

CHAPTER I

Introduction

Cancer is the leading cause of death worldwide while breast cancer is the major killer disease of women both nationally and internationally. It has been shown that breast cancer in developed and developing countries is the second cause of deaths among women after cardiovascular diseases (**WHO, 2010; Parkin, Bary, Ferly, et. al., 2002**).

The incidence rate for breast cancer in the studies undertaken all around the world has been reported 12.5%;which means that one in every eight women to be at the risk of having breast cancer during her lifetime (**Brunicardi & Schwartz, 2010**). The Egyptian National Cancer Institute (NCI) reported that breast cancer represents 18.9% of all cancer cases "35.1% in women and 2.2 % in men" (**Omar, Khaled, Gaffar, et. al., 2003**).

As in many other parts of the world, breast cancer in Egypt is the most common type of cancer, it accounts for approximately 38% of reported malignancies among Egyptian women (**Reynolds, 2004**). In the year 2009 up to date the Egyptian National Cancer Institute (NCI) reported that the incidence of breast cancer represented 25% of all newly diagnosed malignancies Also, it was responsible for nearly 105% of all cancer deaths.

According to **Kunkel & Chen (2003)**, breast cancer diagnosis "has a unique, often complex impact that raises concerns related to

femininity, sexuality, body image, self-esteem, and mortality. Not only breast cancer cause negative impact on women's lives but also using treatment such as, mastectomy, chemotherapy and radiotherapy cause physical and mental stress and leading to changes in everyday women's lives. Therefore, one could expect that breast cancer and its treatment could significantly have negative influence on those women's self-esteem and consequently their quality of psychosexual life with reference to physical, mental and social dimensions (**Stanton & Reed, 2003**).

Additionally, **Arroys & López, (2009)**, stated that “mastectomy causes more trauma than the cancer illness itself,” hence the need to deal in depth with this issue in order to promote a reasonable psychotherapeutic treatment for this women (**Arroyo & López, 2011**).

The patient's first concern of women after a mastectomy is their image to the world and how she thinks others perceive her. The change in a woman's body image may bring with it a loss of the sense of sexual identity, with a subsequent lowered self-esteem. This is often accompanied by an alteration in usual sexual relationships, specifically a decrease in sexual activity. The impact of breast cancer on body image varies greatly among women, with both the diagnosis and treatment having a significant impact on this aspect of well-being. The impact may include altered sexual function, poor self-image, loss of libido and relationship problems (**David, Kate, Kar, et. al., 2004**).

Many women have fears that they will lose their sexual attractiveness as a spouse after mastectomy, that they will not be liked, they will be rejected and their sexual life will be ruined (**Ogel,**

Sağduyu& Özmen, 1999).The psychological sequel of surgical treatment for breast cancer on body image and sexuality include: embarrassment in exposing one's body, discomfort showing scars, overall body change, lack of sexual interest, problems with sexual relations and resumption of sexual activity, general sexual dysfunction, sexual satisfaction and concern about frequency and difficulties with becoming sexually aroused (**Wilmoth, 2001**).

Yet, sexuality is affected by cancer treatment mainly during the first year of survivorship but as time pass, women are less anxious of disease prognosis and hence their sexual life become normal again (**Dragisic& Milad, 2004; Abasher, 2009**).

Moreover, **Brandberg, Sandelin& Erikson, (2008)** stated that sexual pleasure was not affected by mastectomy and most of the patients had more activity and satisfaction gradually over time. Some good news from recent research is that within a year after their surgery, most women with early-stage breast cancer have good emotional adjustment and sexual satisfaction. They report a quality of life similar to women who never had cancer (**American Cancer Society, 2013**).

Significance of the study

According to **Ibrahim, Nabel& Khaled, (2010)**, women aged 40-59years are the most common affected group of breast cancer. The

Egyptian National Cancer Institute (NCI) reported that breast cancer represents 18.9% of all cancer cases "35.1% in women and 2.2 % in men" (**Omar, et. al., 2003**).

In the year 2012, in oncology center Mansoura University, the number of women diagnosed with breast cancer was 5000 women. In this year the number of women for which mastectomy has been done were about 400 women i.e., 8% of affected women. In the year 2013 up to date the number of women who had mastectomy in oncology center Mansoura University were estimated to amount 280 women.

This high prevalence of breast cancer and its negative consequences as well as problems associated with its treatment not only from the physical aspect but also in the psychological, social and emotional aspect of women's lives indicated the importance of this study. In addition to the noticeable observation made by **Salem, 2003**, about the decreasing mortality rates among affected women due to this kind of cancer and the increasing number of young survivors, has made it necessary to study the quality of sexual life of these affected women and the related factor .

Aim of the study

This study aims to assess the post mastectomy effect on the body image, self-esteem and quality of sexual life among women with breast cancer.

Research question:

What are the post mastectomy effects on the body image, self-esteem and quality of sexual life of women with breast cancer?

Operational definitions:

Post mastectomy women:

Those women that are going to the outpatient clinics of oncology center, Mansoura University for follow up after one year of their one or both breasts removal.

Body image:

It is self-consciousness, physical and sexual attractiveness, femininity, satisfaction with body and scars, body integrity, and avoidance behavior as assessed by "Hopwood Body Image Scale" (2001). It is also the women experience of how she feels that her body is being evaluated in negative manner, or as a result of others negatively evaluating her body.

Self-esteem

Is the feeling of being worthy and feeling good about oneself, a sense of effectiveness or competence, it is the confidence in the woman's ability to cope with basic challenges of life as assessed by "Rosenberg Self Esteem Scale" (1965).

Quality of sexual life:

It is sexual satisfaction and sexual wellbeing among women after one year of mastectomy.