

Life with Female Partners after Mastectomy: the Perception of Ghanaian Men

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Abstract

Breast cancer has been described as a couple's illness due to the impact it poses on victims and their spouses. A qualitative study was therefore conducted to explore the perception of five married Ghanaian men regarding life with their female partners following mastectomy. Content analysis of transcribed interview data revealed that mastectomy affect men's perception of their partner's body image, sexuality and coping mechanisms. However, the fear of unknown outcomes of frank communications prevented them from engaging in such discourse with their partners. Future studies should examine spouses whose wives have lost both breasts to ascertain their reality.

Keywords: Breast Cancer, Mastectomy, Body Image, Sexuality, Coping Mechanisms

Introduction

In spite of the progress in early detection and treatment of breast cancer, mastectomy (surgical procedure on breast cancer) continues to be a practice (Malata, McIntosh & Purushotham, 2000). Even though, the surgery may be performed for various reasons such as the size or position of the tumour among others, it poses serious threats to victims and their spouses (Manganiello et al., 2011). Thus, mastectomy has been described as a couple's illness and not a disease of the wife (Lewis et al, 2008).

The female breast is perceived as an essential symbol of both womanhood and sexuality (Wimberley et al, 2005). Mastectomy therefore threatens a woman's identity, attractiveness and sexual desirability (Marshall & Kiemle, 2005; Wimberley et al, 2005). Oftentimes, the resultant low self-esteem and poor communication about the ensuing altered body image, leads to unresolved marriage conflicts and divorce (WaiMing, 2002). Body image perception refers to the mental images generated through the viewing of a person's physical appearance (Breakey, 1997a; Kissane et al., 2004). This dynamic perception is influenced by experiences, physiological and emotional status of an individual (Tatar, 2010). Sexuality in its broadest scope, refers to the manner in which the sexual being of an individual is expressed; it is an essential determinant in the quality of the relationship between married couples (Marshall & Kiemle, 2005). Adjustment, on the other hand, refers to the lifetime modifications an individual makes over time (Kissane et al., 2004). Apart from reporting late to the hospital, most married Ghanaian women with breast cancer also refuse mastectomy for fear that their husbands may leave them. Hence, the women remain with the condition until it degenerates. Previous studies have been conducted on the perceptions and experiences of women who have had breast cancer and or mastectomy (Holmberg et al., 2001; WaiMing, 2002; Petronis et al., 2003; Wimberley et al., 2005; Baucom et al., 2006; Hawkins et al., 2009; Manganiello et al., 2011). However, few studies have examined the perceptions of married male partners of mastectomised women (Yeo et al., 2004; Wimberley et al., 2005). Moreso, since male partner support has been shown to be essential in the enhancement of women's wellbeing (Baucom et al, 2006; Brady & Helgeson, 2000; Mireskandari et al, 2006), more research is needed to understand married men's perceptions of life with their female partners following mastectomy. This study therefore explored the perception of married Ghanaian men regarding life with their female partners following mastectomy. Specific attention was placed on how the body changes of their partners after mastectomy have affected them and how they have adjusted their marriage life following this procedure.

Materials and Methods

Research Design

A qualitative study design was undertaken using face to face interviews to explore the perceptions of married Ghanaian men regarding life with their female partners following mastectomy.

Participants

Husbands of women who had previously undergone surgery (mastectomy), and were living with them in the same residence before and following discharge for at least 5 months were eligible to partake in the study. The exclusion criteria were: husbands/partners of women who were living in separate houses, widowed or divorced. Purposive sampling technique was thus used in selecting the participants. In all, five married men participated in the interviews and there were all residing in the Ashanti Region of Ghana.

Recruitment

A review of the records of women who had undergone mastectomy within the past 10 years and were attending clinic at the Komfo Anokye Teaching Hospital (KATH) was first undertaken. Telephone calls were subsequently made to inform them about nature of the study and also to assess the qualification of their partners (if any) for inclusion in the study. At the end of this exercise, six (6) married men were eligible for inclusion in the study. Upon contacting and informing the eligible participants about the study, one (1) of them declined participation on the basis of ill health. The remaining five (5) participants who agreed to partake in the study were then visited in their residence at an agreed time for the face to face interviews. A semi-structured interview guide was used for data collection as a strategy to allow participants to reflect on their own experiences as well as provide an opportunity for them to tell their stories.

Data Collection

Individual interviews covering "participant's background information, perceptions on how their partners' altered body have affected their marriage life and their coping mechanisms" were conducted at participant's residence and recorded using a hand held mini-voice Sony IC recorder. The interview sessions lasted between 30 and 45 minutes.

Analysis

After detailed listening, the recorded interviews were transcribed verbatim. All researchers validated coding and consensually constructed themes which were used to describe the married men's perception of life with their female partners following mastectomy. The transcribed reports were grouped into three themes namely: perception on body image, sexuality and coping mechanisms and subjected to qualitative content analysis.

Ethical Considerations

Prior to the conduct of this study, ethical approval was sought from the Committee on Human Research, Publications and Ethics, Kwame Nkrumah University of Science and Technology, Kumasi. Participants were informed about the purpose of the research, and the voluntary nature of their participation as well as their ability to withdraw from the study at any time without having to explain themselves. They were also assured about confidentiality and anonymity after which those who agreed to participate gave both oral and written consent.

Audiotapes were coded and not identified by name. Moreover, no references to name or identifying features were used during analysis and report writing. Data were available only to the research team and stored in a locked filing cabinet in one of the researcher's office to be kept for at least five years.

Results and Discussion

Demographics

The mean age of the participants was 67.8years (range: 49-79yrs). Generally, the participants in this study were older and were not planning of having any more children. This finding is not surprising as male fertility declines with increasing age (Cardona Maya, Berdugo & Cadavid Jaramillo, 2009). While one of the participants did not have any formal education, others had formal education (one had up to secondary level and three up to tertiary level). Majority of the participants in this study were therefore well educated and could understand the issues of living with a partner who had undergone mastectomy. Three of the participants were retired and the other two were in active service as they had not yet retired from their work. All participants had been married for more than 10 years and for at least 5 months following mastectomy. Hence, they could make a well-informed comparison of marriage life before and after their wives' breast surgery (mastectomy).

Perception on Body Image

The male partners reported a variety of reactions about their wives' body image following mastectomy. For majority (3) of them, they still had good impressions about their partner's body image and this was illustrated by the following comments: "Even though the breast is not there, it does not affect me much"; "Breast or no breast, she is still a woman, you know, I still appreciate her"; and "My wife is still my wife, despite that... she has lost one breast". Two of the participants had a negative perception of their wives' altered body image. This could be deduced from statements such as "You see, she is deformed now and doesn't look as beautiful anymore", and "Now she has grown lean and doesn't look attractive as before". The resultant weight loss and unattractiveness could not be attributed to the surgical procedure (mastectomy) alone as cancer itself, menopause, radiotherapy and chemotherapy could contribute towards this altered body state (Pelusi, 2006). The participants also mentioned some behaviour changes in their spouses due to their altered body image. They complained that their female partners covered themselves more often than before as they were not comfortable with their husbands seeing their naked altered bodies. The change in behaviour of the wives following mastectomy could be attributed to the feeling of shyness following removal of a body part (breast). Perhaps, it may be related to their adjustment with the lost body part and also not wanting to remind their husbands about their altered body image.

Interestingly, all the participants interviewed had only one of their wives' breast mastectomised so seeing the other breast in their nakedness reminded them of the lost breast. Notwithstanding, majority (3) of the participants confessed they were not very worried about their partner's altered body image as they took consolation in the fact that their partners were alive and had one remaining breast. This is consistent with studies which revealed that married men perceive their mastectomised partner's body image as secondary to their well-being (Holmberg et al, 2001; Hoga, Mello & Dias, 2008). Nevertheless, perceptions of their spouses' body image might be different if their partners had lost both breasts. Future studies should therefore target married men whose spouses have lost both breast through mastectomy so as ascertain their reality. All participants also commented that their wives used cotton wool and cloth to replace the lost breast whenever they wore a brassier as they could not afford the cost of prosthesis or breast reconstruction.

Even though, a relatively positive body image is associated with breast reconstruction (Rowland et al., 2000; Yurek et al., 2000), women tend to harbour fears of breast cancer recurrence (Kraus, 1999). Thus, efforts should be made by governmental and non-governmental bodies to subsidise the cost of breast implants/prosthesis so that victims of this dreadful disease can afford it to enhance their altered body images.

Sexuality

Three sub-themes emerged from “sexuality” as a major category and they include: attractiveness, frequency of sexual intercourse and sexual satisfaction. Prior to mastectomy, all participants felt their spouses were sexually attractive. Nevertheless, majority (3) of the men did not find their wives as attractive as before. This may be due to the fact that men are generally attracted through their sight ((Barber, 1995; Singh, 1995). Moreover, the breast is one of the physiques of a woman which makes her sexually attractive to a man (Furnham & Swami, 2007; Zelazniewicz & Pawlowski, 2011). Thus, loss of a breast may considerably reduce women’s sexual appeal to men. Nurses and healthcare professionals should therefore educate married men on how they can maintain healthy sexual relationships with their wives after the surgical procedure. Following mastectomy, few (2) of the participants perceived their wives as sexually attractive. Even though sexual attraction did not change for minority of the participants, a study conducted by Reaby and Hort (1995) revealed a similar trend. Breast cancer survivors who had a good sexual relationship continued to enjoy a satisfying relationship following mastectomy (Reaby & Hort, 1995).

With regards to the frequency of sexual activity, majority (3) of the participants reported no change before and after mastectomy. This may be attributed to the fact that these men were aged (mean age 67.8 years) and thus, perceived sex as of little importance compared to the companionship they shared in their marital life. In addition, Reaby and Hort (1995) acknowledged pre-operative relationship as a major determinant of post-operative sexual activity. Thus, it can be deduced that these participants had a good relationship with their wives before the procedure. Notwithstanding, two of them acknowledged a decline in sexual activity. These two participants attributed it to reasons such as causing more pains to their vulnerable wives. Interesting, those who had a decline in the frequency of sexual activity did not begrudge their spouses in that regard. This is what one of them had to say: “At my age, sex is not important but the companionship. I wouldn’t say I will bear her any grudge because, in fact, I will be very wicked... if she is in this condition and I pester her with sex”. All participants were sexually satisfied with their partners prior to mastectomy. Nevertheless, two of them were not sexually satisfied following mastectomy. One of such participants attributed it to the fact that he does not play as much with the breast as he used to. This is how he puts it: “formally, I used to play with the breasts, but now, I don’t play much with the remaining breast”... foreplay is boring”. Other participants who were still sexually satisfied after mastectomy attributed it to the fact that they preferred sexual intercourse itself rather than playing with the breast. This was supported by statements such as: “The breast is not the only part for sex drive, you know, I use other methods to achieve satisfaction”.

Adjustment to Body Changes

Three of the participants seemed to adjust relatively easily to the loss of a breast, whereas the other two struggled. It was also evident from the interviews that marital adjustment was dependent on several factors such as the nature of the relationships before the procedure, emotional make-up of the individuals and their psychological adjustment to the procedure. Also, the pre-mastectomy relationship was highlighted as a significant factor in assisting with marital adjustment (Reaby & Hort, 1995). “I mean if before you have a good relationship with your wife, then everything is going to be fine, but if it’s a bad one, then you’re probably going to have a bad time” Evaluation of how well participants were coping with marriage life following mastectomy indicated that majority (3) were coping well while few (2) had still not “awoken from the dream of their partner undergoing mastectomy”. For the three participants who were coping well, they had to forgo most of their duties outside home to ensure their wives were given the best of attention because one of the participants said that “...activities outside home, I have curtailed them to make sure that she is given the best of attention”. This adjustment was due to the unstable health status of their wives as well as their inability to engage in work or undertake household chores. With regards to the two participants who exhibited poor coping mechanisms, they largely attributed it to the financial difficulties they encountered in the treatment of their wives’ condition. One of such participants had this to say: “I was drained, because financially it wasn’t easy... if I tell you certain things “kora” (which literally means “even”), you will not believe it. The hardships I went through, only God knows”.

It was also apparent from the interviews that, participants could not engage in open conversations about mastectomy with their wives as they did not want to offend them. In most cases, the men dealt with their own emotions to the mastectomy and sought for assistance from family and friends in extreme cases. This corroborates with the findings of Lethborg and others in 2003 (Lethborg et al., 2003).

Conclusion

The voices of married men living with mastectomised women have reinforced an emerging literature that mastectomy is a couples' illness and not only a disease of the wife. Mastectomy affects men's perception of their partner's body image, sexuality and coping mechanisms. Majority had a good perception of their partners' body image. Few participants found their wives to be sexually attractive which did not affect their frequency of sexual activity and satisfaction with sex. Some participants coped easily with the condition and limited outside activities in order to be with their wives. Others had difficulties coping and resorted to family and friends for assistance. The stigma associated with mastectomy prevented the married men from engaging in frank communication with their partners. Couples should be encouraged to have open communications and be willing to experiment to maintain a healthy marital relationship. Healthcare professional should involve men in the education and decision making process so as to enhance the adjustments in their marriage. Post mastectomy treatments should be subsidised to ease the financial burden on victims and their families. Future studies should examine spouses whose wives have lost both breasts and women living with mastectomised male partners to ascertain their reality.

Limitations

Like any qualitative study, the results of this study cannot be generalised to the broader community due to subjective nature of the research.

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