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Sexual Skills Training, Body Image and Sexual Function in Breast Cancer

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Abstract

The purpose of this study is to determine the effectiveness of sexual skills training on the change of body image and improvement of sexual function of women infected by breast cancer. 53 patients suffering from breast cancer was selected from among the cancer sufferers hospitalized in Shohaday-e Tajrish Hospital and divided randomly in two groups including experimental and control groups. Sexual skills were trained to the experimental group during 8 sessions. During this period, the control group didn’t receive any intervention. Analysis of covariance showed that sexual skills training has effective role in renovation of body image and sexual function of women infected by breast cancer.

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Keywords: Sexual Training, Body Image, Sexual Function, Breast Cancer.

1. Introduction

Sexual desires form the extensive and important aspect of human personality that is remained as a non-releasing structure of his nature (Benthomas, 2000). The sexual issues affect the physique, psyche, mind and social behaviours of people, and endangering the sexual behaviours leads to disorder in the emotions, personality, and social, emotional performance and friendship (Pak Gouhar, Vizheh, Babaei, Ramezanzadeh, & Abedianian, 2008). The sexual function may be affected by agents such as drug use, gynaecological surgeries and chronic diseases (Gibbs, 2000).

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Danforth, Karlan & Haney, 2008). The sexual changes after treatment of breast cancer is often transformed to the most difficult aspect of women life and the impact of these changes may be continued for long years after successful treatment of cancer, and occur plenty of mental and physical complications for the survivors (Gilbert, Ussher, & Perz, 2010). Sexual function disorder is the most prevalent and distressing complication that is experienced by the women infected by breast cancer (Ganz et al., 1996; Ganz, Rowland, Desmond, Meyerowitz & Wyatt, 1998; Dow, Ferrell, Leigh, Ly & Gulasekaram, 1996; Glanz & Lerman, 1992) and has been reported in more than 90% of these women (Ganz et al., 1998; Schover, 2008; Dizon, 2009; Wiggins, Wood, Granai, & Dizon, 2007; Broeckel, Thors, Jacobsen, Small, & Cox, 2002; Leedham & Ganz, 1999). Chemotherapy, radiotherapy, surgery and hormonal treatments as well as mental effects of cancer diagnosis, anxiety, recurrence of depression and disorder in the body image may result in sexual disorder such as losing the sexual desire, vaginal dryness, dyspareunia and reduction of sexual satisfaction of patient and her husband (Schover, 2008; Dizon, 2009; Scanlon et al., 2012). Mastectomy in the women infected by breast cancer has the deep and stable negative impact on the woman and her sexuality (Sheppard & Ely, 2008). The breast not only is related to the sexual identity of women, but includes also the concepts of mother and care. Each disease that is the threat against the breast may endanger the mental health of women (Giordano, Dohen, Buzdar, Perkins & Hortobagvi, 2004). Plenty of women suffering from breast cancer experience more self-consciousness (Walsh, Manuel & Avis, 2005), lower sexual attraction (Henson, 2002) and weaker body image comparing to their health peers (Mock, 1993) and have more problems about their sexual function (Panjari, Bell & Davis, 2011). Luckily, many of problems arising out of breast cancer and its treatments are solved ultimately (Ganz et al., 2002; Burgess et al., 2005; Mols, Vingerhoets, Coebergh, & Van de Poll-Franse, 2005; Knobf, 2007), but the disorder in the sexual function lasts often for a long time and is exacerbated over time (Scanlon et al., 2012). In various studies, dealing with the sexual problems of women infected by breast cancer has been assumed necessary such as study applied by Kedde, Van de Wiel, Weijmar Schultz, and Wijsen (2013a); they believed that inserting the sexual problems in the treatment protocol of these patients is necessary. Manganiello, Hoga, Reberte, Miranda, and Rocha (2011) in their study recommend to the oncologists to begin the interview about the sexual problems, evaluate these problems comprehensively, provide training and counselling to the patients in this relation. The researches indicated that the quality of sexual life and body image in the breast cancer survivors may be improved through combined intervention including the couple-therapy and sex-therapy (Kalaitzi et al., 2007). Furthermore, the interventions in the sexual function and body image is more effective if it focuses on the couple and includes treatment components as follows: (1) educating both partners about the woman's diagnosis and treatments, (2) promoting the couples’ mutual coping and supporting the processes, and (3) including the specific sexual therapy techniques in order to address sexual and body image concerns (Scott & Kayser, 2009).

2. Materials and methods

The extant paper is a semi-empirical research, including control group and experimental group that the pre-test and post-test has been provided and the samples were selected through random sampling. In this survey, 35 persons were selected by convenient sampling out of the population consisted of women infected by breast cancer of Shohaday-e Tajrish Hospital who were below 60, married, of high school or higher diploma, had mastectomy surgery or infected by breast deformation, and at least 3 months passed over their last chemotherapy and they didn’t participated in training and counselling programs in the past, after awareness of method and its objectives and ensuring from data confidentiality entered into research upon obtaining the satisfaction. Then the examinees were placed randomly in control and experimental groups. The experimental group received the group training of sexual skills for 8 sessions. During this period, the control group didn’t receive any intervention. The sexual function and body image was tested on both groups at the beginning and end of research. Sexual function of examinees was tested by Female Sexual Function Index (Rosen, Brown, Heiman, and et. Al., 2000). This questionnaire includes 19 items that assesses six factors of women’s sexual function including sexual desire, sexual stimulation, vagina moisturizing, orgasm, sexual satisfaction and sexual pain. It provides a score for each subscale as well as a total score for the whole questionnaire. The reliability factor of this tool has been reported in the study of Rosen et al., equal to 0.89 (Rosen et al., 2000). In this paper, the Iranian version of questionnaire was used; therein the reliability coefficient calculated by Mohammadi, Heydari, and Faghihzadeh (2008) has been reported equal to 0.70. Also, in order to assess the body image of examinees, Body Image Scale (Hopwood, Fletcher, Lee, & Al Ghazal, 2001) has been used. This scale includes 10 questions and has been made for evaluation of body image in the patients infected by cancer. The reliability factor of this scale in the study applied by Hopwood et al., has been reported equal to 0.93.
(Hopwood, Fletcher, Lee, & Al Ghazal, 2001). Considering the nature of measurement, to compare the pre-test and post-test scores, analysis of covariance was provided. The data was analysed aiding SPSS v16.

3. Results

In table (1), the descriptive elements of examinees’ scores have been provided for body image and sexual function variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Groups</th>
<th>M</th>
<th>Sd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body image</td>
<td>Pre-test (test)</td>
<td>13.53</td>
<td>6.597</td>
</tr>
<tr>
<td></td>
<td>Pre-test (control)</td>
<td>12.72</td>
<td>6.008</td>
</tr>
<tr>
<td></td>
<td>post-test (test)</td>
<td>14.47</td>
<td>5.669</td>
</tr>
<tr>
<td></td>
<td>post-test (control)</td>
<td>11.94</td>
<td>4.696</td>
</tr>
<tr>
<td></td>
<td>Pre-test (test)</td>
<td>37.71</td>
<td>13.425</td>
</tr>
<tr>
<td></td>
<td>Pre-test (control)</td>
<td>37.00</td>
<td>13.642</td>
</tr>
<tr>
<td></td>
<td>post-test (test)</td>
<td>42.41</td>
<td>14.178</td>
</tr>
<tr>
<td></td>
<td>post-test (control)</td>
<td>34.56</td>
<td>11.803</td>
</tr>
<tr>
<td>Sexual function</td>
<td>Pre-test (test)</td>
<td>37.71</td>
<td>13.425</td>
</tr>
<tr>
<td></td>
<td>Pre-test (control)</td>
<td>37.00</td>
<td>13.642</td>
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<tr>
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<td>post-test (control)</td>
<td>34.56</td>
<td>11.803</td>
</tr>
</tbody>
</table>

Analysis of covariance (table 2) has been provided to determine that if the training has had significant effect on the body image post-test scores of test group or not. Normality and uniformity of variance of dependent variable was accepted by Leven's test (F=2.088, p=0.158). The analysis of regression homogeneity shows that the interaction between the conditions and pre-test is not significant (F=1.181, p=0.286), as a result, the data supports the homogeneity of regression gradients.

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig.</th>
<th>Eta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>765.720</td>
<td>1</td>
<td>765.720</td>
<td>198.471</td>
<td>.001</td>
<td>.861</td>
</tr>
<tr>
<td>Group</td>
<td>31.723</td>
<td>1</td>
<td>31.723</td>
<td>8.222</td>
<td>.007</td>
<td>.204</td>
</tr>
</tbody>
</table>

The Summary of analysis of covariance show that through eliminating the pre-test scores effect, the main effect of intervention on the post-test scores of test group’s body image is significant. In fact, the body image in the test group has been improved after receiving the intervention (F=8.222, p=.001, Partial η2 =.204). Also, to consider the effect of training on the post-test scores of test group’s sexual function, analysis of covariance was provided (table 3). Normality and uniformity of variance of dependent variable was accepted by Leven's test (F=.716, p=.404). The analysis of regression homogeneity shows that the interaction between the conditions and pre-test is not significant (F=1.181, p=0.286), as a result, the data supports the homogeneity of regression gradients.

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig.</th>
<th>Eta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>5099.018</td>
<td>1</td>
<td>5099.018</td>
<td>336.053</td>
<td>.001</td>
<td>.913</td>
</tr>
<tr>
<td>Group</td>
<td>453.916</td>
<td>1</td>
<td>453.916</td>
<td>29.916</td>
<td>.001</td>
<td>.483</td>
</tr>
</tbody>
</table>

The summary of analysis of covariance shows that through eliminating the pre-test scores effect, the main effect of intervention on the post test scores of test group’s sexual function is significant. In fact, the intervention has been effective on the improvement of sexual function of test group examinees (F=29.916, p=0.001, Partial η2 =.483).
4. Discussion

The objective of this study was to determine the effectiveness of sexual skills training on the change of body image and improvement of sexual function in the women infected by breast cancer. The results indicated that sexual skills training improves the body image and sexual function of the women infected by breast cancer and statistically the significant difference existed in the sexual function and body image in test group was more than control group. Notwithstanding most of women after completing the breast cancer treatment are yet active in sex, but experience a lot of sexual changes; the sexual relation is not pleasant for them and resumption of sexual life is very difficult for them (Kedde et al., 2013b). One of factors that help to the resumption of successful sexual life includes body flexibility and feeling of attraction (Mroczek et al., 2012). An inverse relationship exists between feeling of sexual attraction and sexual problems; whatever the feeling of sexual attraction is lower, more sexual problems are experienced, thus if some interventions are inserted for increasing the feeling of attraction, the sexual problems may be reduced particularly for the patients who experience some changes in this feeling following the treatment (Burwell, Case, Kaelin, Avis, 2006). The results of this study corresponding to the other studies (Fadaei et al., 2011; Meyer & Mark, 1995; Heravi Karimovi, Pourdehqan, Jadid Milani, Foroutan & Aieen, 2006) shows that the consultation is effective on reduction of concerns relating to the body image. It seems the consultation provides an opportunity for the women in order to talk about their fears and concerns conveniently and freely and it may cause the breast deformation to be changed from one disaster to an acceptable change for the patients, and they have the feeling of more control on such changes and cope with this problem easier. The witnesses demonstrate that the sexual problems are occurred among the breast cancer survivors with considerable frequency and often are not solved over time (Broeckel et al., 2002; Burwell et al., 2006; Kornblith et al., 2003) and may be continued for long years after successful treatment of cancer (Gilbert et al., 2010). Hence, assessment of sexual problems, training and counselling to the patients in this relation is necessary (Manganiello et al., 2011). The extant paper indicated that the sexual function in the women infected by breast cancer may be improved through focusing on the physical, psychological and communicative factors of sexual health elements. These results are in compliance with the findings of Taylor, Harley, Ziegler, Brown, and Velikova (2011), Jun et al., (2011) and Kalaitzis et al., (2007). On the other side, the group training method of this research has some advantages that may lead to facilitation and acceleration of treatment process. In the group therapy, an opportunity is provided for the patients to communicate with each other and discuss about their similar problems. The studies showed that the group consultation promotes the sexual function and sexual satisfaction of women infected by breast cancer (Heravi Karimovi et al., 2006).

References

sexual life of patients with breast cancer under chemotherapy at Imam Khomeini Hospital. The Journal of Mazandaran University of Medical Sciences, 16(54), 43-51.


