Socio-Demographic correlates of Sexual Satisfaction after Mastectomy vs. Lumpectomy

Amene Molavi Vardanjani¹, KHadije Hekmat, Poorandokht Afshari², Seyyed Mohammad Hosseini³, Mohammad Hossein Haghighizadeh⁴

"Jondi Shapoor University of Medical Science- Ahwaz

Corresponding Author: Amene Molavi Vardanjani

ABSTRACT: Sexuality is considered to be an important aspect of quality of life, especially in women who have undergone a kind of breast cancer surgery. Sexual satisfaction is a multi-dimensional vs. complex concept that guarantees the health of BC survivors’ individual, family and social lives. This article carried out in the Golestan university-affiliated teaching hospital, Ahwaz, Iran, seeks to study and compare the impact of socio-demographic factors like age, education, job and economic status on sexual life and enjoyment of females involved in mastectomy/ lumpectomy. To this end, using the revised version of Larson Questionnaire (2010), a total of 64 diagnosed cases of both mastectomy and conservation treatment type aged between 15-49 (reproductive age), were matched for socio-demographic status factors mentioned. Results indicate a significant difference between the two groups. Also, the finding reveals the importance of age as an effective factor influencing sexual satisfaction among research participants.

Keywords: mastectomy, demographic status.

INTRODUCTION

Breast cancer (BC) as the most common diagnosed cancer in women worldwide(Parkin et al., 2005) is the second leading cause of cancer-related deaths in U.S. (U.S. Cancer Statistic Working Group, 2010). It is also the most common tumor in European women and makes the first cause of cancer-death in females there (Izquierdo et al., 2008 as cited in Taghavi et al., 2012). In Iran, cancer is a major public health problem according to the Ministry of Health and Medical Education(Taghavi et al, 2012), ranks first among cancers diagnosed in women (Sadjadi et al., 2005) and is the third cause of death in Iran after coronary heart disease and accidents (Naghabi, 2002). BC has augmented in Iran since 1999 based on Iranian Cancer Registry Data (Shamsa&Mohagheghi, 2002). It is the most frequent cancer reported among female population in Ahwaz that almost makesone third of the total cancers diagnosed (News Web Ajums).

Moreover, Iran is located in the western part of Asia in which BC among women is the number one cancer, generally followed by gastric, oesophageal or cervical lesions (Moore, 2010). Research on the body of BC victims reveals that recently patients present with advanced stage of disease in younger years, about 10 years, than their western counterparts (Harirchi et al., 2000; Mousavi et al., 2007). Following a BC diagnosis, up to 4 in 10 women would experience symptoms of anxiety and depression (McCready et al., 2005). Accordingly, and for the multiplying number of survivors, there appears a growing need in BC studies on the health and quality of the patients’ individual and family lives, as well as medical endpoints, in both physiological and psychological aspect as to the vital effects it has, along with its other treatment consequences.

Treatment for breast cancer frequently involves various combinations of surgery, radiation and chemotherapy among which surgery continues to be the primary treatment for BC patients(Tulman& Fawcett, 1990). For many decades, the major surgical treatment was mastectomy, where all the breast tissue is removed; however, retrospective studies have demonstrated a treatment of a combination of conservative surgery that removes a small amount of breast tissue with basically leaving the breast and nipple intact (Recht et al, 1988).

Regarding these types, decisions about best surgical method to do may be taken based on reasons such as quality of life and psychological well-being (Halfdanardottir, 1994). However, in both cases, survivors reported both physical changes (fatigue, vaginal dryness, dyspareunia, loss of fertility, etc.) and psychological...
or emotional (depression, fear, sexual dissatisfaction, weak body image, etc.) difficulties among which concerns about sexuality are often very worrisome to a woman with BC (American Cancer Society, 2010).

**Quality of sexual life and sexual satisfaction**

Several studies have indicated that BC can negatively impact women’s sexual functioning (Thors et al, 2001). In 1998, Ganz et al. defined a conceptual model in which sexual health, encompassing sexual interest/dysfunction and sexual satisfaction were determined by socio-demographic and personal characteristics, medical variables, body image, partner relationship, and health-related quality of life. Furthermore, research has revealed that marital status, body image, mental health and age predict SS.

Dubashi et al., (2010) in a study on the effects of patient-and county-level factors concluded that occupation and marital status was not highly influenced by BC. The global health status and functional scores were high, while the overall sexual function was lower. In comparison, the sexual symptoms (sexual functional scores and sexual enjoyment scores) were better in mastectomy group rather than the preservation one.

Pozo et al., (1992) claims that surgical groups differed in well-being in only one respect: lumpectomy patients reported a higher-quality sex life than mastectomy patients.

As the literature suggests a wide range of survey has been conducted in the area of BC and its treatments and consequences. However, the fact that related concepts have been used as endpoint in different studies makes it difficult to compare the various studies.

Accordingly, the present research based on personality and demographic factors like age, education, job and economic status, since there are not enough previous studies conducted on the role of personality predictors in relation to quality of sexual life, especially sexual satisfaction and enjoyment among mastectomy survivors compared to the lumpectomy’s. So, this article specifically seeks to verify the following questions:

Is there any significant difference between the sexual satisfaction of women undergone mastectomy and lumpectomy in Ahwaz?

Do socio-demographic factors including age, education, job and economic status, influence the sexual satisfaction of the survivors of both mentioned surgeries?

**METHOD**

**Participants**

Two samples were used in this study. The first sample consisted of women undergone mastectomy as the experimental group (EG1), and the second sample of women with lumpectomy that were selected as EG2, who attended follow up sessions at Golestan hospital. In addition, the present study made use of the Translated and modified version of Larson Questionnaire, validated by Bahrami et al. (2010). The data were collected from April to September, 2013. 64 eligible women completed the questionnaire forms.

**Measures**

All groups completed the following questionnaires: The 4-scale Larson standard sexual satisfaction questionnaire composed of 25 items, (1-25) No, (26-50) Low, (51-75) Moderate, (76-100) High. As to the socio-demographic variables, Patients were asked to report age, marital status, education, and paid work (Yes/No).

**RESULTS**

**Sexual satisfaction**

Regarding the first question of the present paper, the modified Larson questionnaire was run and the findings are figured as follow:

In EG1/EG2 the low, moderate, good and high SS percent is reported respectively as 3.1/0, 12.5/6.3, 62.5/15.6 and 21.9/78.1 that reveals a significant difference, and this is contrary to the findings of Schover (1995) in his research on the effects of partial mastectomy comparing to breast reconstruction. He claims that the two groups do not differ significantly. Moreover, in the case of higher sexual satisfaction, lumpectomy survivors preceded their counterparts in EG1. This approves Alicikus (2009) in that patients undergoing mastectomy experienced significantly more decreased sexual desire.
Walker (2012) studied the influence of demographic and illness-related variables on the patient and those associated with her and a relationship of selected demographic and illness-related factors to reciprocity, communication, adaptability and adjustment were explored. As Halfdanardottir (1994) put it the majority of the studies that examine predictors of depressives after BC treatments do not take into account a broad spectrum of factors, i.e., socio-demographic, clinical, and psychological. He introduces psychological factors as the strongest predictors of depressive symptoms.

Socio-demographic factors

Patient characteristics of the two EG1 and EG2 are shown in Table (1). All the 64 patients participated in the study had experienced breast cancer surgery. After diagnosis, the participating women were divided in two groups: women with conservation and women with mastectomy. Women in EG2 were younger (M(SD) =37.81±6.86, p=0.006) and more often employed compared with EG1. In both subgroups all of the women lived with a partner and had at least one child.

As illustrated in figure (1) the mean of age in EG1 (M=42.75), while it is (M=37.81) in EG2. It seems that the age is an effective factor in restarting the sexual relationship after mastectomy. In case females had lost their partners, removing the breast can be considered a great disability in making a new relationship. However, this factor should be verified in more researches.
Table 3. shows that the education here doesn’t indicate a significant statistical difference (p=0.139). However, Schover(1995) believes that patients with a lower level of education bear more psycho-social problems.

Table 4. shows that there seems to have a significant difference (p=0.012), hence it has special effect on sexual satisfaction.

Table 5. shows that there is no difference in economic status of the two groups of the study. So, it cannot be said that the economic condition might have affected the results of table 1.

CONCLUSION

Sexual satisfaction is a multi-dimensional vs. complex concept that guarantees the health of BC survivors’ individual, family and social lives. This article carried out in the Golestan university-affiliated teaching
hospital, Ahwaz, Iran, seeks to study and compare the impact of socio-demographic factors like age, education, job and economic status on sexual life and enjoyment of females involved in mastectomy/lumpectomy.

As to the first question of study that whether there is any significant difference between the women in EG1 and EG2, the findings show the positive result, that is, women who have undergone lumpectomy reported a higher degree of sexual satisfaction. This is in line with Pozo (1992), Schover(1995). The reason might lie in the fact that with preserving the breast, patients’ body image would be less damaged. Also, they save their feminine figure and feel more confident.

Regarding the second research question, in the population surveyed in Ahwaz, the age and job factors seem to be more influential than what education and economic conditions could do to repair the sexual relationship of survivors after BC surgery. As a matter of fact, age and its consequences have not been studied in depth to develop more than speculative statements, but, since women outlive their spouses by several years, a breast removal may be viewed as a handicap in developing new sexual relationships. Besides, having a job may give females a sense of confidence and social support.

In general, women with BC experience kind of wide variety of sexual difficulties. As the effects of treatment can lead to premature menopause, loss of fertility, weak body image, depression and sexual dissatisfaction, knowledge about this topic is indispensable and requires more research to address the decision making of individual patients and their physicians regarding type of surgery.

REFERENCES