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CAN CANCER AFFECT SEXUAL LIFE? SEXUAL CONCERN IN CANCER PATIENTS

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Abstract – *Objective:* *Sexual concern among patients with breast cancer is an important issue from psychosocial perspectives and it is observed that cancer treatment can cause sexual changes in patients. Some patients experience changes in all stages of the sexual response cycle (desire, arousal, orgasm and decision), while others experience none. The most common sexual change for cancer patients is the general desire loss. Although the reasons for that might be different, the resulting changes are often similar, and they are more related to the psychological aspects of the patients. This study aims to assess sexual concern among breast cancer patients in Malaysia.*

Patients and Methods: *Data were collected through a mixed method. In-depth counseling sessions and a survey for a sample of 46-breast cancer patients from different institutions and hospitals in Malaysia were employed. This article only highlights the survey outcomes. This is due to the requests made by several patients that their views on sexual concerns have not to be transcribed.*

Results: *Sexual depression is common among breast cancer patients. Surprisingly, the participants of this study stated that their sexual concern was fine, and they disagreed with items that sex was painful, not pleasurable or not enjoyable; they even disagreed to avoid sexual intercourse. Furthermore, there was statistically no significant mean difference in the score of sexual concern for Malays and Non-Malays, married and unmarried, as well as for different age groups of patients.*

Conclusions: *Reports on patients' sexual needs are not common in the context of Malaysia. Hence, the findings will be an eye-opener for the kind of care that women need, to understanding their problems and to assist them in overcoming issues that concern them. This research adds values to social health and wellbeing in the sense that it becomes an appropriate tool in addressing women's issues and ensuring inclusiveness regarding their emotional, physical, and psychological wellbeing.*

KEYWORDS: *Sex and cancer, Sexual concern, Cancer patients, Psychology.*

INTRODUCTION

Sexual concerns remain largely understudied and undertreated in cancer. This is because sex among cancer patients is a taboo subject. However, studying sexual concerns among women who lose their breasts due to breast cancer is vital. Therefore, psychologists must discuss and focus more on this issue. This is because the number of cancer survivors is growing around the world. In the United States alone, there were 16.9 million survivors at the beginning of the year 2019, and it is likely the number will increase and there will be an estimation of 22.1 million survivors by the year 2030[1]. Cancer treatment may lead to morbidity and quality of life issues in the short or long term[2]. It is stated that cancer diagnosis can affect the way a woman views herself, her sexual activities and her intimacy throughout her life. Despite the integrated role sexual life plays throughout the breast cancer chain, the sexual needs of wom-

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en with breast cancer are rarely debated in books. A study on sexual quality of life in patients with newly diagnosed breast cancer indicated that about 60% of breast cancer patients reported a disruption in their sexual quality of life[3]. Cancer treatments affect women's sexual lives including their interest on sex, their ability to give or obtain sexual pleasure, the way they see themselves and the manner they think others would see them. On the other hand, not all patients will be affected by these changes or will be able to identify their exact feelings in terms of sex. Cancer patients need to know that the feelings or changes that they go through during cancer treatment would not last forever. Hence, they need to be motivated so that their sexual well-being can be improved because they matter to their partners.

Generally, discussing sex and sexuality can be discomforting for some people and it seems to be more discomfort for cancer patients to discuss their sexual needs even with their partners or close friends. Moreover, should the patients come from a background or embrace a culture that forbids sex to be discussed openly, and then these patients would never share their feelings or issues concerning sex with anyone. Nevertheless, for some patients, sex is the least of their concerns but for others it is the most pressing, even at an acute stage of illness.

Sexuality comprises psychological, relational, biological and cultural elements. Some patients might face difficulty in having sex after their cancer treatment or they have thoughts of being unsure how to perform sex and these might cause them to feel depressed. Glasgow et al[4] indicated that some patients have no sexual desires but are concerned about satisfying their partners' needs. They need the practitioner's "permission" to engage in sexual activity, after which they will feel better about themselves in general and as sexual partners in particular. Moreover, others may worry that their spouse will avoid them or reject when they see how their body has changed. Patients may not be able to imagine being in a sexual position after what has happened to their bodies. Therefore, a counseling and clinical psychology approach can adequately capture and address cancer survivors' experience and help them overcome their depression.

It is indeed normal for patients to feel angry about how their sexuality has been affected, researchers such as Ganz et al[5] indicated that sex and relationship difficulties that include lack of interest in sex, dysfunction in sexual activities and socializing difficulties are some of the most common problems among cancer survivors. In general, the evidence for the amount of sexual anxiety in cancer survivors varies. Some studies have found a decrease in the sense of fulfillment and having fun during sex among survivors compared to the general population[6], while others have found no changes[7,8]. In general, at least a subgroup of cancer survivors seems to have significant sexual performance problems.

PATIENTS AND METHODS

One hundred patients were recommended to participate in this study, but only 46 patients were psychologically, mentally and emotionally able to talk about this sensitive topic, as culture has a great impact on being able to talk about this topic openly. The participants of this study have gone or were going through a difficult stage in their life with stress, anxiety and trauma. This would prevent them to behave normally, present their sexual desire, and share their sexual needs. In collecting the data, a mixed method was applied in this research. The in-depth counseling sessions were conducted to know more about their feelings. Subsequently, a survey was conducted to measure their sexual concern. Nevertheless, the outcome of this research concentrates only on the survey outcomes, as some patients requested their view on sexual concern not to be written. The questionnaire given to patients consisted of two parts. The first part was on demographic information on age, nationality, marital status, race, educational level and monthly income. The second part consisted the measurement of depression for cancer patients; the sexual depression that consisted of 16 items. These items were developed by Mahdzir and Baqutayan[9] and rated on a 6-point scale ranging from strongly disagree (1) to strongly agree (6).

STATISTICAL ANALYSIS

The analysis was restricted to patients whose data was available. The descriptive statistical test, which was *t*-test, was employed to compare sexual concern of different age groups, marital status and races. The contribution of demographic and clinical factors to the sexual concern was investigated and the results were indicated in the following sections.

ETHICS

The Ethics Committee of University Technology Malaysia (UTM) approved the study. All patients gave their written informed consent.

QUANTITATIVE RESULTS FROM QUESTIONNAIRES

Clinical Characteristics of the Sample

Figure 1 shows the distribution of the main clinical characteristics of the patients according to their age, marital status and race.

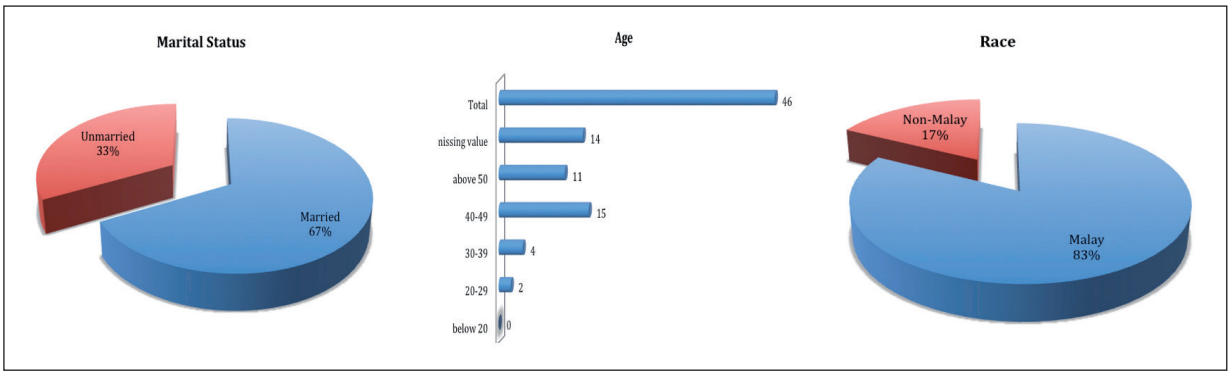

Fig. 1. Clinical characteristics of the sample.

TABLE 1. Respondents background.

	Background	No.	%
Marital Status	Married	31	67.4
	Unmarried	15	32.6
Total		**46**	**100**
Race	Malay	38	82.6
	Non-Malay	8	17.4
Total		**46**	**100**
Age	Below 20	0	0
	20-29	2	4.3
	30-39	4	8.6
	40-49	15	32.6
	Above 50	11	24.1
	Missing Value	14	30.4
Total		**46**	**100**

The percentage for the respondents' background is highlighted in the following Table 1.

Based on Table 1, the majority of participants' age group was between 40 and above 50, and 82.6% was Malay and 17.4% was non-Malay, 67.4% was married and 32.6% was unmarried.

The Query of The Survey

The research instrument employed for this study was a questionnaire that consisted of 16 items, a 6-point Likert-type response scale ranging from strongly disagree (1) to strongly agree (6). This is indicated in Table 2. The reliability coefficients of the items were found to be alpha. 88 which was high and acceptable in the Malaysian context. In

TABLE 2. The query of the survey.

Statement		*Strongly disagree*	*Moderately disagree*	*Slightly disagree*	*Slightly agree*	*Moderately agree*	*Strongly agree*
No	*Listed may or may not be a sign of depression. We are interested in your view on this. Please rate whether these statements indicate depression to you.*						
	Ever since I was diagnosed with this disease, I often feel that…. ☐						
1	I'm imperfect						
2	I avoid sexual intercourse						
3	I compare myself to others						
4	Sex is only for the able body						
5	Sexual relationship is painful						
6	Sex is not pleasurable anymore						
7	I don't enjoy sex that I used to be						
8	I ask my spouse to find another partner						
9	My partners and I sleep in separate room						
10	I don't enjoy the company of others anymore						
11	I feel consistent pain in thinking about sex						
12	I forced myself to have sex with my husband						
13	I'm too tired to do a lot of things I used to do						
14	I don't enjoy being physically close to my spouse.						
15	I've become emotionally withdrawn from everyone						
16	I feel irritated when asked to perform my sexual duties.						

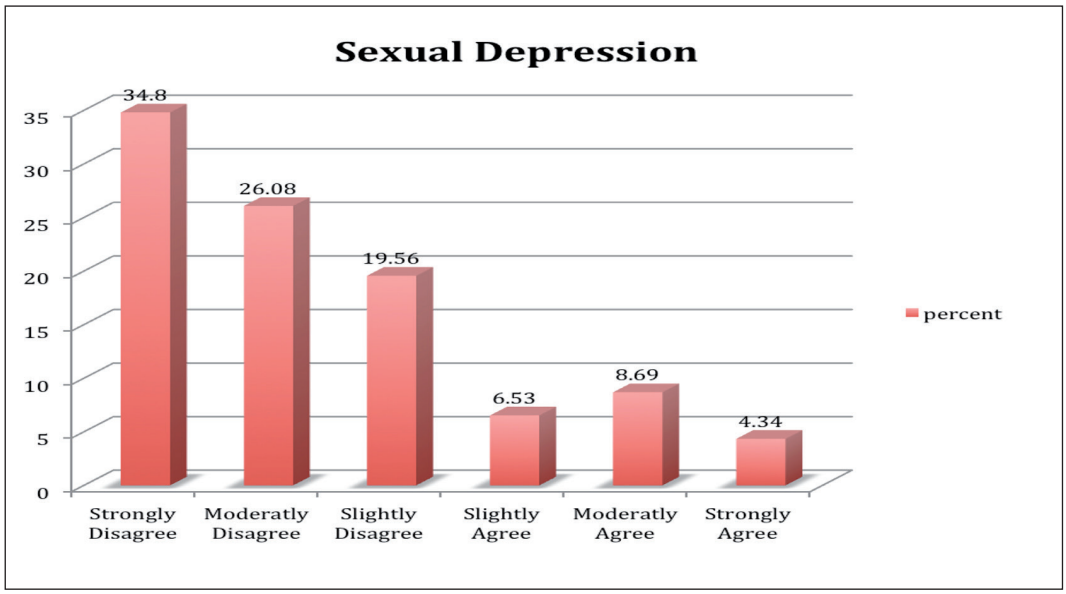

Fig. 2. Sexual Depression.

order for a test to be useful for prediction, classification, or for any other purpose, the reliability coefficient must be approximately. 70 or higher[10]. A low-reliability coefficient severely limits the possible magnitude of the validity coefficient, and that in turn greatly impairs the predictive value of the test.

The Effect of Cancer on Sexual Health

The scale used in this study concerned sexual depression and the scale assessed depressive thoughts and feelings that were associated with one's sexual life. The items reflected not only the level of sexual depression among patients but also the sources that made them sexually anxious. The results are highlighted in Figure 2.

Based on Figure 2, a large number of patients was between strongly disagreeing and slightly disagree with sexual depression. For them, sexual activity was fine, and they disagreed with the item that stated sex was painful, not pleasurable, and not enjoyable. Moreover, they disagreed on avoiding the sexual intercourse. This result is very unique, as it is just the opposite of findings by Melisko et al[11]. They found that among the females studied, it was discovered that they felt pain during intercourse, their libido decreased, and they experienced vaginal dryness. In addition, decreased sexual appetite after treatment was common in both sexes[12]. A similar outcome was found in different studies. It has been found that the disabled sexual performance or unsatisfying sexual life was associated with chemotherapy treatment, emotional disturbance resulting from unsatisfactory sexual life, and difficulties with partners due to sexual relations[13]. Scientific research has been able to identify factors that affect the sexuality of oncological patients, but this knowledge is of a general nature. A cancer patient often loses interest in sex during cancer treatment, mainly at the time of depression, anxiety, nausea, pain and tiredness. Indeed, cancer treatments change the hormone balance and oppress the sexual desire, so any feelings or thoughts that prevent a woman from being aroused can cut off the desire for sex. For example, some breast cancer patients fear that partners might be turned off due to changes in the appearance of their bodies, and others worry about being unable to satisfy their partner's needs unlike before.

Sexual Concern in Relation to Age

The correlation between age and sexual concern among cancer patients is presented in Table 3. Pearson product moment correlation coefficient was conducted to see the correlation between the studied variables.

Based on Table 3, although the correlation between sexual concern and age is very small (0.189), patients are concerned about sex, and the sexual concern is not governed by a specific age. In addition, Malays believe that sex is part of the religious duties; it is compulsory for women at any age to fulfill the need of their husbands and to enjoy the intimate relations with them. Research works on this have found that younger female patients with breast cancer appear to be especially vulnerable to sexual difficulties[14-16]. Another study indicates that younger patients tend to be at increased risk for sexual dysfunction compared with their older

TABLE 3. The Correlation between Sexual Concern and Age.

		Age	Sexual Concern
Age	P/Correlation	1	0.189
	Sig. (2-tailed)		0.208
	N	**46**	**46**
Sexual Concern	P/Correlation	0.189	1
	Sig. (2-tailed)	0.208	
	N	**46**	**46**

counterparts[17]. In general cancer patients have reported changes in their sex lives and there is an impact of cancer on sexuality[18]. A limitation of this study is that it focuses only on age and its relation to sexual concern. Additional research is needed to clarify the relationship between age and sexual interests, such as how sexual changes occur in younger adults as opposed to older patients with cancer. Other limitations include the stage of the disease and sexual concern among cancer patients.

The differences between Married and Unmarried Sexual Concern

Independent-Samples *t*-Test was done to compare the mean score of sexual concern for married and unmarried patients, and the result is shown in Table 4 and Table 5.

Table 4 and Table 5 illustrate that the significant value for this study is .018 and this is less than .05. Therefore, this means the variances for the two groups (married/unmarried) are not assumed, as stated by Pallent[19], in SPSS Survival Manual. Moreover, to find out whether there is a significant difference between the two groups, the researcher needs to look into the sig. (2-tailed) value result, and the value is .156, which is above .05. This concludes that there is no statistically significant mean difference in the score of sexual concern for married and unmarried patients; both groups are equally concerned about sex. Therefore, the marital status does not make any difference on patients' feelings. Similarly, no significant differences have been found between married and unmarried breast cancer patients' sexual concern[20].

Sexual Concern in relation to Race

Independent-Samples *t*-Test was carried out to compare the mean score of sexual concern for the Malays and non-Malays, and the result is shown in Table 6 and Table 7.

Table 7 depicts that the significant value for the study is .720 and this is larger than .05. Thus, it means that the assumption of equal variances for the two groups (Malays and Non-Malays) has been violated[19]. Moreover, to find out whether there is a significant difference between the two groups, the sig. (2-tailed) value result has to be considered. As shown in Table 7, the value is .538 and this value is above .05. This concludes that there is not a statistically significant mean difference in the score of sexual health for Malays and Non-Malays citizens in Malaysia. Both groups relate equally to sex, as it is a part of human life that cannot be assigned to one race more than the other.

DISCUSSION

Although much remains to be learned, this research provides strong support for the opinion that the evaluation of sexual life should be a standard part of the clinical care of women who are treated for breast cancer. The sexual problem is common

TABLE 4. Sexual Concern and Marital Status.

Group Statistics	*Marital Status*	*N*	*Mean*	*SD*	*Std. Error Mean*
Sexual Concern	Married	31	22.0000	12.70171	2.28129
	Unmarried	15	29.6667	18.13704	4.68296

TABLE 5. Independent Sample Test results of Marital Status and Sexual Concern.

		F	*Sig.*	*t*	*df*	*Sig.*	*Mean Difference*	*Std. Error Difference*
Sexual Concern	Equal variances assumed	6.071	.018	-1.664	44	.103	-7.66667	4.60824
	Equal variances not assumed			-1.472	20.884	.156	-7.66667	5.20907

TABLE 6. Sexual Concern and Race.

	Race	N	Mean	SD	Std. Error Mean
Sexual Concern	Malay	38	23.8684	14.93078	2.42209
	Non-Malay	8	27.5000	15.60220	5.51621

TABLE 7. Independent Sample Test results of Marital Status and Sexual Concern.

		F	Sig.	t	df	Sig.	Mean Difference	Std. Error Difference
Sexual Concern	Equal variances assumed	.130	.720	-.621	44	.538	-3.63158	5.85030
	Equal variances not assumed			-.603	9.890	.560	-3.63158	6.02454

among cancer patients due to anxiety, and a wide range of specific organic causes[21]. Patients often do not highlight sexual problems, especially in a country like Malaysia due to cultural barriers. Some Malays patients force themselves to satisfy their husband's needs and perform their duties as a wife, but that leads them to more depressive thoughts and feelings. At this point, the researcher would suggest that healthcare providers are needed to help cancer patients overcome their sexual health issues. However, they might feel uncomfortable discussing the sexual health issues[22] due to reasons such as a lack of training for the healthcare providers on how to deal with patient's concerns, embarrassment when talking about sexual matters and underestimating the impact of sexual matter on patients' wellbeing. Therefore, there is a need for improvement in the routine assessment of sexual functions among cancer survivors. Health professionals should inquire about sexual function among cancer patients and help them manage their sexual difficulties. This is often met with relief rather than embarrassment, particularly for those with significant apprehensions and problems. Due to the clients' complaints and stress on how to satisfy their spouse, the following recommendations are made. These are to assist patients and health care practitioners to manage better and have improved quality of sex life among patients or survivors. Firstly, healthcare practitioners can be trained more effectively on how to manage patients' sexual problem. Hence, there is a need to improve the routine evaluation of sexual function among cancer survivors. In doing this, healthcare practitioners must undergo basic assessment techniques. In addition, there is also a need to increase training on sexual issues management and these management techniques can be effectively improved through more research works. Secondly, patients should be encouraged to talk about their sexual difficulties. This is because it is scientifically proven that culture has an impact on how a person talks. In some societies, people are shy to talk about an issue like sex even to those whom they are close with; this might lead them to be in stress all the time. Therefore, to help patients reduce these stressors, the oncologists, psychologists, counselors and healthcare groups need to encourage patients to be more open and willing to talk about issues that are affecting their sexual life and help them learn how to manage these issues. Thirdly, patients should be strongly encouraged to perform physical exercises that can help them treat their sexual difficulties. According to Ntekim[23], intercourse between spouses should be encouraged at least three times a week after pelvic irradiation in women. Moreover, vaginal dilators of the fingers are encouraged at least three times a week for ten minutes to maintain the patented vaginal canal of cancer patients[24]. Finally, patients should also be encouraged to keep their sex life going despite cancer treatment. They need to know that no matter what kind of cancer treatment they are undergoing, they should continue to practice their sexual life and they will be able to feel the pleasure. Therefore, they need to be more open-minded about ways to feel sexual pleasure, and they always need to enhance their self-esteem. They should know that having cancer is not the end of life; therefore, their spouses also need to encourage them to live their life normally.

CONCLUSIONS

Anxiety and depression are the most common psychological problems encountered by patients with cancer that strongly affect their sexual life and their relationship with the spouse. In this research, it has been found that almost all patients

did not lose interest on sex during cancer treatment, their sexual activity was sufficient. The study did not focus on the reasons, which culture could be one of them. From the psychology perspective, the participants were obliged to satisfy their husband's needs and they were forcing themselves to perform their duties as a wife. Therefore, they demonstrated just the opposite of what has been indicated in the history of cancer and sexual depression. The findings can assist health institutions to provide specialists who know how to deal with patients of different cultures manage their embarrassment when talking about sexual matters. Indeed, sex is an important subject. Every patient has concerns about sex and the sexual concern is not governed by age, race or status. As a result, more work needs to be done on this matter, especially in Muslim society, as this is an embarrassing issue that may never be shared or discussed with others. On that note, this study has these following limitations; firstly, it has restricted itself to the examination of the only Malay and Chinese community in Malaysia without considering the Indian Community. Secondly, the study sampled only these two groups in Kuala Lumpur, and it did not include those from other states. Finally, 100 participants were expected to answer the questionnaire and only 46 accepted to give their responses. This was due to the topic being a sensitive one to be discussed or highlighted and most of the patients were very inhibited to talk about it. Therefore, no claim of its validity across the spectrum of all people in Malaysia can be made.

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Conflict of interest:
The authors hereby declare that they have no conflict of interests.

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