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The Relationship Between Sexual Self-concept and Mental Body Image in Women With Breast Cancer

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Abstract

Objectives: Breast cancer is the most common malignancy in women. In addition, it is the most mentally powerful cancer in women due to affecting the most important female sexual part. Patients with breast cancer experience problems in their marital relationship because of their disrupted mental image and sexual relations. In this regard, this study was conducted to investigate the relationship between sexual self-concept and mental body image in women with breast cancer.

Materials and Methods: This descriptive cross-sectional study was conducted on a sample of 120 women with breast cancer. Using a convenience sampling technique, patients were selected from among those hospitalized in the selected hospitals of Tehran in 2018. Data were collected using demographic details, the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ), and the Fisher's Body Focus questionnaire. Finally, the data were statistically analyzed in SPSS-21.

Results: According to the descriptive and analytical statistics, women with breast cancer obtained the highest scores in avoiding risky sex and sexual problem prevention while the lowest scores in terms of sexual preoccupation. Based on the results, there was no disruption in the body image of any of the examined women. Eventually, a significant correlation was observed between sexual self-concept and body image ($P<0.001$, $r=0.4$).

Conclusions: In general, body image has a positive relationship with sexual self-concept in women with breast cancer and is considered an important predictor of sexual health and behaviors of this group. Accordingly, psychological interventions, along with midwifery and sexual consultations offered by trained personnel can help empower these patients.

Keywords: Breast cancer, Sexual self-concept, Body image

Introduction

Breast cancer is the most frequent cancer among women, impacting 2.1 million women each year and causes the greatest number of cancer-related deaths among women (1). The annual incidence of breast cancer in Iran is 33.2 per 100 thousand of the population (2). In addition, the risk factors for developing breast cancer include having a prior history of breast cancer or a family history of breast cancer, being female and obesity, having low physical activity, consuming alcohol, undergoing hormone replacement therapy and ionizing radiation, experiencing early menarche, having no child, and experiencing aging (3).

The diagnosis of breast cancer and its treatment process can affect the mental, sexual, and social well-being of women (4) in addition to having medical and objective aspects and affecting the patient's subjective mind (5). Further, this cancer is the most psychologically powerful cancer among women. Affected women are faced with severe psychological helplessness from the time they become aware of their illness and during their course of treatment (6). The psychological consequences of this disease include poor body image, depression, anxiety, fatigue, anger, and the like (7).

Furthermore, this disease is directly associated with women's sexual identity since it targets one of the most important female sexual parts (8). Due to their impaired mental body image, these patients experience problems in their sexual relationships that may ultimately lead to negative behaviors in their marital interactions (9). It is noteworthy that body image is one of the dimensions of self-evaluation that contributes to the formation of personality, and women who negatively view their body report less sexual desire or arousal (10).

Moreover, self-concept is a cognitive extension of the "self" that includes the individual's belief and concept about him or herself (11). Additionally, sexual self-concept is a cognitive perspective on the sexual aspects of the "self" that is derived from past experiences and guides sexual behaviors and is an important concept for predicting sexual dysfunction (12).

Previous research focused on the correlation between

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Key Messages

- Body-image is a dimension of self-evaluation and women with negative body-image report less sexual desire or arousal.
- Body-image has a positive relationship with sexual self-concept in women with breast cancer and so it is an important predictor of sexual-health.
- Sexual counseling should be concentrated on body-image of women affected by breast cancer to improve their self-concept and sexual-health.

self-concept and health status and demonstrated that patients' view of themselves affects their notion of health and a healthy lifestyle (13). Many factors are involved in the formation of sexual self-concept, including personal characteristics, expectations from oneself, social self-concept, and social evaluations (14).

Based on previous evidence, 90% of women with breast cancer develop sexual dysfunction after treatment (15). In addition, sexual dysfunction in women with breast cancer can exacerbate their stress, depression, anxiety, and other psychological symptoms. Similarly, the prevalence of sexual dysfunction in this group of patients ranges from 40% to 60%, and 90% of them report at least one sexual problem (16). The findings of a study showed that patients' sexual function and self-esteem are disturbed with a negative body image and a reduced sense of femininity (9).

Sexual problems are closely related to the individual's healthy self-concept and her mental body image (16), which affect the couple's relationship and quality of life (17). Since sexual dysfunction is one of the main problems among couples leading to problems in their marital relationship (18), studying sexual and marital relationships in Iranian women, especially those with breast cancer, is crucial (8). Therefore, the present study aimed to evaluate the relationship between sexual self-concept and body image in women with breast cancer.

Materials and Methods

This descriptive cross-sectional study was conducted in Tehran in 2018. Based on the results of similar studies and accounting for potential withdrawals, the sample size was estimated as 128 using the following formula:

$$n \geq \left[\frac{\left(z_{1-\alpha/2} + z_{1-\beta} \right)}{0.5 \times \ln\left[(1+r)/(1-r) \right]} \right]^2 + 3$$

$$r = 0.25$$

$$\alpha = 0.05 \Rightarrow z_{1-\alpha/2} = 1.96$$

$$\beta = 0.10 \Rightarrow z_{1-\beta} = 1.28$$

Further, eligible women were selected by the convenience sampling method from health centers affiliated to Shahid Beheshti University of Medical Sciences.

The study inclusion criteria consisted of being a woman with Iranian nationality, having no known history of psychiatric illness as reported by the patient, being married (living with the spouse), having the minimum reading and writing literacy in Farsi, definitively diagnosed with breast cancer (stages 1 to 4) based on pathological examinations, receiving a maximum of one year of a definitive diagnosis of breast cancer by pathological examinations, and having the ability to speak in Farsi. The participants were in the reproductive age as the aging could have confounding effects on the body image or sexual self-concept of the participants. On the other hand, the exclusion criterion was withdrawing from the study and questionnaire completion at any stage of the study.

The study tools included a demographic details questionnaire, the Farsi version of the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ) (19), and Fisher's Body Focus Questionnaire (12).

The demographic details questionnaire inquired about variables such as age, height, weight, marital status, occupation, education, average monthly income, number of children, family history of breast cancer, and history of benign breast diseases, along with midwifery details such as the number of term pregnancies, parity and type of delivery, and breastfeeding status.

The Farsi version of the 78-item MSSCQ assesses 18 domains of the individual's sexual life. Furthermore, its items are scored based on a five-point Likert-type scale, and higher scores in each domain indicate higher sexual self-concept (19). The domains of the Farsi version of the MSSCQ included sexual anxiety, sexual self-efficacy, sexual consciousness, sexual preoccupation, sexual assertiveness, sexual optimism, sexual motivation, sexual esteem, sexual satisfaction, and the like (12). Ramazani et al conducted a cross-sectional study to assess the validity (r=-0.31, *P*=0.008) and reliability of the MSSCQ. Their results confirmed the reliability of the Farsi version of this 78-item questionnaire with 18 domains and a Cronbach's alpha of 0.89 was reported at a confidence interval of 0.85-0.932 (19).

Moreover, the Body Image Questionnaire, which was first developed in 1970 by Fisher, contains 46 items each scored from 1 to 5 ('Very dissatisfied = 1', 'Dissatisfied = 2', 'Moderately satisfied = 3', 'Satisfied = 4', and 'Very satisfied = 5'). Scores of 46 and higher than 46 represent a distorted image and no distortion, respectively. The validity of the questionnaire was assessed in Iran, and a test-retest Pearson correlation coefficient of 0.84 was calculated in previous research (20). In a study by Nazarpour and Khazai, the reliability of the above-mentioned questionnaire was calculated by Cronbach's alpha, Spearman-Brown, and Guttman split-half coefficients of 0.918, 0.861, and 0.861, respectively (21). After briefing the participants on study objectives and giving them informed consent

forms to submit, they were asked to fill out the three aforementioned questionnaires. Additionally, sampling was carried out from January to September 2018. A total of 120 questionnaires were completed and delivered to the researchers.

Data were analyzed in SPSS-21 using descriptive and analytical statistics including the Pearson and Spearman correlation tests and linear regression. All tests were assessed with a confidence interval of 95%.

Results

The mean age of the participating women was 43.8±8.3 years. In addition, the majority of them had high school education and 87.5% were housewives. Further, 65% of participants reported a moderate economic status and 47.5% of them had a good emotional status. Table 1 presents the other demographic details of the participants.

Table 1. The Demographic Details of the Studied Women

		Mean	SD
Age (y)		43.8	8.3
Spouse's age (y)		48.3	11.1
Frequency of sex per week		0.9	0.8
		No.	**%**
Ethnicity	Fars	69	57.5
	Turk	27	22.5
	Others	24	20
Number of children	1 or 2	77	64.2
	3 or 4	23	19.2
	No children	13	10.8
	5 and more	7	5.8
Women's education	High school	47	39.2
	University	28	23.3
	Primary school	24	20
	Junior high school	21	17.5
Spouse's education	High school	47	39.2
	University	28	23.3
	Junior high school	26	21.7
	Primary school	19	15.8
Women's occupation	Housewife	105	87.5
	Employed	15	12.5
Spouse's occupation	Self-employed	61	50.8
	Corporate employee	27	22.5
	Laborer	13	10.8
	Retired	13	10.8
	Unemployed	6	5
Economic status	Moderate	78	65
	Poor	36	30
	Good	6	5
Women's emotional status	Good	57	47.5
	Excellent	32	26.7
	Moderate	23	19.2
	Bad	8	6.7
Women's sexual satisfaction	Good	57	47.5
	Moderate	34	28.3
	Excellent	23	19.2
	Bad	6	5

Note. SD: Standard deviation.

The assessment of the domains of self-concept in the participating women with breast cancer showed that motivation to avoid risky sex and sexual problem prevention had the highest mean scores while sexual preoccupation demonstrated the lowest mean score (Table 2).

Table 3 provides the score of body image in women with breast cancer, which had a mean of 173.1. None of the participating women suffered from this disorder since the lowest score was higher than 46.

Based on the data in Table 4, body image had a significant relationship with most domains of sexual self-concept (except for sexual preoccupation, sexual optimism, sexual motivation, sexual problem self-blame, sexual monitoring, and fear of sex) in the participating women with breast cancer ($P<0.05$). It should be noted that body image had an inverse relationship with the domains of sexual anxiety and depression while it demonstrated a direct, positive, and significant correlation with the total score of sexual self-concept ($P<0.001$).

Table 5 summarizes the relationship of demographic factors and body image with sexual self-concept in the participating women. Based on the results, sexual self-concept had a significant relationship with women's age and their spouse's age. According to the results of the linear regression, body image still had a significant relationship with sexual self-concept in the participating women with breast cancer after controlling the women's age and the spouse's age ($P<0.001$). The "0.61" in Table 5 means that each unit of increase in the score of body image increases the score of sexual self-concept by a mean of 0.61 while keeping the other conditions constant.

Discussion

The present study investigated the relationship between sexual self-concept and body image in women with breast cancer. The participating women obtained the highest mean scores in the domains of motivation to avoid risky sex and sexual problem prevention. In agreement with the results of other studies, the findings of the present study showed that people with higher knowledge about the risks and problems of sexual relationships have greater motivation for avoiding high-risk behaviors (12). On the other hand, the participating women with breast cancer obtained the lowest mean scores in sexual preoccupation. Sexual preoccupation is the tendency to constantly think about sex (22,23). Patients with breast cancer appeared to be extremely overwhelmed with concerns about their disease (e.g., diagnosis, treatment, and follow-ups) so that preoccupation with sex has the lowest priority in their life.

The results further revealed that the participating women with breast cancer had good mental body image scores instead of a distorted image. In one study, however, women with breast cancer had a distorted body image compared to healthy women (24). One of the main reasons for this finding is the cultural climate of Iran as

Table 2. Self-concept and its Domains in the Studied Women

Sexual Self-concept Domains	Mean (±SD)	Mean Percentage	SD Percentage	Score Range
Motivation to avoid risky sex	24 (2.2)	96	8.8	5-25
Sexual problem prevention	23.4 (2.9)	93.6	11.6	5-25
Internal sexual control	20.9 (4.5)	83.6	18	5-25
Sexual self-schemata	20.7 (4.8)	82.8	19.2	5-25
Sexual consciousness	19.3 (3.5)	77.2	14	5-25
Sexual self-efficacy	17.8 (3)	89	15	4-20
Sexual satisfaction	17.4 (5.6)	69.6	22.4	5-25
Sexual esteem	15.9 (3.8)	79.5	19	4-20
Sexual problem management	13.6 (2.2)	90.5	15	3-15
Sexual problem self-blame	13.1 (3.8)	65.5	19	4-20
Fear of sex	12.8 (3.2)	51.2	12.8	5-25
Sexual optimism	12.7 (2.4)	63.5	12	4-20
Sexual assertiveness	11.8 (1.4)	59	20.5	4-20
Sexual motivation	11.2 (5.4)	56	27	4-20
Sexual anxiety	9.5 (5.6)	38	22.4	5-25
Sexual preoccupation	7.6 (3.6)	30.4	186.9	5-25
Sexual depression	7.2 (3)	48	20.4	3-15
Sexual monitoring	6.2 (2.8)	41.6	18.6	3-15
Total	265 (27.1)	68		78-390

Note. SD: Standard deviation.

Table 3. The Body Image Score of the Studied Women

Variable	Mean (±SD)	Mean Percentage	SD Percentage	Score Range
Body image	173.1 (17.4)	75.3	7.6	46-230

Note. SD: Standard deviation.

a country with religious and spiritual beliefs. This climate can help resist physical and psychological crises following the diagnosis and treatment of this disease. Spirituality is an effective source in helping to cope with psychical and psychological responses to cancer (25). Moreover, religious and spiritual beliefs comprise one of the strategies for coming to terms with the reality of illness (26). Patients who feel better about their body have stronger beliefs in their capability regarding coping with their disease and its treatment. Nevertheless, patients undergoing surgery tend to be more concerned about their appearance and sexual problems compared to those whose breasts have remained intact (24).

Additionally, the obtained results demonstrated that the score of mental body image in the participating women with breast cancer had a significant relationship with the total score of sexual self-concept and the score of some of its domains. These domains included sexual anxiety, self-efficacy, consciousness, assertiveness, esteem, satisfaction, management, self-schemata, sexual problem prevention, depression, internal sexual control, and motivation to avoid risky sex. The researchers believed that mental body image has a significant relationship with sexual function and satisfaction. Accordingly, women who feel good about their body have higher self-esteem and believe that their body is adequately attractive for their husband. Conversely, those women who negatively view their bodies suffer from anxiety during their sexual and intimate encounters with their husbands and do not feel confident about having sex with their husbands (27).

The results of the regression analysis showed that controlling other related factors including the woman's age and her spouse's age, body image alone has a significant positive relationship with sexual self-concept in women with breast cancer. Previous research represented a correlation between positive mental body image and sexual schemas. A positive image also affects sexual esteem in patients with breast cancer (28). Based on previous results, mental body image is also correlated with sexual functioning, and among the subscales of body image, the person's overall attitude toward her body (e.g., gender, weight, sound, and body structure, and the like) has a stronger relationship with sexual function. In addition, women with a positive view of sexual and romantic relationships and a more positive mental body image have optimal sexual functioning (28). The findings of the present study demonstrated a positive relationship between body image and sexual self-concept in women with breast cancer. However, further comprehensive psychosocial exploratory studies are necessary to assess the sexual dysfunction of women with breast cancer, especially using mixed exploratory or social determinants studies."

There were two limitations in the study. First, women with breast cancer, especially those in higher stages of diseases were not in an appropriate psychological

Table 4. The Relationship Between Body Image and the Domains of Sexual Self-concept in the Studied Women

Sexual Self-concept Domains	Pearson Correlation Coefficient	*P* Value
Sexual satisfaction	0.42	<0.001
Sexual self-schemata	0.4	<0.001
Sexual problem prevention	0.4	<0.001
Internal sexual control	0.35	<0.001
Sexual esteem	0.34	<0.001
Sexual problem management	0.34	<0.001
Sexual consciousness	0.33	<0.001
Sexual anxiety	-0.3	0.001
Sexual self-efficacy	0.22	0.016
Sexual depression	-0.22	0.016
Motivation to avoid risky sex	0.19	0.035
Sexual assertiveness	0.18	0.048
Sexual motivation	0.13	0.149
Sexual preoccupation	0.07	0.47
Sexual optimism	0.06	0.483
Fear of sex	-0.06	0.523
Sexual monitoring	0.05	0.613
Sexual problem self-blame	0.02	0.835
Total	0.4	<0.001

Table 5. The Relationship of Body Image and the Demographic Factors With the Domains of Sexual Self-concept in the Studied Women

Variable	Coefficient	SD	*P* Value
Y-intercept	162.1	26.54	<0.001
Body image	0.61	0.131	<0.001
Age	0.47	0.48	0.332
Spouse's age	-0.48	0.36	0.186

condition for participating in the study. Further, talking about sex is a private sensitive area. These limitations were controlled by explaining the objectives of the study and the confidentiality of their information.

Conclusion

In general, body image has a positive relationship with sexual self-concept in women with breast cancer and is considered an important predictor of their sexual health and behavior. Psychological interventions and sexual counseling in clinics should concentrate on body image improvement in order to enhance sexual self-concept and thus the marital relationship and satisfaction of women affected by breast cancer. Finally, health policy-makers can also use these results to design programs (e.g., workshops, classes, and counseling programs) for patients with breast cancer.

Authors' Contribution

SG was the master student who was involved in all process of the project including writing the proposal, data collection, data analysis and preparing the manuscript. MS was the supervisor of the project and contributed to writing the proposal, data analysis and writing the manuscript. SH was the advisor of the project and involved in writing the proposal, data analysis and writing the manuscript. MN was the biostatistics advisor of the project and contributed to data analysis. SN and JM contributed to preparing the manuscript.

Conflict of Interests

Authors declare that they have no conflict of interests.

Ethical Issues

The study was approved by the Ethics Committee of Shahid Beheshti University of Medical Sciences under the code of IR.SBMU.RETECH.REC.1395.589.

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