak negative correlation was found between body image and sexual distress ($r = -0.351$, $p = 0.001$). This finding was supported by a study done in 2017 by Angelin et al which suggests that the women with SLE were found to have a negative perception of body image and sexuality.

Statistically significant association existed between perception of body image with age (p- 0.041) and occupation (p-0.011). This significance may be because, majority of the subjects were in reproductive age group, house wives who may be ignorant to the alternatives to adapt to the changes.

Statistically significant association was found between perception of sexual distress with age (p-0.038), occupation (p-0.015), diagnosis (p-0.010) and internal radiation (p-0.004). This significance may be because majority of the subjects had breast cancer and underwent Mastectomy in the reproductive age who expressed to the investigator during her study that many women were ignorant and lacked awareness after the occurrence of cancer. They were very fearful and embarrassed and also felt that cancer could be transmitted to their spouse through sexual intercourse. Few women complained of vaginal dryness which affected their sexual life. A study done by Jensen et al., 2003 on 'Early-Stage Cervical Carcinoma, Radical Hysterectomy, and Sexual Function' reported a persistent and negative impact on patients' sexual interest and vaginal lubrication. Some of the women with cancer cervix assumed that the vaginal opening is closed post internal radiation. Few of them said that they felt embarrassed to discuss their sexual issues to the male doctors and so the issues were not brought to the notice of the health care team.

Positively, some women expressed good family support and acceptance by their husbands. Few husbands of the subjects verbalized that the health of their wives was more important than their body image or sexuality. Young women with cancer cervix post hysterectomy expressed that they were worried more about adoption and child related issues than about body image, sexuality and the disease as such.

NURSING IMPLICATIONS OF THE STUDY

The study indicates the magnitude of perceived body image disturbance and sexual distress which alerts the health care team to adopt prompt interventions. The study emphasizes the need for relevant patient education in order to improve the perception of women about body image and sexual distress. This can be facilitated through availability of health education materials and resources with regular updates. Due to paucity of research knowledge in these aspects, associated in-service education will definitely make a difference in nursing clinical practice.

V. Recommendations

The study suggests the need for a 'Nurse Counselor' to address the stigmatizing issues related to body image and sexuality among cancer patients will help the patients to develop a positive perception and there by adopt better adjustment with alterations in body image and sexual dysfunction. A qualitative study to assess body image disturbance and sexual distress can be undertaken.

VI. Conclusion

The study has thrown light into the neglected and unexplored dimension of cancer care among women. The study reveals that majority of the women with cancer experience body image disturbance and sexual distress. Therefore it is the responsibility of the Health care team to assess and address these issues timely for improving the physical and emotional status of women with cancers.

CONFLICTS OF INTEREST

The authors have declared no conflicts of interest.

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