



Impact of Marital Coping on the Relationship between Body Image and Sexuality Among Breast Cancer Survivors

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Background

Women treated for breast cancer with surgery, chemotherapy, and hormone therapy experience disturbances in body image and sexual well-being extend beyond the acute phase of treatment. Sexuality and intimacy are important survivorship concerns for breast cancer patients. Body image has been assumed to influence women's sexuality. Breast cancer is a crisis that may change women's usual roles and come to be stressful for women's relationship with partners. Using non-effective marital coping efforts to deal with stress could discourage support from the partner and could also impact on women's sexual relationship. Understand women's marital coping efforts and its association with body image, and sexual relationship can help healthcare providers to develop effective intervention to ameliorate these problems.

Objective

- 1) To understand the relationship between women's marital coping efforts and body image as well as sexual relationship.
- 2) To identify variables that might be predictive of women's sexual relationship of breast cancer survivors.
- 3) To establish a model to understand the casual relationship between marital coping efforts, body image and sexual relationship.

Method

Cross-sectional with correlation design was used. Permission to carry out the study was received from a hospital ethics committee. Women matched the inclusion criteria including 1) having committed partners, 2) finished required adjuvant therapy; were recruited from the hospital cancer registry. After agreeing to participate and signed the informed consent, women were given the questionnaires measuring marital coping efforts, body image, and relationship and sexuality scales.

Results

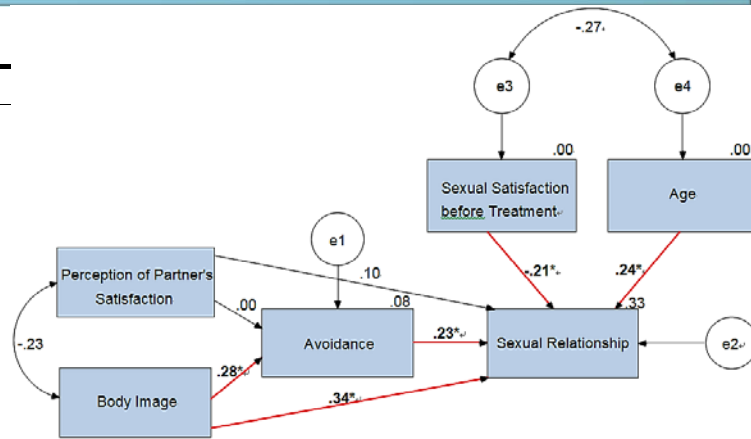
Table1. Demographic characteristics of participations

	Total(N=137)
Age(Mean/SD)	52.97(9.61)
BMI(Mean/SD)	24.09(2.93)
Marriage years(Mean/SD)(n=136 ^a)	29.2(11.5)
Marital status	
Married	135(98.5)
Separate (with partner)	1(0.7)
Divorce (with partner)	1(0.7)
Education	
Less than 9 years	34(24.8)
9~12 years	72(52.6)
More than 12 years	31(22.6)
Employment status	
No	85(62.0)
Part time	18(13.1)
Full time	34(24.8)
Income of household	
<30,000	50(36.5)
30,000~50,000	38(27.7)
50,000~100,000	34(24.8)
>100,000	15(10.9)
Other major disease	
Yes	1(0.7) ^b
No	136(99.3)

Table2. Treatment characteristics of participants

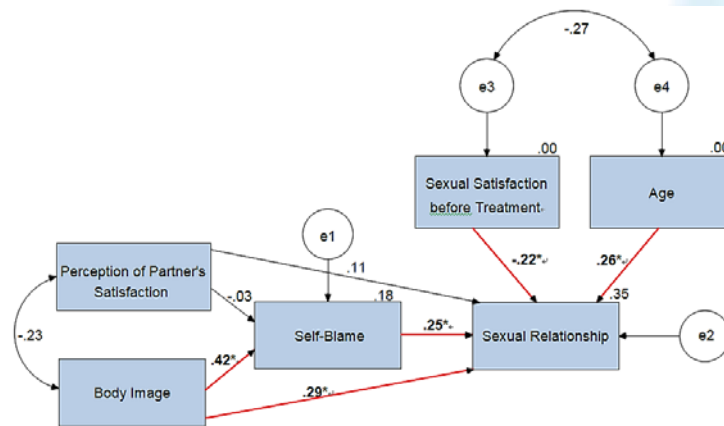
	Total(N=137)
Pathology stage	
0 ~ I	65(47.4)
II ~ III	72(52.6)
Surgery type	
Mastectomy	93(67.9)
BCS	44(32.1)
Chemotherapy	
Yes	116(84.6)
No	21(15.3)
Radiotherapy	
Yes	88(64.2)
No	49(35.8)
Hormone therapy	
Use within one month	105(76.6)
No use within one month	32(23.4)
Tamoxifen use(n=105)	
Yes	49(46.7)
No	56(53.3)
Complementary therapy	
Neither	7(5.1)
C/T only	42(30.7)
R/T only	14(10.2)
C/T + R/T	74(54.0)
C/T + H/T	89(64.9)

^a: exclude the divorce one ^b: Stroke



CHI_SQUARE=4.981; CMIN/DF=.830; P_VALUE=.546; CFI=1.000; RMSEA=.000

Figure 1. Casual model of body image, avoidance coping, and sexual relationship



CHI_SQUARE=6.482; CMIN/DF=1.080; P_VALUE=.371; CFI=.992; RMSEA=.030

Figure 2. Casual model of body image, self-blame coping, and sexual relationship

Conclusion

Women's perception about their body image themselves was more important than their perception about how their partners response to them. Marital coping effort including using avoidance, and self-blame significant mediated the effect of women's body image on their sexual relationship. Although positive approach did not mediate the relationship between body image and sexual relationship, it did significant influenced women's sexual relationship. Future interventions to address the body image and sexual health of breast cancer survivors should be considered with positive-approached and prevent from disengaged avoidance or self-blame to deal with their marital stress.