

Self-body image and its association to quality of life among women undergoing to mastectomy

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ABSTRACT

Background: The diagnosis and treatment of breast cancer can take a toll on women, both physically and psychologically. Women with breast cancer undergo many painful and debilitating treatments as well as emotional trauma. In addition, treatment methods can lead to multiple changes, causing distress and a change in a person's appearance. Therefore, the study aimed to evaluate the self-body image and its relationship to the quality of life of women who undergo mastectomy.

Methods: A descriptive correlational study conducted in at Baquba Teaching Hospital in Oncology Centre during the period from October 1st 2022 to March 14th 2023. The study sample consist of 200 patients is selected according to non-probability sampling approach. The validity of the questionnaire was verified by experts and its reliability was verified through a pilot study. The total number of items included in the questionnaire was (16) items of self-body-image and (37) items of quality of life. Data were collected through the interview and analysed by applying descriptive and inferential statistical analysis.

Results: The results indicated that the average age of the respondents is 49.22 years, (51%) were married, (36%) were read and write, (82%) were housewife, (74%) were urban residents and (30%) were make 300-600 thousand Iraqi dinars. Over than half (67%) of the study participants were found to average self-body image and (66%) were poor quality of life. There is a positive correlation between quality of life and body image.

Conclusions: The study adds knowledge regarding health education for all segments of society towards mastectomy. Further study is needed to explore strategies that improve self-body image and quality of life. Given the direct relationship between body image and quality of life in patients with mastectomy subjects, use of interventional methods is required to improve quality of life, and as a result improve body image in these patients. Also, further cross-sectional, longitudinal studies are required on a larger scale in other cities.

Key words: Self-body Image, Quality of Life, Breast cancer, Mastectomy.

INTRODUCTION

Breast cancer was the most prevalent cancer in 2012, with a mortality rate of 12.9% and an incidence of 43.4% [1]. Case fatality rates were higher in nations with limited resources. The highest incidence rates are seen in North America, Australia, and northern and western Europe, whereas the lowest rates are found in a significant portion of Africa and Asia [2]. Because people live longer in affluent countries, where incidence rates are also the highest, there is less variation in mortality rates [3]. Developing nations, which have fewer healthcare resources, employ several methods to identify breast cancer. The majority of the populace relies on the public healthcare system, which has an impact on the tumor's diagnosis [4]. Breast cancer is a relatively prevalent form of malignancy in Iraq, accounting for over one-quarter of all female cancer fatalities and roughly one third of all female cancer cases reported to the government. Middle-aged women frequently appear with advanced stages reporting significant death incidence ratios are known to have the highest age incidence rates [5]. The Babylonian provinces see an average of (517) new cases of breast cancer each year, which increases the number of female patients and their medical issues, particularly with regard to psychological and social issues [6].

BI is a psychological concept that deals with how people perceive, feel, and behave toward their own bodies. Treatment for breast cancer may have an impact on BI because the loss of an organ filled with symbolism and identity causes survivors to feel self-conscious about their looks, as well as less feminine and physically intact [7]. They may also feel less sexually appealing. Additionally, a significant factor affecting QoL is how BI is perceived [8]. Due to the impact of the disease and its treatment, one of the axes around which research into this condition revolves is the quality of life for people with breast cancer. Evaluation of breast cancer patients' quality of life is also necessary. People frequently prefer to live for a brief time at a standard of living that is acceptable [9]. As a result, the study is interested in examining the connection between women who have had mastectomy surgery and their quality of life. Data from this study may help with treatment planning to enhance post-mastectomy low quality of life and bad body image.

MATERIAL AND METHOD

Study Design

The descriptive correlational study design technique was carried

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out in Baquba Teaching Hospital at oncology centre during the period from October 1st 2022 to March 14th 2023.

Study Sample

The study sample included in present study are women who undergo mastectomy is selected according to non-probability sampling approach with a total of (100) patients who was chosen based on a set of criteria include: 1) who agreed to participate in the study, 2) who were 20 years of age and older, 3) who underwent modified radical mastectomy six months or more.

Study Instrument

This questionnaire consists of two part include the followings.

Part I: Patients characteristics include age, gender, marital status, education level, occupation, residents and monthly income.

Part II: A total of 16 items of self-body-image measured on 5-level type of Likert Scale (1=Strongly Agree, 2=Agree, 3=Neutral, 4=Disagree, 5=Strongly Disagree). Accordingly, points can be taken range from 16-80. The higher average defined as positive self-body-image. Cronbach alpha in current = 0.86 which indicated acceptable level

Part III: A total of 37 items of quality of life measured on 3-level type of Likert Scale (1=Always, 2=Sometime, 3=Never). Accordingly, points can be taken range from 37-111. The higher average defined as good quality of life. Cronbach alpha in current = 0.81 which indicated acceptable level.

Data Collection

The researcher interviewee the participants, explained the instructions, answered their questions regarding the form, urged them to participate and thanked them for the cooperation. The interview techniques were used on individual bases, and each

interview (15-20) minutes after taking the important steps that must be included in the study design.

Statistical Analysis

The IBM SPSS 20.0 program was used for all the analyses that follow. Numbers and percentages (No. and %) were used to categorize the variables, while the mean and standard deviation were used to characterize the continuous variables (mean and SD). Correlation Statistics to correlate between study variables. Statistical significance was defined as a two-tailed p .05.

RESULTS

Findings in (Table 1) show participants characteristics, the mean age is 49.22 (±11.20) among age groups 50-59 years, (51%) were married, (36%) were read and write, (82%) were housewife, (74%) were urban residents and (30%) were make 300-600 thousand Iraqi dinars.

There were significant (positive) between self-body-image and quality of life related to pain and discomfort (r=0.306; p=0.000), spirituality (r=0.310; p=0.000), psychological (r=0.268; p=0.000), social relationship (r=0.201; p= 0.005) and overall quality of life (r=0.308; p=0.000) (Table 2).

DISCUSSION

Finding show participants characteristics, the mean age is 49.22 (±11.20) among age groups 50-59 years. These results are consistent with the results of a study conducted in Baghdad, that most people with chronic diseases are in an advanced age group [10]. Cancer is a chronic disease that usually affects people of advanced age [11]. Also, this consisting with findings from AL-Najaf AL-Ashraf City and Kut city, the most of chronic conditions are within age of 50 years and above [12] [13]. These results

SDVs	Classification	No.	%
Age/years	Less than 30 years	6	6
	30-39 years old	13	13
	40-49 years old	24	24
	50-59 years old	35	35
	60 years and older	22	22
	49.22 ± 11.20		
Marital status	Single	9	9
	Married	51	51
	Separated	10	10
	Divorced	11	11
	Widow	19	19
Education level	Illiterate	5	5
	Read & write	36	36
	Elementary	21	21
	Middle school	16	16
	High school	6	6
	College	16	16
Occupation	Employee	17	17
	Housewife	82	82
	Free-business	1	1
Residents	Urban	74	74
	Rural	26	26
Monthly income	<300 thousand Iraqi dinars	23	23
	300-600 thousand Iraqi dinars	30	30
	601-900 thousand Iraqi dinars	28	28
	>900 thousand Iraqi dinars	19	19

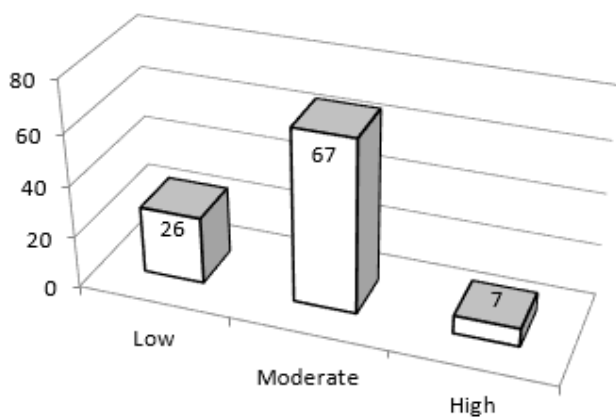


Fig. 1. Self-body Image responses among Women undergo Mastectomy.

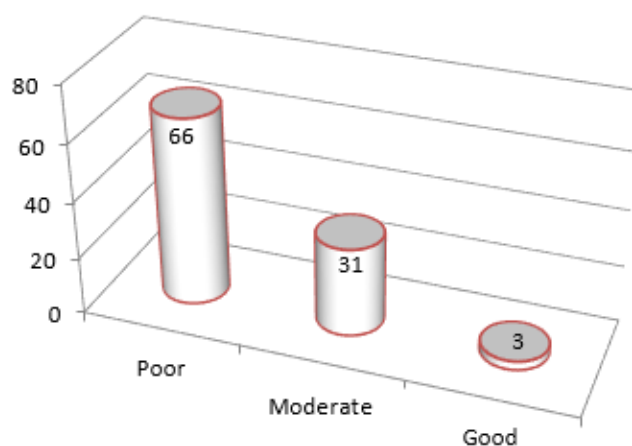


Fig. 2. Quality of Life among Women undergo Mastectomy.

Correlation Statistics	1	2	3	4	5	6	7	8
Self-Body-image	1							
Pain and Discomfort	.306**	1						
Level of Independence	0.076	-.014-	1					
Spirituality	.310**	-.338**	-.020-	1				
Psychological	.268**	0.18	.283**	-.001-	1			
Social Relationship	.201*	.264**	.690**	-.008-	.376**	1		
Environmental	0.073	0.171	.229*	-.069-	.529**	0.01	1	
Overall QoL	.308**	.530**	.464**	-.016-	.571**	.707*	.522*	1

are possible because chronic diseases such as breast cancer often come at an advanced age. Slightly more than half of the women in the current study are married, and less than half are distributed among single, separated, divorced and widowed women. These findings come in the same line with findings from Baqubah City, Iraq [14]. With age, as most of the participants are of advanced age, it is normal to find that most of them are married. As well as, findings from Baghdad city, indicated that the most of breast cancer were married due to mostly advanced age [15]. Most of the participants in the current study can only read and write, which means that the majority of them have informal education or do not qualify them to get a job. This findings consisting with findings from Karbala city, Iraq. The most of participants were informal educated due to mostly of them were women [16]. Aldo, this findings consisting with findings from Baqubah City, most of women with osteoporosis were read and write only [17]. Therefore, most of them are housewives because of their low education did not qualify them to get jobs, so their monthly income was limited between 300 to 600 thousand Iraqi dinars. These results are consistent with a study conducted in Hilla/ Iraq, that most diabetics did not have sufficient monthly income [18]. This is a negative result because cancer diseases require a high monthly income in order to spend on treatment compliance. This attributed to the education level are significant occupation, most of the study sample are primary school graduates, and this does not qualify them to get a job [19]. As well as, the economic status is a most important factor that can build adherence to treatment among patients with chronic conditions [15]. Most of participants from urban areas in current study due to the facility of health care services located in city centers and urban population is larger than the rural population [19]. Likewise, most of the rehabilitation centers are in city centers, and most of their patients are from urban areas due to their large number (20). These findings come in the same line with findings from Baghdad city, the majority of

participants were urban areas [21]. Also, in line with findings of patients with Ulcerative Colitis in Baghdad city (Figure 1) [22].

The mastectomy had a major impact of body image, and body image had influences quality of life. Among findings, there were positive correlation between self-body image and overall quality of life ($r= .308$; $p= .000$). Positive association means whenever a positive body image leads to an increase in the quality of life. This has been proven by previous studies. A systematic review, it showed that body image is a predictive factor in improving the quality of life, through awareness programs related to improving self-image among cancer patients, which improves their quality of life, in addition to social support [23].

Additionally, results of study conducted among Turkish women showed that the mastectomy has a negative impact on body image and QoL of women and there was a strong positive correlation between body image and QoL [24].

According to Spearman's correlation statistics between body image and QoL, it was seen that important relationship between all dimensions of QoL and body image was significant, except level of independency. This similar to findings from Australia, also showed that there was a significantly direct relationship between the QoL and the body image in women who had unilateral mastectomy [25]. Also, in Romania it is reported that the QoL of mastectomies women was influenced by the level of satisfaction with body image [26].

The results showed that average of self-body image of respondents was within moderate level, and the quality of life was within low level. Statistical significance association was found between self-body image and quality of life ($p=.000$). The study adds knowledge regarding health education for all segments of society towards mastectomy. Further study is needed to explore strategies that improve self-body image and quality of life. Given the direct

relationship between body image and quality of life in patients with mastectomy subjects, use of interventional methods is required to improve quality of life, and as a result improve body image in these patients. Also, further cross-sectional, longitudinal studies are required on a larger scale in other cities [27]. Moreover, findings from Korea, suggests that body image and self-esteem are important factors in the quality of life of breast cancer patients who underwent breast reconstruction. Also, the self-esteem has a mediating effect in the relationship between body image and quality of life [28]. So, in order to improve the quality of life among women who have undergone mastectomy, awareness programs must be conducted through health centers and the media to start

improving self-image in order to increase self-esteem (Figure 2) [29].

CONCLUSION

The study adds knowledge regarding health education for all segments of society towards mastectomy. Further study is needed to explore strategies that improve self-body image and quality of life. Given the direct relationship between body image and quality of life in patients with mastectomy subjects, use of interventional methods is required to improve quality of life, and as a result improve body image in these patients. Also, further cross-sectional, longitudinal studies are required on a larger scale in other cities.

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