Sexual satisfaction and its effective factors in women with breast cancer (a systematic review)

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ABSTRACT

Introduction
Breast Cancer is one of the most prevalent and common cancers among women. Its prevalence varies in different parts of the World. Breast cancer accounts for 30% of female cancers and 19% of mortality rate arising from cancer in women. The reports indicate that this disease is the most prevalent cancer in Iran; its incidence rate is reported to be 22 in every 100 thousand women and its prevalence rate is said to 120 in every 100 thousand women.

Method:
The keywords of Sexual satisfaction and Breast Cancer were searched in the Google scholars, science direct pub med, ISI, PsycINFO and Web of Science databases. Studies that examined sexual satisfaction in women with breast cancer were included in the study. The prevalence of sexual dysfunctions of types of disorders and the factors affecting sexual satisfaction was studied. Of the 256 abstracts that were originally found, 27 articles that were included in the study were more relevant to the study were used.

Findings:
Sexual satisfaction is a multidimensional concept including both physiological aspects and emotional ones. Sexual satisfaction does not merely refer to physical pleasure; it includes the remaining feelings after the positive and negative aspects of sexual intercourse. Moreover, sexual satisfaction includes the individual's satisfaction with his activities until he reaches the climax of sexual excitement and pleasure (orgasm).

Discussion:
In comparison to mastectomy, breast protection surgery treatment has no direct effect on the sexual function. However, it creates a positive body image that can indirectly have a positive effect of on sexual function (12). In a study conducted in 2017, it was concluded that sexual satisfaction is significantly related to the age of the couples, length of marriage, the educational level of the couples, asset index, and independent income index. The findings indicated that assets and financial indices have the most significant relationship with sexual and marital satisfaction.

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Introduction:

Breast Cancer is one of the most prevalent and common cancers among women. Its prevalence varies in different parts of the World. Breast cancer accounts for 30% of female cancers and 19% of mortality rate arising from cancer in women. The reports indicate that this disease is the most prevalent cancer in Iran; its incidence rate is reported to be 22 in every 100 thousand women and its prevalence rate is said to 120 in every 100 thousand women (1).

Owing to the weakened body strength, reduced strength for conducting daily activities, the patient’s hospitalization, and the depression arising from hospitalization, cancer is likely to be a significant factor for the sexual problems the patients deal with. Moreover, the kind of treatment used for cancer patients such as surgery (hysterectomy and mastectomy), hormone therapy, and chemotherapy are associated with sexual problems. Chemotherapy has negative effects on the individual’s sexual satisfaction through disabling ovaries as well as reducing estrogen and testosterone, which itself results in vaginal atrophy and reduced vaginal moisturizing, vascular congestion, and reduced libido (sex drive/sexual desire) (2, 3). In a study, it was indicated that women with breast cancer suffer from sexual disorders and reduced sexual satisfaction immediately after the operation. This is more obvious during the first year following the operation (4).

The term sexual satisfaction refers to the individual’s pleasant feeling about his/her sexual intercourse (5). Sexual satisfaction is defined as the individual’s judgment and analysis about his/her sexual behavior which is assumed to be enjoyable, and it is known to be one of the most important individual needs as well as interpersonal interactions closely connected with individual and social health (6).

Among the biological needs, sexual needs are deeply connected with the individual’s mental needs, so that the effect of sexual needs can be easily seen in different aspects of one’s life. This instinct has a significant effect on marital life as well as its solidarity and durability (7). Nowadays, it has been proved that the main cause of most of the mental discords and marital conflicts is the failure to fulfill sexual satisfaction. The statistics indicate that as many as 20-30% of American men and 15% of American women start extramarital affairs due to sexual dissatisfaction (8). Sexual satisfaction is included as one of the most important factors affecting the quality and durability of marital relationships (9). Sexual dissatisfaction is likely to result in severe problem among the couples. The consequences of sexual dissatisfaction include the formation of the sense of revenge, annoyance, sense of humiliation, lack of confidence etc. (10).

Breast cancer affects the individual’s sexual function and self-esteem. In women with breast cancer, anomaly and deformity of breasts are observed, and mastectomy is quite common. Since breasts are considered as one of the most significant sexual female organs for establishing a sexual intercourse, the disorder of physical image and sexual satisfaction is quite prevalent in breast cancer patients (11, 12).

There are numerous sexual disorders in women with breast cancer resulting in their reduced sexual satisfaction and that of their sexual partners. Sexual interest and dyspareunia are included as two examples of sexual disorders among breast cancer women (13).

Sexual satisfaction is a significant factor for marital happiness or lack of marital happiness, and it affects all aspects of the individual’s quality of life (14). Given the negative effect of breast cancer on the patients’ different aspects of sexual function and their sexual satisfaction as well as the necessity of identifying the factors affecting the reduced and improved sexual satisfaction in breast cancer patients, the present study was conducted to investigate sexual satisfaction and the factors affecting sexual satisfaction in women with breast cancer.

Materials and methods:

The keywords of Sexual satisfaction and Breast Cancer were searched in the Google scholars, science direct pub med,ISI, PsycINFO and Web of Science databases. Studies that examined sexual satisfaction in women with breast cancer were included in the study. The prevalence of sexual dysfunctions of types of disorders and the factors affecting sexual satisfaction was studied. Of the 256
abstracts that were originally found, 27 articles that were included in the study were more relevant to the study were used.

**Findings:**

Sexual satisfaction is a multidimensional concept including both physiological aspects and emotional ones. Sexual satisfaction does not merely refer to physical pleasure; it includes the remaining feelings after the positive and negative aspects of sexual intercourse. Moreover, sexual satisfaction includes the individual’s satisfaction with his activities until he reaches the climax of sexual excitement and pleasure (orgasm) (10).

Sexual satisfaction will result in increased self-esteem, life satisfaction, lovability, relationship satisfaction, emotional satisfaction, and feeling of happiness among the couples (9). Satisfaction with sexual relationships not only brings excitement and passion for the couples, but it will also protects them against many disorders and diseases. For example, different studies have reported the relationship between sexual satisfaction and reduced heart attacks, reduced migraine headaches, premenstrual syndrome symptoms, and chronic arthritis (6).

The findings of different studies indicate that sexual satisfaction is one of the most significant factors affecting the quality of life. Couples expressing more sexual satisfaction are expected to enjoy a better quality of life (15). In a study conducted to determine the relationship between sexual satisfaction and quality of life in patients with ACS (acute coronary syndrome), it was indicated that there is a significant relationship between sexual satisfaction with the quality of life and its physical and mental aspects (16).

Cancer is likely to change the sexual satisfaction of couples dealing with cancer and bring about negative effects on sexual satisfaction; sexual disorders in cancer patients are included as one of the common problems that have been less investigated so far (17).

As breast cancer targets one of the most important sexual organs of women and has a direct relationship with women’s sexual identity, this disorder (breast cancer) has a significant effect in the couple’s sexual relationship as well as their sexual satisfaction. The findings of different studies have confirmed the effect of mastectomy on marital satisfaction, sexual function, and the number of sexual intercourses. These findings indicate the negative effect of mastectomy on the sexual function and satisfaction in women and their husbands (18). Cancer diagnosis and the complications arising from the disease and its treatment affect the individual’s sexual satisfaction and result in reduced sexual satisfaction of women and their sexual partners (19, 20). In a study conducted to investigate the relationship between sexual dysfunction and the kind of treatment in women with breast cancer, Fahami concluded that sexual dysfunction was significantly higher in the group undergoing treatments with radiotherapy and chemotherapy than the other groups (21).

Breast cancer has significant effects on the patients’ different aspects of life. Reduced estrogens and androgens result in the formation of sexual problems in these patients. The reduction of these hormones will result in problems such as vaginal dryness, thinning of the vaginal and vulvar tissue, reduced vaginal elasticity, hot flashes, and other problems (22).

The studies conducted recently indicate that most of the disorders in sexual activities of the breast cancer patients occur due to the complications of chemotherapy. A study indicated that women who had undergone chemotherapy had vaginal dryness 5.7 times more than the other group. Moreover, they (women who had undergone chemotherapy) had less sexual drive 5.5 times more than other women and had the problem of reaching organs 7.1 times more than other patients (12).

In a study conducted in 2016, as many as 83% of women with breast cancer suffered from sexual dysfunction. In comparison to other female cancers, the samples investigated showed more sexual dysfunction. The sexual dysfunction predictors include body stigma, vaginal dryness, and relationship satisfaction (23).

**Discussion:**

The trauma arising from cancer diagnosis and treatment has a significant effect of mental performance and sexual satisfaction. Moreover, cancer treatments such as various surgeries especially mastectomy and hysterectomy as well as chemotherapy will result in different sexual disorders and reduced sexual satisfaction through...
creating hormonal disorders (3). A study conducted on women suffering from cancer in Tehran indicated that these women suffer from sexual dysfunction due to their disease and they enjoy low sexual satisfaction (24).

A study was conducted in 2014 to investigate marital relationship satisfaction in women with breast cancer. The findings of this study indicated that pre-breast cancer marital satisfaction was significant different from post-breast cancer marital satisfaction. The findings indicated that the disease and its treatment have a significant effect on marital satisfaction. Moreover, there was a significant difference between the kind of surgery and marital satisfaction (18).

Table 1 indicates the findings of a study conducted in 2017 about the prevalence of sexual disorders in women with breast cancer. The findings of this study indicated that hypoactive sexual desire disorder (HSDD) was the most prevalent disorder in these patients. Erectile dysfunction was observed in two thirds of the participants. The findings indicated that orgasm was better in men whose wives had undergone breast reconstruction surgery than men whose wives had not undergone such a surgery (25).

Table 1. The prevalence of sexual disorders in women with breast cancer:

<table>
<thead>
<tr>
<th>Kind of sexual disorder</th>
<th>Prevalence rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>hypoactive sexual desire</td>
<td>83%</td>
</tr>
<tr>
<td>disorder</td>
<td></td>
</tr>
<tr>
<td>Dyspareunia</td>
<td>33%</td>
</tr>
<tr>
<td>sexual arousal disorder</td>
<td>40%</td>
</tr>
</tbody>
</table>

Table 2 reflects the findings of a study conducted in 2017 about the prevalence of sexual disorders in women with breast cancer. Comparing breast cancer women and healthy women indicated that there was no significant relationship between sexual satisfaction and breast cancer (22).

Table 2. The prevalence of sexual disorders in women with breast cancer:

<table>
<thead>
<tr>
<th>Kind of sexual disorder</th>
<th>Prevalence rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire</td>
<td>57.6%</td>
</tr>
<tr>
<td>Lubrication</td>
<td>53.1</td>
</tr>
<tr>
<td>Arousal</td>
<td>48.2%</td>
</tr>
<tr>
<td>Orgasm</td>
<td>44.1%</td>
</tr>
<tr>
<td>Dyspareunia</td>
<td>52.2%</td>
</tr>
</tbody>
</table>

In a study conducted in 2016, Morais concluded that women with breast cancers had low scores of desire, frequency, and sexual satisfaction. In this study, no significant relationship was found between body image with any other areas. There was a higher level of sexual activities in women with higher education as well as those who had used aromatase inhibitors.

Various factors affect sexual satisfaction. These factors include the following: psychological factors such as intimacy and the couples’ commitment; economic and social factors such as income level and working hours; demographic factors such as age, gender, and educational level; family factors such as length of marriage, parenting styles, number of children; sexual knowledge and attitude; physical aspects of sexual intercourse such as the frequency of sexual intercourse and orgasm experience (9).

In comparison to mastectomy, breast protection surgery treatment has no direct effect on the sexual function. However, it creates a positive body image that can indirectly have a positive effect of on sexual function (12). In a study conducted in 2017, it was concluded that sexual satisfaction is significantly related to the age of the couples, length of marriage, the educational level of the couples, asset index, and independent income index. The findings indicated that assets and financial indices have the most significant relationship with sexual and marital satisfaction (27).

References:


6. Rahmani A. PhD Student, Merghati Khoei E. PhD, Sadeghi N. MSc, Allahgholi L. PhD Student. Relationship between Sexual pleasure and Marital Satisfaction. IJN. 2011; 24 (70) :82-90.


21. Fahami F, Savabi M, Mohamadirizi S, Shirani N. Relationship between Sexual Dysfunction and Treatment Modality in


