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"Breast Cancer Attack on Sexual Life" Sexual and Reproductive Health Concerns of Women Surviving Breast Cancer: A Qualitative Study

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ABSTRACT

Purpose: Nowadays, cancer is one of the most important health problems in the world. The goal of therapeutic and diagnostic methods in recent decades has been not only to relieve symptoms and keep patients alive but also to maintain good quality of life for them. Therefore, this study was designed with a qualitative approach aimed at explaining the sexual and reproductive concerns of women with breast cancer.

Patients and methods: Twenty-three women surviving breast cancer who referred to Omid Hospital in Urmia participated in this qualitative research that was conducted in 2019 based on targeted sampling method and the theoretical saturation criterion. To use the data, which were analyzed by conventional content analysis method, a semi-structured in-depth interview method was employed.

Results: Six important and effective themes were extracted in the field of reproductive and sexual concern of women with breast cancer as follows: "Life under the dreaded shadow of death"; "Anxiety of abandonment"; "Mental image of a distorted body"; "Exhaustion in dealing with fertility events; "Attack of cancer on sexual life".

Conclusion: Breast cancer inflicts serious damage to reproductive and sexual health. Lack of attention to psychosocial consequences and ignorance of patients' rehabilitation after surgery doubles the need for educational interventions and counseling on fertility and sexual concerns of couples surviving the breast cancer.

Keywords: Breast Cancer, Qualitative Study, Reproductive Health, Sexual Health, Concerns.

INTRODUCTION

Today, cancer is a major health problem in the world [1] .One out of eight women is likely to develop this malignancy during her lifetime [2] . Iranian women show breast cancer ten years sooner than women in developed countries and 70% of patients are diagnosed in the advanced stage of the disease [3].

Sexual emotions and behavior are an important component of human reproductive health, and the ability to perform sexual behavior correctly is associated with self-esteem, improved quality of life and marital satisfaction [4] .This imposes a heavy burden on women with incurable diseases such as breast cancer and should be further evaluated, pointing to the requirement to address such concerns [5]. However, the goal of therapeutic and diagnostic methods in recent decades is not only to relieve symptoms and keep the patients alive but also to sustain their quality of life [6]. Cancer specialists may not pay much attention to fertility issues because of the priority they place on patient's survival. For this reason, female patients have the right to consult an expert in reproductive health about these concerns [7]. On the one hand the prevalence of mastectomy as a surgical treatment for breast cancer in Iran [8], lack of attention to psychosocial consequences and ignorance of postoperative patients' rehabilitation double the need for repeated studies on sexual and reproductive concerns of such patients in Iran. . In this regard, the results of studies showed that it is necessary to pay deep attention to sexual concerns in women with breast cancer [9-12].

METHOD

The present study is a qualitative research using in-depth and semi-structured solo interviews to examine the life experiences of 23 women with breast cancer in relation to reproductive and sexual concerns. The duration of the interviews varied from 45 to 90 minutes (average of 67 minutes) depending on the response and willingness of the participants. some inclusion criteria were as follows: definitive diagnosis of breast cancer by an oncologist, experiencing one of the mastectomy methods, stage I, II, III_a cancer, lack of another cancer, no other physical and mental illness according to patient's medical record and statement,, at least one year past surgery and completion of chemotherapy and radiation therapy.

Informed consent was obtained before each interview. The interview began with the following question: "How do you feel about your reproductive and sexual health? Subsequent questions were asked based on the initial answers of women and the interview guide. All interviews were recorded on a voice recorder with the permission of participants.

Conventional content analysis using Graneheim & Lundman approach (2004) was employed in this research for data analysis [13].Text data and extracted codes were managed using MAXQDA10 software. The accuracy of qualitative data was ensured based on credibility, dependability, transferability, conformability, and authenticity criteria [14].

RESULTS

A total of 1,068 codes were extracted from the interviews, which were compared based on content closeness and organized into five themes, 19 categories, and 91 subcategories.

Table 1: Categories and Themes extracted from qualitative data

Themes	Categories
Life under the dreaded shadow of death	Hateful insight of patients toward cancer Emotional conflict Fear of disease latency and recurrence
Anxiety of abandonment	Lost chance of marriage and its continuation Fear of being ignored Social isolation
Mental image of a distorted body	Sorrow of empty half Chemotherapy challenges Lost identity (distancing with femininity) The effect of mental self-image reflection on others and vice versa Challenges related to breast reconstruction
Exhaustion in dealing with fertility events	Disrupted family planning and childbearing Concerns about infertility and assisted reproductive techniques Pregnancy concerns Maternal anxiety Menopausal suffering
Attack of cancer on sexual life	Sexual failure Challenge in managing sex Formation of negative beliefs1

1. Theme II: Life under the dreaded shadow of death

Fear of death was typically experienced by participants as a sense of unease associated with death as the end of life or the incarnation of funeral and corpse.

"I looked at my disease as a wretched Siamese twin, namely inseparable twins, and each of us is determined to kill the other one. Can you kill a twin who clings to you without killing yourself?" (Participant 6)

Concerns about the recurrence of disease and the unique interpretation of disease relapse present with the metaphor of murderer's return to the crime scene by a 56-year-old participant (academic faculty member) eighteen years after the disease:

“People say the murderer always returns to crime scene (bitter laughter). It could come to my other breast. But God knows that I can no longer afford another fight.” (Participant 12)

2. Theme III: Anxiety of abandonment

"Anxiety of abandonment", namely a state of mind that plunged participants into an aura of fear and intimidation leading to social, emerged as one of the main themes in this study.

Fear of rejection and losing the chance to get married is reflected in the statements of a 20-year-old participant (cultural activist):

"Why should a male marry a female who can't even become a mother? You know you dare not and cannot tell your suitor what the problem is because talking about not having a breast in your bra is a matter of deep intimacy and it's difficult for us to talk about it with males in our society" (Participant 7)

Seclusion and isolation deprives patients of family and social gatherings, workplaces, continuing education, attending classes, and presence in cyberspace. In a discourse with a young participant, a law student who was dropped out of school and left cyberspace, it was stated:

"That day (cancer diagnosis day) she deleted some beautiful pictures of herself from Instagram and changed her profile. I couldn't continue my study anymore (Addressing herself). How should I have entered into a university that was an epitome of beauty (Participant 2)

3. Theme IV: mental image of a distorted body

We found that the participants, especially younger ones, suffered from the endless sorrow of a lost breast, which profoundly affected them. One subject spoke of the feeling of shame and humiliation upon embracing others:

"I still feel sad when I see myself. Even now I sense its absence, you don't know how awful you feel when you hug someone and perceive the empty space on the other person's chest, you want to die" (Participant 4).

The loss of the most important sexual organ and the symbol of femininity were reflected in the statements of a 40-year-old married participant:

"Perhaps at that moment I fainted. I was nothing like a woman. I had cancer. I had lost my femininity" (Participant 13).

The self-concept of women with breast cancer pparticipating in this research was severely disrupted and led to a distorted self-image in them.

Another participant with a doctoral degree stated about the effect of positive self-concept on positive attitude of the spouse:

I once asked him (my husband): "Do they regard me the same as I was before surgery and have I changed in your opinion?" He told me very easily, "My feeling toward you has not diminished with the removal of a breast and I think nothing bad has happened ...” (Participant 12).

Although filling the empty place of a removed breast is a treatment for women cured of cancer, whatever occurring to them after a mastectomy is challenging.

A 48-year-old married subject described with resentment and grief her encounter with the image of hair loss as deadly despite regrowth of hair after several years:

"That night we were going to a party. I went to the bathroom. When I washed my hair, all the hair was collected in my hand. When I opened my eyes, I saw the bathroom floor filled with hair…But these hair threads detaching from my head and the pillow full of hair could not be digested and annoyed me to the point of death. It was a very severe shock” (Participant 1)

4. Theme V: Exhaustion in dealing with fertility events

We found that breast cancer can change people's decisions about childbearing. A 40-year-old participant with a child explained:

"I planned and wished to get pregnant. The things I had envisaged in my mind all fell apart. I have a daughter and my husband always wanted to have a son. I was willing to have a son, but now I can't" (Participant 8)

Fear of infertility was another class of exhaustion in dealing with fertility events theme. A number of participants have experienced infertility due to the complications of radiation therapy and consumption of hormonal drugs. A 23-year-old subject spoke about the terrible blow of permanent infertility:

"My beauty may return, my long hair may return, but I cannot be a mother ... (Crying does not allow her to continue)" (Participant 2)

Unnoticed pregnancy during chemotherapy is one of the most risky events that add to the difficulty of treatment. A 36-year-old participant recounts the experience of pregnancy over the course of treatment.

"After the fifth course of chemotherapy, I felt something was moving in my belly. Before that, I was nauseous and vomited. I went for an ultrasound and it showed that I was five months pregnant ... "(Participant 15)

A participant also mentioned the fear of transmitting the gene of disease to the fetus and future breast cancer in the child as a reason for concern and avoidance of pregnancy:

"When I heard that cancer was a genetic disease, I was scared to death and began crying. God forbid my children have this problem in the future, so my next baby might not be a healthy one (Participant 23)

Concerns about breastfeeding were reflected in the statements of a 33-year-old participant with a child:

"If I want to have a baby again and feed it, how can I breastfeed it only with one breast? How do I intend to communicate with a baby?" (Participant 3)

The subjects experienced problems such as moderate to severe vaginal dryness, urinary irritation, feeling of urgency in urination following forced menopause and decreased or complete loss of youth hormone (estrogen).

"My vagina has dried up because of the drugs I take. When I'm not well aroused, I find myself in a situation where it both hurts upon penis insertion and gives me a very bad feeling" (Participant 6)

5. Theme VI: Attack of cancer on sexual life

We found that breast cancer and its treatment could have a fundamental effect on sexual activity at all stages of the sexual response cycle and body image.

A 52-year-old participant with 18 years of cohabitation experience recounts of her sex life that is fraught with fear and anxiety:

"Fear of the future worries me, causes anxiety in me, all sorts of thought come into my mind, I am constantly agitated, and do you believe that the only thing I don't remember is sexual issues?" (Participant 16)

A 33-year-old married subject at the peak of fertility period described a sharp decline in sexual desire:

"My libido has been shut down for two years and I think it will never light up" (Participant 17)

The participants cited the decreasing frequency of coitus following treatment as a post-treatment change, from reduced number of intercourses to complete cessation after treatment.

"We haven't had sex since I got the disease" (Participant 10).

We realized that in addition to quantity, the quality of the couple's sexual relationship changed dramatically following breast cancer and its treatment.

"I found that my husband was losing his erection after he looked at my chest." (Participant 23)

The change in sexual preference from satisfying one's own sexual needs to those of the spouse following breast cancer is recalled with the statements of some participants:

"Ever since I was afflicted with this disease, I've been trying harder to satisfy my husband. My own needs don't matter at all. They are not important to me. "(Participant 13)

One of the concerns of participants in the present study was the loss of breasts and the feeling of having a masculine appearance in the eyes of the spouse, as stated by a subject in her mental ruminations:

"Sometimes I make silly thoughts with myself. I say, 'Oh, this man seems to practice homosexual sex. What more can I add to him?'" (Participant 9)

DISCUSSION

Life under the dreaded shadow of death was another concern for reproductive and sexual health of women with breast cancer, which was noted in the qualitative section of the study. Salehi et al. also reported a high rate of death anxiety in 79% of breast cancer patients [15]. In some cases, the fear of death in the participants is instilled by those around the patients. In this regard, Bibi et al. (2019) showed that the grief and despair of relatives of cancer patients has a direct effect on their anxiety about the consequences of the disease and that the level of perceived social support in patients is associated with a low level of death anxiety [16]. The study of Dunn et al. (2020) found that anxiety was the most common concern in women with breast cancer [17]. We revealed that participants of the present study attributed any physical changes in their bodies to a dangerous sign or symptom of cancer relapse, and increased perceived sensitivity to physical symptoms of patients was also reported in a study by Seats et al. (2018) [18].

The results of a qualitative study by Nizamli et al. (2016) showed that the extraction of social dysfunction as one of the main themes of the research was among concerns and worries of participants in this study along with isolation of social classes and lack of marriage opportunities consistent with the findings of our research [19].

Concerns about losing the chance of fertility were among the most important worries, especially among unmarried women or married women without children. A study by Rugeri et al. (2019) comparatively examined the fertility concerns of single and married women with breast cancer, which indicated that women who were married or had a partner reported fewer psychological problems than did single women [7].

We found that after breast cancer, some women refused to attend physical and virtual communities, declined to continue working and studying and were secluded. In this regard, the results of a study by Mohammadi et al. showed that after diagnosis of breast cancer, women found themselves surrounded by pity and unusual attention of others, which caused negative emotional reactions in them [20]. According to the results of the present study, the mental image of a distorted body was another aspect of reproductive and sexual health concerns of women with breast cancer. Early psychosocial research has emphasized that breast loss is the most important factor in women's compatibility [21, 22]. The subject of death and mastectomy is a source of fear and anxiety for patients [23].

A majority of participants in the present study expressed concerns about the challenges associated with treatment, surgery, chemotherapy, and side effects of

hormonal drugs. The study of Baqaei et al. indicated that chemotherapy is a systemic method, unlike radiation therapy and surgery that are considered topical treatments [24]. A qualitative study by Kim et al. (2016) indicated that most patients had a negative attitude towards chemotherapy and were not ready to face the effects of chemotherapy. Women with breast cancer experienced great physical and psychological distress, considered chemotherapy equivalent to gradual death, and regarded hair loss due to chemotherapy as the most difficult stage of the disease [25], which was shared by women participating in our study about the unfortunate experience of hair loss and the attitude to chemotherapy as a factor causing death of normal somatic cells.

Koçan et al. (2018) showed that the main fears of women who experienced mastectomy are related to sexual acceptance, social isolation, body deformity and death [26]. In addition, decreased sexual attraction, hopelessness, fear of inability to ideally manage marital and maternal responsibilities, and finally death thoughts have been reported in these patients [27].The challenges related to breast reconstruction were extracted as another class of mental image of a distorted body. In this regard, the results of the study by Al-Ghazal et al. (2010) revealed that although the use of external prostheses can correct the external appearance of a woman, it may not be able to return the physical deformity and body image to normal [28].

On the other hand, however, the fear of damage to the fetus and fetal abnormalities, as well as premature death and neglected child had challenged their ideal of fertility. The conflict between the mother's inner desire and her willingness to have children, fear of the disease relapse and damage to the fetus created a contradiction in the minds of women with breast cancer [29].

The diagnosis of breast cancer and miscarriage can be important moments in a woman's life, and the physiological changes of pregnancy make it difficult to diagnose breast cancer. The higher the age of pregnancy, the more difficult it will be to diagnose the disease [30]. Therefore, women in such situations visit physicians for diagnosis and treatment with significant delays [31]. which is consistent with the findings of the present study.

Surgical removal of the breast is considered as the elimination of part of the body representing sex, femininity, and maternal dimensions. Due to the importance of breast in the formation of female identity, the reaction to this disease can include stress, anxiety, and depression. Studies show that depression and anxiety directly affect the quality of sex life of patients [32, 33]. Regarding the change in women's sexual desire, the study of Ghizzani et al. (2018) show that women experience sexual aversion after exposure to changes caused by mastectomy and alopecia, which implicates couples in various psychological problems [32].

CONCLUSION

Based on the findings of the first part of the study (qualitative stage), the reproductive and sexual health concerns of women with breast cancer were identified proportionate to the interview with women who survived breast cancer.

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