

Examining Relationships Among Body Image, Sexuality, and Sexual Functioning in

Women with Cervical and Endometrial Cancer

Christina M. Wilson PhD, WHNP-BC

Virginia Henderson Repository Submission

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Over 100,000 women across the United States are diagnosed annually with a gynecologic cancer. Gynecologic cancers are cancers of a woman's reproductive system, specifically five major types: uterine, cervical, ovarian, vaginal, and vulvar. Uterine cancer is a broad term that encompasses any cancer of or related to the uterus, including uterine sarcomas (cancer of the myometrium, or the muscle of the uterus), endometrial cancer (cancer of the uterine lining), and cervical cancer (cancer of the distal end of the uterus). Cancers of the myometrium and endometrium are most common and account for over 61,000 diagnoses annually and approximately 12,000 deaths. Of these, only about 5,000 of diagnoses are sarcomas, which indicates that approximately 56,000 are endometrial cancers. Cervical cancer is cancer of the lower part of the uterus, typically the cervical os. The cervix is composed of two different types of epithelial cells: glandular cells, which are close to the uterus, and squamous cells, which are on the external cervix; both types of cells can become cancerous. Cervical cancer includes both squamous and adenocarcinomas. Approximately 13,000 new diagnoses occur annually, with over 4,000 deaths. These two common cancers are the focus of this dissertation research. A novel theoretical framework developed by the author that encompasses body image, sexuality, and sexual functioning in gynecologic cancer guided this dissertation study.

The overall purpose of this study was to examine relationships among the concepts of body image, sexuality, and sexual functioning to better understand sexual health issues in women with cervical and endometrial cancer so that appropriate

interventions could be identified, developed, and tested to improve clinical management. The *primary aim* was to examine relationships among body image, sexuality, and sexual functioning with the major hypothesis that there would be significant relationships among these three concepts. The *secondary aim* was to understand whether cancer and/or other factors influenced women's views of these concepts, and which of the concepts were most important or influential.

The researcher used a non-experimental cross-sectional design to determine the presence, degree, and direction of relationships among body image, sexuality, and sexual functioning. Eligible participants were adult women who were pre-menopausal with stages I-III cervical or endometrial cancer, 3-36 months after completing treatment, and without major mental health issues. Women who had significant mental health issues, were post-menopausal, or had prior ostomies or multiple cancer diagnoses were excluded. Participants completed three valid and reliable instruments—the Body Image Scale, the Female Sexual Function Index, and Female Sexuality Questionnaire—plus a self-report demographic questionnaire. They also completed seven short open-ended questions. The researcher completed a clinical information sheet based on medical charts. Once specific dates and times of patients' appointments in the clinic were known, the PI or RA then personally approached patients at the clinic to explain the study, answer questions, and enroll patients once they consented. Informed consent was obtained from all individual participants included in this study. The Clinical Information Sheet was completed, and then the patient was provided an iPad with the data collection forms, which were pre-coded with a unique study identification number, and provided assistance as the patient completed the data collection process. Data

entry was set up using specific criteria to prevent entry of erroneous data or omission of data (e.g., age could only be entered within a specific range) and to facilitate direct transfer to the study's database. Once the participant completed all the forms, either on the iPad® or in paper format, the PI or RA reviewed each item on each questionnaire to ensure completion, then thanked the participant for her time and effort, and gave her a gift card. Following completion of data collection, the PI or RA typed information collected in paper format directly into REDCap® using a double data entry process to ensure accuracy.

Screening of 736 medical charts revealed 27 eligible participants. The low screening to enrollment rate was expected, as the charts included all gynecologic malignancies to ensure that no uterine or cervical diagnoses were missed. Of the 27 eligible women, 20 were approached and enrolled, while the remaining seven did not participate because they missed their appointments or were deemed ineligible once arriving in clinic. Significant relationships were identified among body image and sexuality ($p = 0.0244$), and sexuality and sexual functioning ($p < 0.0003$), but not among body image and sexual functioning. Stages two and three disease were significantly associated with worse body image, but no other relationships among demographic/clinical variables and sexuality or sexual functioning were found. Qualitative data revealed issues with body image, sexuality, and sexual functioning. The data also revealed issues with psychosocial, reproduction, and communication. Patients reported a lack of communication about these issues with both health care providers and personal caregivers.

This study is one of the first to examine body image, sexuality, and sexual functioning simultaneously and to examine the relationships among these concepts. The significant relationships found among some of the concepts highlights the importance of examining them together. While not all of the relationships among these variables were significant, contributing factors could be study limitations such as small sample size and specific subgroups (i.e., cervical and endometrial) of the broader category of gynecologic cancers. Further research is needed in larger samples and more complex longitudinal study designs to examine the relationships among these concepts and selected demographic and clinical variables, explore the nature and depth of communication issues with health care providers and personal caregivers, and further develop the conceptual framework that guided the study.