CHAPTER IV

Presentation and Data Analysis

The findings of the current study will be represented in the following sequence:

Part (I): Socio-demographic characteristics and clinical data of the studied patients (Tables, 1-2).

Part (II): Scores of the studied variables (Tables, 3 –8)&(figures, 3- 5).

Part (III): Relationships between studied variables, socio demographic and clinical characteristics of the studied patients (Tables, 9 – 15)

Part (IV): Correlation analysis among studied variables (Table,24).

Part (I): Socio-demographic characteristics, and clinical data of the studied patients (Tables, 1 – 2)

Table (1): Socio-demographic characteristics of the studied patients (n=200):

Socio-demographic characteristic	No	%
Age in years		
30-40y	85	42.5
41-50y	115	57.5
Mean age of the studied patient is (41.69± 6.66)		
Educational level		
Illiterate	28	14.0
Read and write	35	17.5
Primary education	18	9
Preparatory education	18	9
Secondary education	49	24.5
High education	52	26.0
Occupation		
Working	62	31.0
Not working	138	69.0
Residence		
Rural	91	45.5
Urban	109	54.5

Table (1) demonstrates that nearly half of the studied patients'(42.5%)age 30 to 40 years old and more than half of the studied patients' (57.5%) age 41 to 50 years old. Mean age of the studied patient is (41.69± 6.66). Concerning the educational level, (14%) of the studied patients are illiterate, (17.5%) can read and write, (9 %)are primary educated, (9%) preparatory educated, nearly quarter (24.5%)are secondary educated, and about quarter(26%) have high education. Regarding the occupation, nearly one third (31%) of the studied patients are working, and more than two thirds of the studied patient (69%) don't work. As regarding to the residence, nearly half of the studied patients(45.5%) are living in rural areas while more than half of the studied patients (54.5%) are living in urban areas.

Table (2): Clinical data of the studied patients according to the patient report (n=200):

Clinical data	No	%
Medical diseases according to the pt report		
Present	12	6
Not present	188	94
Psychological complains		
Present	65	32.5
Not present	135	67.5
Other surgical operations		
Present	73	36.5
Not present	127	63.5

Table (2): Clinical data of the studied patients according to the patient report (Cont'd):

Clinical data	No	%
Chemotherapy		
Present	1	.5
Not present	199	99.5
Radiotherapy		
Present	1	.5
Not present	199	99.5

Table (2) shows that (6%) of the studied patients suffer from medical diseases such as diabetes mellitus, hypertension, cardiac diseases, liver diseases and other gynecological cancers e. g cervix cancer, ovarian cancer, uterine cancer and endometrial cancer, while almost all of the studied sample (94%) are not suffering of medical diseases. In relation to psychological complains about one third of the studied patients (32.5%) complain of psychological distress such as depression, anhedonia, hopelessness and anxiety, while the other two thirds (67.5%) don't have psychological distress . In relation to other surgical operations beside mastectomy more than third(36.5%) of the studied patients have other operations as hysterectomy, ovarioectomy and lumpectomy, while the other two thirds (63.5%) didn't have any other operations. Concerning the chemotherapy and radiotherapy only one case constituting (0.5%) of the studied patients receive chemotherapy and radiotherapy, while the rest of the sample(99.5%) don't receive such treatment.

Part (II): Scores of the studied variables (Tables, 3–8)&(figure 3-5):

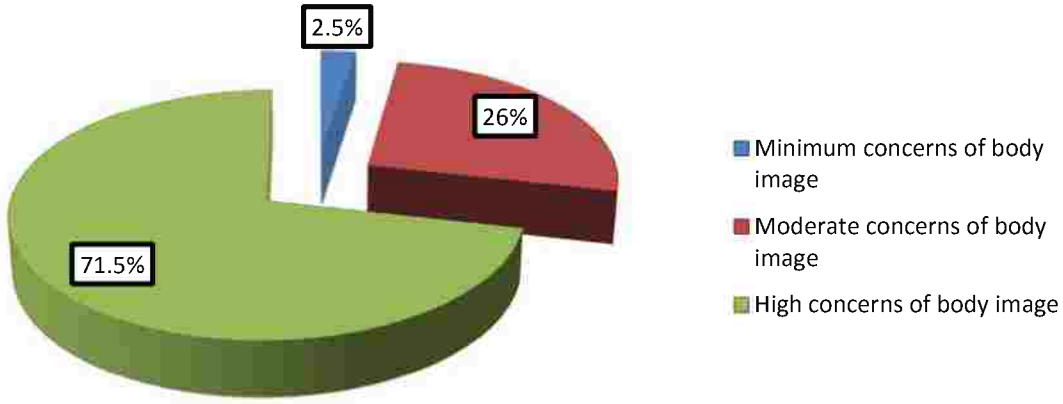

Figure (3): Frequency and percentage distribution of the studied patients with regard to body image (n=200)

Figure (3) illustrates that only (2.5%) of the studied patients have minimum concerns of their body image, about one quarter (26%) have moderate concerns of their body image, while nearly three quarters(71.5%) of the studied patients have high concerns of their body image.

Table(3): Frequency and percentage distribution of the studied patients with regard to body image and socio demographic data (n=200):

Items	Minimum Concerns(n=5)		Moderate concerns(n=52)		High concerns (n=143)		Test of sig. p-value
	No	%	No	%	No	%	
Age in years							
30-40y	3	60.0	6	11.5	76	53.1	X^2=27.65 P=≤.001*+9
41-50y	2	40.0	46	88.5	67	46.9	
Educational level							
Illiterate	1	20.0	10	19.2	17	11.9	X^2=20.28 P=.027*
Read and write	0	0	10	19.2	25	17.5	
Primary education	2	40.0	9	17.3	7	4.9	
Preparatory education	1	20.0	4	7.7	13	9.1	
Secondary education	0	0	11	21.2	38	26.6	
Academic education	1	20.0	8	15.4	43	30.1	
Occupation							
Work	0	0	9	17.3	90	62.9	X^2=9.26 P=.010*
Don't work	5	100.0	43	82.7	53	37.1	
Residence							
Rural	3	60.0	28	53.8	60	42.0	X^2=2.61 P=.271
Urban	2	40.0	24	46.2	83	58.0	

Table (3) shows that more than half of the studied patients (53.1%) who report high concerns regarding to their body image aged 30-40 years old, while less than half of them (46.9%) aged 41-50, but only (11.5%) of the studied patients who report moderate concerns regarding to their body image aged 30-40 years old, while(88.5%) of them aged 41-50,and (60%) of the studied patients who report minimum concerns regarding to their body image aged 30-40 years old, while (40%) of them aged 41-50with significant relation between concerns of body image and age (P=≤.001). In relation to educational level and concerns of body image, table (3) shows that nearly one third of the studied patients (30.1%) who report high concerns regarding to their body image have high education, while nearly quarter (21.5%) of the studied patients who reported moderate concerns regarding to their body image are secondary educated, but(40%) of the studied patients who report minimum concerns regarding to their body image are primary educated with significant relation between concerns of body image and education (P=.027) . Concerning the occupation and concerns of body image, this table also show that nearly two thirds of them (62.9%) are working, while more than one third of the studied patients (37.1%) who report high concerns regarding to their body image aren't working, but all of the studied patients (100%) who reported minimum concerns regarding to their body image aren't working with significant relation between concerns of body image and occupation (P=.01). As Regard to concerns of body image and residence, table (4) shows that less than half of the studied patients (42 %) who report high concerns regarding to their body image are rural residence, while more than half of them (58%) are urban residence, but (60 %) of the studied patients who report minimum concerns regarding to their body image are rural residence and (40%) of them are urban residence without significant relation between concerns of body image and residence (P=.271).

Table (4): Body image scale score of the studied patients (n=200):

Items of body image scale	Mean ± SD	Median	Range
1. Feeling self-conscious about the appearance.	2.2±0.71	2	0- 3
2. Felling less physically attractive as a result of disease or treatment.	2.38±0.73	3	0- 3
3. Dissatisfaction with appearance when dressed.	2.36±0.75	3	0- 3
4. Feeling less feminine as a result of disease or treatment.	2.3±0.78	2	0- 3
5. Difficulty to look at the self-naked.	2.41±0.76	3	1- 3
6. Feeling less sexually attractive as a result of disease or treatment.	2.215±0.744	2	0- 3
7. Avoidance of people because of the way women felt about the appearance.	.895±**0**.904	1	0- 3
8. Feeling that treatment has left the body less whole.	2.035±**0**.56	2	0- 3
9. Dissatisfaction with the appearance of the scar.	2.065±0.58	2	0- 3
10. Dissatisfaction with the body.	1.96±0.55	2	0- 3
Hoopwood Body Image Scale Score			
Mean ± SD	20.82±4.641		
Min-Max	7-29		

Table (4) shows that on the part of body image, the most common distress and concerns of body image highly expressed by the studied patients were finding difficulty to look at herself naked, followed by felling less physically attractive as a result of disease or treatment, followed by dissatisfaction with appearance when dressed, followed by feeling less feminine as a result of disease or treatment, and feeling less sexually attractive as a result of disease or treatment with mean of (2.41±0.76), (2.38±0.73), (2.36±0.75), (2.3±0.778),(2.21±0.75), while feeling self-conscious about appearance, dissatisfaction with the appearance of her scar, feeling that the treatment has left her body less whole, dissatisfaction with her body are concerns of body image moderately expressed by the studied patients with mean of (2.2±0.71), (2.065±0.58), (2.035±0.56), (1.96±0.55), but avoidance of people because of the way women felt about her appearance was concern mild expressed by the studied patients with mean of (.895±0.904).

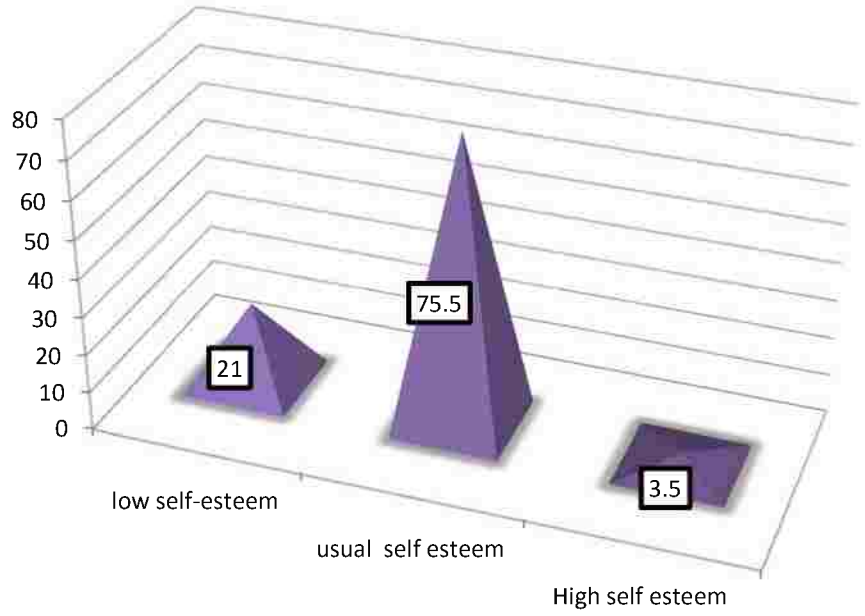

Figure (4): Frequency and percentage distribution of the studied patients with regard to self-esteem (n=200)

Figure (4) shows that nearly quarter (21%) of the studied patients have low self-esteem, while about three quarters (75.5%) of them have normal range of self-esteem and only (3.5%) have high self-esteem.

Table (5): Frequency and percentage distribution of the studied patients with regard to self-esteem and socio demographic data (n=200):

Items	low self-esteem (n=42)		usual self esteem (n=151)		High self esteem (n=7)		Test of sig. p-value
	No	%	No	%	No	%	
Age in years							
30-40y	14	33.3	68	45.0	3	42.9	X^2=1.84 P=.398
41-50y	28	66.7	83	55.0	4	57.1	
Educational level							
Illiterate	7	16.7	21	13.9	0	0	X^2=18.56 P=.046*
Read and write	9	21.4	26	17.2	0	0	
Primary education	6	14.3	12	7.9	0	0	
Preparatory education	7	16.7	10	6.6	1	14.3	
Secondary education	6	14.3	42	27.8	1	14.3	
Academic education	7	16.7	40	26.5	5	71.4	
Occupation							
Work	9	21.4	50	33.1	3	42.9	X^2=2.57 P=.276
Don't work	33	78.6	101	66.9	4	57.1	
Residence							
Rural	22	52.4	66	43.7	3	42.9	X^2=1.017 P=.601
Urban	20	47.6	85	56.3	4	57.1	

Table (5) shows that less than half of the studied patients (42.9%) who report high self-esteem aged 30-40 years old, while more than half of them (57.1%) aged 41-50, but about one third (33.3%)of the studied patients who report low self-esteem aged 30-40 years old, other two thirds of them (66.7%) aged 41- 50 without significant relation between levels of self-esteem and age (P=.398). In relation to educational level and levels of self-esteem, table (5) shows that nearly three quarters of the studied patients (71.4%) who report high self-esteem have high education, while more than quarter (27.8%) of the studied patients who report usual levels of self-esteem are secondary educated, but less than one quarter (21.4%)of the studied patients who report low self-esteem are primary educated with significant relation between levels of self-esteem and education (P=.046). Concerning the occupation and levels of self-esteem, this table also show that less than half of the studied patients (42.9%) who report high self-esteem are working, while more than half of them (57.1%) aren't working, but more than three quarters of the studied patients (78.6%) who reported low self-esteem aren't working and only one quarter of them (21.4%) are working without significant relation between levels of self-esteem and occupation (P=.276). As Regard to levels of self-esteem and residence, table (5) shows that less than half of the studied patients (42.9%) who report high self-esteem are rural residence, while more than half of them (57.1%) are urban residence, but more than half of the studied patients (52.4%) who reported low self-esteem are rural residence, and less than half of them (47.6%) are urban residence without significant relation between levels of self-esteem and residence (P=.601).

Table (6): Self esteem scale score of the studied patients (n=200):

Items of self-esteem scale	Mean ± SD	Median	Range
1. Satisfaction with the self on the whole.	2.12±0.37	2	1- 3
2. Having a number of good qualities.	2.075±0.46	2	1- 3
3. Thinking no good at all.	1.65±0.69	2	0-3
4. Feeling useless at times.	1.995±0.52	2	0-3
5. Feeling failure.	2.415±0.52	2	1- 3
6. Wishing to have more respect of self.	0.8±0.27	0	0-1
7. Feeling that she is a person of worth, at least on an equal plane with others.	2.06±0.41	2	1- 3
8. Ability to do things as well as most of other people.	1.59±0.77	2	0-3
9. Feeling do not have much to be proud of.	2.13±0.74	2	1- 3
10. Taking a positive attitude toward self	2.085±0.51	2	0- 3
Rosenberg Self-Esteem Scale Score			
Mean ± SD	18.20±3.48		
Min-Max	11-27		

Table (6) shows that on the part of self-esteem, the most common statements of self-esteem expressed by the studied patients were feeling failure, followed by feeling that she does not have much to be proud of, followed by satisfaction with the self on the whole with mean of (2.4150±0.52), (2.13±0.74), (2.12±0.37), while taking a positive attitude towards herself, followed by having a number of good qualities, followed by feeling that she is a person of worth at least on an equal plane with others, followed by feeling useless at times, followed by thinking no good at all and ability to do things as well as most other people are statements of self-esteem moderately expressed by the studied patients with mean of (2.085±0.51), (2.075±0.46), (2.06±0.41), (1.995±0.52), (1.65±0.69), (1.59±0.77), but wishing to have more respect of self was statement of self-esteem mild expressed by the studied patients with mean of (0.8±0.27).

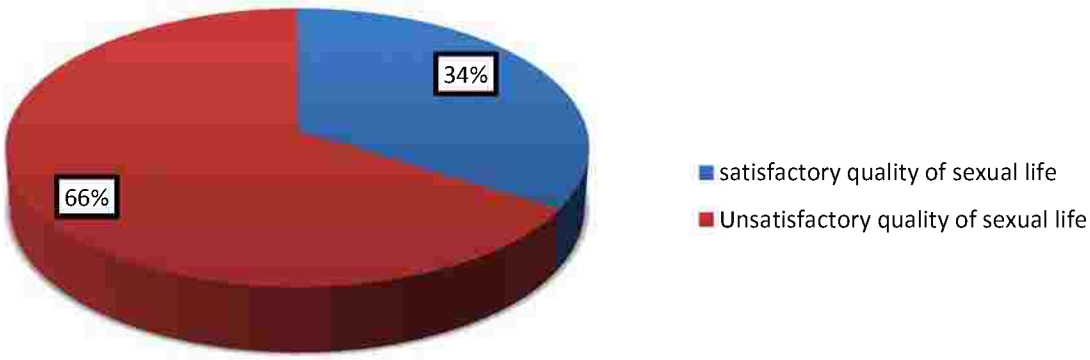

Figure (5): Frequency and percentage distribution of the studied patients with regard to quality of sexual life (n=200)

Figure (5) shows that about two thirds (66 %)of the studied patients have unsatisfactory quality of sexual life, while the other third of them (34%) have satisfactory quality of sexual life.

Table (7): Frequency and percentage distribution of the studied patients with regard to quality of sexual life and socio demographic data (n=200):

Items	Satisfactory(n=68)		Unsatisfactory(n=132)		Test of sig. p-value
	No	%	No	%	
Age in years					
30-40y	43	63.2	42	31.8	X^2=18.13 P=≤.001*
41-50y	25	36.8	90	68.2	
Educational level					
Illiterate	8	11.8	20	15.2	X^2=4.91 P=.427
Read and write	10	14.7	25	18.9	
Primary education	5	7.4	13	9.8	
Preparatory education	5	7.4	13	9.8	
Secondary education	16	23.5	33	25.0	
Academic education	24	35.3	28	21.2	
Occupation					
Work	26	38.2	36	27.3	X^2=2.52 P=.112
Don't work	42	61.8	96	72.7	
Residence					
Rural	27	39.7	64	48.5	X^2=1.39 P=.238
Urban	41	60.3	68	51.5	

Table (7) shows that nearly two thirds of the studied patients (63.2%) who report satisfactory quality of sexual life aged 30-40 years old, and more than one third of them (36.8%) aged 41- 50, but nearly one third of the studied patients (31.8%) who report unsatisfactory quality of sexual life aged 30-40 years old, while more than two thirds of them (68.2%) aged 41-50 with significant relation between quality of sexual life and age (P=≤.001). In relation to educational level and quality of sexual life, table (7) shows that more than one third of the studied patients (35.4%) who report satisfactory quality of sexual life have high education, while one quadrant (25%) of the studied patients who report unsatisfactory quality of sexual life are secondary educated without significant relation between quality of sexual life and education (P=.427). Concerning the occupation and quality of sexual life, this table also shows that more than one third of the studied patients (38.2%) who report satisfactory quality of sexual life are working, while less than two thirds of them (61.8%) aren't working, but more than quarter of the studied patients (27.3%)who reported unsatisfactory quality of sexual life are working and nearly three quarters of them (72.7%) aren't working without significant relation between occupation and quality of sexual life (P=.112). As regard to residence and quality of sexual life, table (7) shows that (39.7%) of the studied patients who report satisfactory quality of sexual life are rural residence, while (60.3%) of them are urban residence, but nearly half of the studied patients (48.5 %) who reported unsatisfactory quality of sexual life are rural residence, and more than half of them (51.5%) are urban residence without significant relation between quality of sexual life and residence (P=.238).

Table (8): Quality of sexual life scale score of the studied patients (n=200):

Items of quality of sexual life scale	Mean ± SD	Median	Range
1. Feeling content with the way her present sex life is.	2.485±0.61	2	1- 4
2. Feeling something missing from her present sex life.	2.29±0.64	2	1- 4
3. Feeling don't having enough emotional closeness in her sex life.	2.215±0.68	2	1- 4
4. Feeling that her partner isn't sensitive or aware enough about her sexual difficulties.	2.835±0.74	3	1- 4
5. Feeling that her partner and she might not be physically attracted to each other enough after her mastectomy.	2.095±0.78	2	1- 4
6. Worrying that her sexual difficulties will adversely affect her marital relationship.	1.435±0.71	1	1- 4
7. Worrying that her partner may have another partner because of her sexual difficulties.	1.54±.87	1	1- 4
8. Worrying that her partner views her as less of a woman post mastectomy because of her sexual difficulties.	1.435±0.74	1	1- 4
9. Feeling that she disappointed her partner by having sexual difficulties	2.2650±0.73	2	1- 4

Table (8): Quality of sexual life scale score of the studied patients (Cont'd):

Items of quality of sexual life scale	Mean ± SD	Median	Range
1. Sexual difficulties were frustrating to her that it affects her own well-being.	1.9±0.63	2	1- 4
2. The intensity of my sexual arousal satisfy her.	1.895±0.8	2	1- 4
3. Focus/concentration during sexual activity.	1.825±0.78	2	1- 4
4. Sexual reaction to my partner.	1.875±0.83	2	1- 4
5. Enjoying the balance between what she give and receive in sex.	1.745±0.73	2	1- 4
6. Feeling happiness after sexual activity.	1.775±0.88	2	1- 4
7. Providing pleasure to her partner.	2.41±0.82	3	1- 4
8. It is up to her partner to initiate sexual activity	3.465±0.66	4	1- 4
9. Her partner's ability to orgasm satisfies her.	1.605±0.896	1	1- 4
10. Her partner takes care of her sexual needs	2.975±0.59	3	1- 4
11. Having variety of sexual activities	1.575±0.74	1	1- 4
Quality of Sexual Life Scale Score			
Mean ± SD	41.64±9.57		
Min-Max	23-76		

Table (8) shows that on the part of quality of sexual life, the most common statements of quality of sexual life highly expressed by the studied patients were: it is up to her partner to initiate sexual activity, followed by her partner takes care of her sexual needs, followed by feeling that her partner isn't sensitive or aware enough about her sexual difficulties with mean of (3.465±.66), (2.975±.59), (2.835±0.742), while worrying that her sexual difficulties will adversely affect her marital relationship, followed by worrying that her partner views her as less of a woman post mastectomy because of her sexual difficulties, followed by worrying that her partner may have another partner because of her sexual difficulties, followed by having variety of sexual activities and her partner's ability to orgasm satisfies her were statements mild expressed by the studied patients with mean of (1.435±0.71), (1.435±0.74),(1.54±0.87), (1.575±.74), (1.605±0.896).

Part (III): Relationships between studied variables, socio demographic and clinical characteristics of the studied patients (Tables, 9 – 15)

Table(9): Relation between Hoopwood Body Image Scale score and socio demographic data (n=200):

Socio-demographic characteristic	Mean ± SD of body image.	Min-Max of body image	Test of sig	p-value
Age in years				
30-40y	22.75±3.89	7.00- 29.00	t=5.412	≤0.001*
41-50y	19.39±4.65	9.00-26.00		

Table(9): Relation between Hoopwood Body Image Scale score and socio demographic data (Cont' d):

Socio-demographic characteristic	Mean ± SD of body image.	Min-Max of body image	Test of sig	p-value
Education				
Illiterate	19.82±4.8	9.00-28.00	F=4.239	.001*
Read and write	20.63±4.52	11.00-27.00		
Primary education	17.0±5.86	9.00-26.00		
Preparatory education	20.5±4.19	10.00-25.00		
Secondary education	21.57±3.88	14.00-29.00		
High education	22.2±4.29	7.00-28.00		
Occupation				
Work	22.45±3.53	11.00-28.00	t=3.421	.001*
Don't work	20.09±4.897	7.00-29.00		
Residence				
Rural	20.13±4.59	9.00-28.00	t=1.929	.055
Urban	21.4±4.62	7.00-29.00		

(*) Statistically significant at $p < 0.05$ F for ANOVA test

Table (9) shows that there is statistically significant relation between body image, and age (P = 0.001),the studied patients whose age is (30-40) years old have the high scores of increasing distress and concerns of body image with mean of (22.75±3.89), while the studied patients whose age is (41-50) years old have the low scores of increasing concerns of body image with mean of (19.39±4.6). As regarding to educational level, this table show that there is statistically significant relation between body image and education (P = 0.001), the studied patients with high education have the highest scores of increasing distress and concerns of body image with mean of (22.21±4.29), while the studied patients with primary education have the lowest scores of distress and concerns of body image with mean of (17.00±5.8). As regard to occupation, this table shows that there is statistically significant relation between body image and occupation (P = 0.001), the studied patients who are working have the highest scores of increasing distress and concerns of body image with mean of (22.45±3.5) than the studied patients who aren't working with mean of (20.09±4.8). Concerning the residence, there is no statistically significance in relation between body image and residence (P = 0.055), the table shows that distress and concerns of body image increase in groups who live in urban areas with mean (21.4±4.6)than groups who live in rural areas with mean (20.13±4.59).

Table (10): Relation between Rosenberg Self-Esteem Scale score and socio demographic data(n=200):

Socio-demographic characteristic	Mean ± SD of self-esteem	Min-Max of self-esteem	Test of sig.	p-value
Age in years				
30-40y	18.73±3.54	11.00-27.00	t=1.859	.065
41-50y	17.81±3.41	12.00-27.00		
Educational level				
Illiterate	17.3±2.98	12.00-25.00	F=1.465	.203
Read and write	17.7±3.3	12.00-24.00		
Primary education	17.8±3.54	13.00-23.00		
Preparatory education	17.5±3.78	13.00-27.00		
Secondary education	18.6±2.91	11.00-26.00		
High education	19.06±4.1	12.00-27.00		
Occupation				
Work	18.34±3.65	13.00-27.00	t=.640	.523
Don't work	18.1±3.4	11.00-27.00		

Table (10): Relation between Rosenberg Self-Esteem Scale score and socio demographic data(Cont'd):

Socio-demographic characteristic	Mean ± SD of self-esteem	Min-Max of self-esteem	Test of sig.	p-value
Residence				
Rural	18±3.3	12.00-27.00	t=.741	.460
Urban	18.4±3.6	11.00-27.00		

Table (10) shows that, there is no statistically significance in relation between self-esteem and age (P = 0.065) ,the studied patients whose age is (30-40) years old have the higher scores of self-esteem with mean of (18.73±3.54) than the studied patients whose age is (41-50) years old with mean of (17.81±3.4). As regard to educational level, there is no statistically significance in relation between self-esteem and education (P = 0.203), but the studied patients with high education have the high scores of self-esteem with mean of (19.06±4) while the studied patients who are illiterate have the lowest scores of self-esteem with mean of (17.32±2.98). As regarding to occupation, this table shows that there is no statistically significance in relation between self-esteem and occupation (P= 0.523), the studied patients who are working have the higher scores of self-esteem with mean of (18.34±3.6) than the studied patients who aren't working with mean of (18.1±3.4).

Concerning the residence, there is no statistically significance in relation between self-esteem and residence (P = 0.460), the table show that the studied

patients who live in urban areas have the higher scores of self-esteem with mean of (18.4±3.6) than the studied patients who live in rural areas with mean (18 ±3.3).

Table (11): Relation between Quality of Sexual Life Scale score and Socio-demographic data (n=200):

Socio-demographic characteristic	Mean ± SD of quality of sexual life	Min-Max of quality of sexual life	Test of sig.	p-value
Age				
30-40y	44.72±9.8	30.00-76.00	t=4.059	≤0.001*
41-50y	39.36±8.76	23.00-74.00		
Educational level				
Illiterate	41.93±9.99	26.00-66.00	F=.873	.500
Read and write	40.8±11.1	23.00-76.00		
Primary education	39.9±10.4	30.00-65.00		
Preparatory education	40.1±7.85	27.00-54.00		
Secondary education	40.94±8.1	30.00-67.00		
High education	43.85±9.8	30.00-74.00		

Table (11): Relation between Quality of Sexual Life Scale score and Socio-demographic data(Cont'd):

Socio-demographic characteristic	Mean ± SD of quality of sexual life	Min-Max of quality of sexual life	Test of sig.	p-value
Occupation				
Work	42.24±7.84	30.00-64.00	t=.595	.552
Don't work	41.4±10.3	23.00-76.00		
Residence				
Rural	40.65±8.9	26.00-67.00	t=1.341	.181
Urban	42.5±10.1	23.00-76.00		

Table (11) show that, shows that there is statistically significant relation between quality of sexual life and age ($P \leq 0.001$), the studied patients whose age is (30-40) years old have the high scores of quality of sexual life with mean of (44.72±9.8), while the studied patients whose age is (41-50) years old have the low scores quality of sexual life with mean of (39.4±8.7). As regard to educational level, there is no statistically significance in relation between quality of sexual life and education ($P = 0.500$), the studied patients with high education have the high scores of quality of sexual life with mean of (43.85±10) while the studied patients with primary education have the lowest scores of quality of sexual life with mean of (39.9±10). As regard to occupation, this table shows that there is no statistically

significance in relation between quality of sexual life and occupation (P = 0.552), the studied patients who are working have the higher scores of quality of sexual life with mean of (42.24±7.8) than the studied patients who aren't working with mean of (41.4±10).

Concerning the residence, there is no statistically significance in relation between quality of sexual life and residence (P = 0.181), the table show that the studied patients who live in urban areas have the higher scores of quality of sexual life with mean of (42.5±10) than the studied patients who live in rural areas with mean (40.65±8.9).

Table (12): Relation between Hoopwood Body Image Scale score clinical characteristics (n=200):

Clinical characteristics	Mean ± SD	Min-Max	Test of sig.	p-value
Medical diseases according to the pt report				
Present	18.6±4.8	12.00-25.00	t=1.731	.085
Not present	20.96±4.6	7.00-29.00		
Psychological complains				
Present	21.3±4.4	9.00-27.00	t=.933	.352
Not present	20.6±4.74	7.00-29.00		

Table (12): Relation between Hoopwood Body Image Scale score clinical characteristics (Cont' d):

Clinical characteristics	Mean ± SD	Min-Max	Test of sig.	p-value
Other surgical operations				
Present	21.7±4.3	9.00-29.00	t=3.544	≤0.001*
Not present	19.33±4.86	7.00-28.00		
Chemotherapy				
Present	21±4.65	21.00-21.00	t=.039	.969
Not present	20.8±4.65	7.00-29.00		
Radiotherapy				
Present	21±4.65	22.00-22.00	t=.254	.800
Not present	20.8±4.65	7.00-29.00		

Table (12) shows that there is no statistical significance in the relation between body image and medical diseases (p = 0.085), psychological complains (P = 0.352),chemotherapy (P = 0.969), radiotherapy (P = 0.800), but there is statistically significant relation between body image and having other surgical operations beside mastectomy (P ≤ 0.001), the studied patients who have other surgical operations have the high scores of increasing distress and concerns of body image with mean of (21.7±4.3), while the studied patients who didn't have

other operations have the low scores of increasing concerns of body image with mean of (19.33±4.86).

Table (13): Relation between Rosenberg Self-Esteem Scale score and clinical characteristics (n=200):

Clinical characteristics	Mean ± SD	Min-Max	Test of sig.	p-value
Medical diseases according to the pt report				
Present	17.8±3.2	14.00-22.00	t=.375	.708
Not present	18.2±3.51	11.00-27.00		
Psychological complains				
Present	17.25±3.02	12.00-23.00	t=2.730	.007*
Not present	18.66±3.6	11.00-27.00		
Other surgical operations				
Present	18.4±3.65	11.00-27.00	t=.606	.545
Not present	18.1±3.39	12.00-27.00		
Chemotherapy				
Present	21±3.5	21.00-21.00	t=.805	.422
Not present	18.2±3.5	11.00-27.00		

Table (13): Relation between Rosenberg Self-Esteem Scale score and clinical characteristics (Cont'd):

Clinical characteristics	Mean ± SD	Min-Max	Test of sig.	p-value
Radiotherapy				
Present	21±3.45	21.00-21.00	t=.805	.422
Not present	18.2±3.45	11.00-27.00		

Table (13)shows that there is no statistical significance in the relation between self-esteem and Medical diseases (p = 0.708), other surgical operations (P= 0.545), chemotherapy (P = 0.422), radiotherapy (P = 0.422), but there is statistically significant relation between self-esteem and Psychological complains (P = 0.007), the studied patients who don't suffer from Psychological complains as result of mastectomy have the high scores of self-esteem with mean of (18.66±3.6), while the studied patients who suffer from Psychological complains have the low scores self-esteem with mean of (17.25±3).

Table (14): Relation between quality of sexual life scale score and clinical characteristics (n=200):

Clinical characteristics	Mean ± SD	Min-Max	Test of sig.	p-value
Medical diseases according to the pt report				
Present	38.1±7.8	27.00-50.00	t=1.330	.185
Not present	41.9±9.6	23.00-76.00		
Psychological complains				
Present	40.4±9.56	26.00-65.00	t=1.305	.193
Not present	42.25±9.55	23.00-76.00		
Other surgical operations				
Present	41.86±10.43	27.00-74.00	t=.249	.803
Not present	41.5±9.08	23.00-76.00		
Chemotherapy				
Present	50±9.57	50.00-50.00	t=.875	.383
Not present	41.6±9.57	23.00-76.00		
Radiotherapy				
Present	50±9.42	50.00-50.00	t=.875	.383
Not present	41.5±9.42	23.00-76.00		

Table (14) shows that there is no statistical significance in the relation between quality of sexual life and medical diseases (p = 0.185), Psychological complains (P = 0.193), other surgical operations (P = 0.803), chemotherapy (P = 0.383) and radiotherapy (P = 0.383).

Part (IV): Correlation analysis among studied variables (Tables, 15) n=200:

Studied Variables	Body image scale		Self esteem scale		Quality of sexual life scale	
	R	P	R	P	R	P
Body image scale	-----	-----	-.172	.015* **(S)**	-.088	.213 **(N.S)**
Self esteem scale	-.172	.015* **(S)**	-----	-----	.444	.000** **(S)**
Quality of sexual life scale	-.088	.213 **(N.S)**	.444	.000** **(S)**	-----	-----

Table (15) shows that there is highly statistically significant negative correlation between body image and self-esteem (P = 0.015) which indicates that distress and concerns of body image of the studied patients increase with decrease the level of self-esteem of the studied patients and vice versa while there is no statistically significant correlation between body image and quality of sexual life (P = 0.213), but there is highly statistically significant positive correlation between

self-esteem and quality of sexual life (P = 0.000) which indicates that self-esteem of the studied patients increase with increase quality of sexual life and vice versa.