

A Study of Assessment of Sexual Functioning of Patients with Colorectal Cancers and their Spouses at Tata Memorial Hospital, Mumbai, India

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Colorectal cancer (CRC) is a intimidating health problem worldwide. It is the third most common cancer in men (663000 cases, 10.0% of all cancer cases) and the second most common in women (571000 cases, 9.4% of all cancer cases). The number of Colorectal cancer related deaths is estimated to be approximately 608000 worldwide. In India, the annual incidence rates (AARs) for rectal cancer in men are 4.1 per 100000, respectively. The AAR for colon cancer in women is 3.9 per 100000. Rectal cancer ranks 9th and colon cancer ranks 8th among men. For women, rectal cancer does not figure in the top 10 cancers, whereas colon cancer ranks 9th. A stoma operation causes profound variations in the life of patients life because of the loss of bodily function, resulting physical damage, disfigurement, impaired or lack of interest in sexual function/activity. It can change the person's social life and make them feel different because they do not display the characteristics and attributes that society deems normal, due to their changed body. It may even lead social isolation and may find it difficult to understand the implications of a stoma. The nurse, as a member of the multiprofessional team, has an important role in the process of counseling to the person with a stoma, as she has competence and assistential tools, such as Systematized Nursing Care, for detecting all the difficulties in adaptation that these clients may face in their condition of having stomas, as well as outlining together actions aimed at minimizing and overcoming such difficulties.

Introduction

Sexuality is a part of everyday life, but it's more than just the act of sex or reproduction. Sexuality includes our need for closeness, intimacy, caring and pleasure, as well as our sex drive, sexual identity and preferences. It's true that some people don't think about sex while they fight cancer. Cancer and its treatment can affect sexuality and sexual function. It can also affect one's sexual partners and their relationships. Sometimes, it is a personal subject that is hard to talk about openly, either with sexual partners or with healthcare professionals.¹

Having a colostomy can profoundly affect self-image, social confidence, and feelings about sexuality. Sexuality and intimacy are considered central to a person's well-being and are important aspects of quality of life.²

People with stomas experience some uncertainty about their sexual attractiveness and manage this difficulty in different ways. Some want to expose themselves and see how their partner responds. If their partner does not see the stoma as a problem, they could more easily accept the stoma as a part of themselves. Some hide their stoma bag when undressing; keeping it out of their partner's sight believing that their body is destroyed. Some are afraid of discussing sex with their partner, worried about their reactions. Some fear that ultimately the relationship will fail. A person's body image and sexuality are major factors in determining the effect of a stoma on a person's quality of life.³

Methods

Exploratory descriptive survey research design approach was used in this study. Setting was Stoma Clinic, of Tata Memorial Hospital, and Mumbai, India. The sample size was, 25-patients and 25 spouse). Sampling technique used was nonprobability convenience sampling and semi- structured questionnaire. Data was analyzed by using descriptive statistics with SPSS software. Participants were selected on the following criteria: Patient who have undergone colostomy for colorectal, completed curative treatment, patients and spouses, registered in TMH and their spouses willing to participate.

Exclusion Criteria: Patients below 18 years of age, currently admitted in TMC, with metastatic cancer and secondary colorectal cancer.

Formal permission was obtained from the Institutional Review Board of Tata Memorial Hospital, and Mumbai, India.

Likert scale was developed and it has two sections with a total 30 items. Study consists of Demographic data which included Age, Sex, Marital status, Education, Medical data consists of type of stoma, reasons for formation of stoma, stoma duration, type of treatment received in the past and received information regarding beginning of sexual activity and from whom and 4 subsystems: Family issues, Sexual functioning, Acceptance of colostomy, Expectations about sexual counseling and open ended question.

Self-reporting technique was used. Content validity of the tool was done by 10 oncology experts and Sexologist. The reliability of the tool was established by using Split-Half method and analyzed by using SPSS.

Results

Majority (40%) of respondents were in the age group of 31-40 and spouse were in the age group of below 40. Sixty four percent of respondents who underwent colostomy for colorectal cancer were males. Nine two percent of respondents had permanent colostomy and 54% had received the combination treatment. Eighty percent respondents did not commenced sexual activity after discharge while 40% respondents received information on initiation of sexual activity. There was no significant association between demographic variables and issues related to sexual function while there was significant association between medical data and sexual function.

Around 44% of the respondents felt that the sexual life was not pleasurable/enjoyable. Hindrances to sexual activity was due to odor, leaking from stoma and scared that stoma bag may tear. Maximum 48% of respondent said that their partner shows interest in sex while 72% feel sexually unattractive.

Majority (76%) of spouse had accepted patient with colostomy. 72% of respondents agreed that the spouse must be informed about commencing sexual activity after colostomy also they felt that sexual counseling is important. Around 76% of spouse disagreed that their sexual life is completely disturbed due to their illness while 12% of spouse's sexual urge is decreases due to their partner's stoma.

Discussion

In order to help patients to go through the difficult period and overcome the physical, psychological, social and sexual obstacle, the stoma nurse should associate the family members to understand the patient's psychological status deeply and patiently thus to provide adequate support and encouragement. Research can help increase the body of the nursing knowledge, which improves the care provided. Hence, more studies can be carried out in nursing setting to understand more about sexual issues in oncology setting.

Conclusion

The present study was conducted to assess the issues related to commencement of sexual activity of patients who have undergone colostomy for colorectal cancer and their spouses. The ostomy patients face an array of challenges due to the uniqueness and consequences of their ostomy bag. The findings of the study revealed that ostomy pouch led to serious maladjustment in every day's life of the patient and the study would be useful for health care providers when creating a supportive environment to improve quality of life in ostomy patients. Support groups in which therapists and patients could interact would provide an opportunity for participants to express their concerns about quality of life issues and ultimately it would lead the ostomates to better life.

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Bibliography

1. Anne Kjaergaard Danielsen (2013) et al, a study on spouses of patients with a stoma lack information and support and are restricted in their social and sexual life.
2. American Cancer Society. Sexuality and Cancer. (2001) For the Man with Cancer and His Partner. Atlanta. (99-rev.07/01-50M)
3. Black, P. (2004). Psychological, Sexual and Cultural Issues for Patients with a Stoma. *British Journal of Nursing* 13.12 .692694, 696-697.
4. Brown, H., & Randle, J. (2005). Living With a Stoma: a Review of the Literature. 13652702.
5. Bao-Jia lu, 's et al (2014) study on correlation between social relational quality and hope among patients with permanent colostomies.
6. Burns Nancy, Grove Susane K. Understanding Nursing Research Building an Evidence based practice. 4th edition. Noida: Elsevier publications: 2008.24-38,324-337
7. Cristilene Akiko Kimura et.al, study, the title is the sexuality of a colostomized person as a major component of quality of life and nursing care 2017.
8. Ceylan H, a phenomenological study on, living with stoma under three themes are; first encounter, challenges and coping 2017.
9. Dilek Aktas, et al (2015) conducted a study on body image perceptions of persons with a stoma and their partner.
10. Roth, Andrew J, Carter Jeanne and Nelson J. "Sexuality after cancer." *Psycho-Oncology* 2nd edition New York, NY: Oxford University Press, Inc (2010); 245-250

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