



Evaluation of marital adjustment in women with gynecologic cancer

Jinekolojik kanserli kadınlarda evlilik uyumunun değerlendirilmesi

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ABSTRACT

Aim: The research was conducted to assess marital adjustment in women with gynecologic cancer.

Methods: The present study was carried out as a descriptive and cross-sectional study. The study sample comprised 106 women who received gynecologic cancer treatment at the gynecology and obstetrics clinic of a university hospital in the east of Türkiye between March 2021 and January 2022. The research data were collected using a personal information form and the Marital Adjustment Scale.

Results: It was found that 72.6% of women with gynecologic cancer did not have marital adjustment, while 27.4% had marital adjustment. A significant difference was identified between the cancer types and total marital adjustment scale scores of women with gynecologic cancer ($p<0.05$), and this difference arose from women with endometrial cancer. Women with endometrial cancer had the lowest marital adjustment score (34.07 ± 11.09) among the women participating in the study.

Conclusion: The study found that gynecologic cancers adversely affect marital adjustment and that women with endometrial cancer have lower marital adjustment.

Keywords: adjustment; endometrial cancer; gynecology; marriage; woman

ÖZ

Amaç: Araştırma jinekolojik kanserli kadınlarda evlilik uyumunun değerlendirilmesi amacıyla yapılmıştır.

Yöntem: Bu çalışma tanımlayıcı ve kesitsel bir araştırma olarak yapılmıştır. Araştırmanın örneklemini Mart 2021 ile Ocak 2022 tarihleri arasında Türkiye'nin doğusundaki bir üniversite hastanesinin kadın doğum kliniğinde jinekolojik kanser tedavisi gören 106 kadın oluşturmuştur. Araştırmanın verileri kişisel bilgi formu ve evlilik uyumu ölçeği kullanılarak toplanmıştır.

Bulgular: Jinekolojik kanser hastası kadınların %72.6'sının evlilik uyumu olmadığı, %27.4'ünün ise evlilik uyumu olduğu ortaya çıktı. Jinekolojik kanserli kadınların kanser türleri ile toplam evlilik uyumu ölçeği skorları arasında anlamlı fark bulundu ($p<0,05$) ve bu farkın endometrium kanseri olan kadınlardan kaynaklandığı görüldü. Araştırmaya katılan kadınlar arasında en düşük evlilik uyumu puanının endometrium kanseri olan kadınlarda (34.07 ± 11.09) olduğu görüldü.

Sonuçlar: Araştırmada, jinekolojik kanserlerin evlilik uyumunu olumsuz yönde etkilediği, endometrium kanseri olan kadınların evlilik uyumlarının daha düşük olduğu sonucuna varıldı.

Anahtar kelimeler: endometrium kanseri; evlilik; jinekoloji; kadın; uyum

Introduction

Gynecologic cancers are the most common cancers in women (Zhang et al., 2022). Among them, cervical, ovarian, and uterine cancers cause death (Bray et al., 2018). Lifestyle changes occur after the diagnosis of cancer is established. Patients are affected both physically and psychologically (Hoedjes et al., 2022). Marital adjustment is also affected, especially in gynecologic cancers (Fischer et al., 2019; Hatta et al., 2021; Pınar et al., 2012). Marital relationships are adversely affected since being diagnosed with gynecologic cancer, especially at a young age, is perceived by spouses as traumatic (Çal & Avcı, 2023; Hocaoğlu et al., 2007).

It is shown in the literature that marriage provides various benefits in the diagnosis and prognosis of cancer in women. Especially women's health behaviors and lifestyles are positively affected (Tarney & Han, 2014). Moreover, partners may notice symptoms in some cancers with early symptoms (Osazuwa-Peters et al., 2019). Despite these positive effects of marriage, marital functions can be affected by the health problems experienced. In their evaluation, Kiecolt-Glaser and Newton (2001) found a close relationship between marital functions and physical health. This situation related to marital

functions is also common in women with gynecologic cancer (Hatta et al., 2021). The quality of marriage of couples is influenced by the stressors resulting from the change in their relationships due to the lack of closeness and the burden of family responsibilities assumed by spouses of women with gynecologic cancer (Brandao et al., 2017; Rajaei et al., 2021; Sanchuli et al., 2017; Yarandi et al., 2021). In a study, women with gynecologic cancer were found to have lower marital satisfaction and adjustment than other women (Fischer et al., 2019). Pınar et al. (2012) revealed that the body image, self-image, and couple adjustment of women were adversely affected by gynecologic cancer. In a qualitative study on women with gynecologic cancer, they were determined to have concerns about losing their status in marital life, divorce, and separation (Mofrad et al., 2021).

According to all these results, gynecologic cancer may be a condition influencing marital functions. Marital adjustment may affect conditions such as marital satisfaction. Despite the presence of international studies on this subject, there are few national studies. The present study may be remarkable in terms of obtaining data at the national level. Additionally, determining marital adjustment in women with gynecologic

cancer may increase the woman's level of awareness in coping with the problems she experiences with her husband. Hence it can also ensure the protection of family relationships, constituting the smallest building block of society. Since protecting and promoting family health is among midwives' roles and responsibilities, it is also important to evaluate this issue from midwives' perspective.

Material and Methods

Study design and sample

This study was conducted as a descriptive and cross-sectional research. The study sample comprised 106 women who received gynecologic cancer treatment in a gynecology clinic of a university hospital in the east of Türkiye between March 2021 and January 2022.

The criteria for women to be included in the study were as follows:

- Being a female patient over 18 years of age with a confirmed diagnosis of gynecologic cancer,
- Being an inpatient in the clinic,
- Being married.

The criterion for exclusion from the study was as follows:

- Being an unmarried woman.

Instruments

Patient information form: The 13-item personal information form created by the researchers contains information about women's sociodemographic characteristics and gynecologic cancer.

Marital Adjustment Scale (MAS): The MAS, which was developed by Locke and Wallace (1959), was adapted to Turkish and whose validity and reliability studies were conducted by Kışlak (1999), aims to measure satisfaction with marital relationships and marital adjustment. The scale consists of 15 items. The total score from the scale varies between 0-60. Individuals scoring 43 and above are considered maritally adjusted, and those with a score below are not maritally adjusted. In the reliability study by Kışlak (1999), Cronbach's alpha coefficient was found to be .80. In this research, Cronbach's alpha coefficient was found to be .90.

Data collection

The data were collected through face-to-face interviews with women using a 13-question personal information form created by the researchers and the Marital Adjustment Scale.

Data analysis

The research data were transferred to the computer environment and evaluated using the SPSS (ver: 23.0) program. The Kolmogorov-Smirnov (K-S) tests was conducted to check whether the data were normally distributed. The t-test was used for two groups, and ANOVA analysis of variance was used for more than two groups in normally distributed data to compare whether there was a difference between the means in independent groups. In the analysis of variance, the difference between the groups was reviewed by Tukey's post-hoc test. Levene's test was used to check whether the groups were homogeneous. The level of significance was accepted as $p < 0.05$ in data evaluation.

Ethical consideration

Before the study, Atatürk University Non-Interventional Clinical Research Ethics Committee granted its approval (Approval Number: B.30.2.ATA.0.01.00/503, Date: 07.11.2019), and official written permission was received from the hospital where the study was conducted. Verbal and

written consent was obtained from the participating patients after they were informed about the study.

Results

Of the women participating in the study, 47.2% were aged between 40-54. Of the women, 76.4% were primary education graduates, 88.7% were housewives, and 53.8% had low incomes. Of the participating women, 37.7% were married for 21-30 years, and 89.6% had children. Of them, 52.8% were diagnosed with ovarian cancer, 35.8% with endometrial cancer, and 11.4% with other gynecologic cancers (vulva, cervical, vaginal) (Table 1).

Table 1. Distribution of the personal characteristics of women with gynecologic cancer (n=106)

Variables	n	%
Age ($\bar{X} \pm SD = 48.97 \pm 12.22$; Min.-Max.: 25-78 years)		
Duration of marriage ($\bar{X} \pm SD = 26.33 \pm 13.09$; Min.-Max.: 1-60 years)		
Age		
25-39 years	21	19.8
40-54 years	50	47.2
55 years and over	35	33.0
Educational status		
Primary education	81	76.4
High school	16	15.1
University	9	8.5
Employment status		
Employed	12	11.3
Housewife	94	88.7
Income status		
Low	57	53.8
High	49	46.2
Duration of marriage		
1-10 years	18	17.0
11-20 years	15	14.2
21-30 years	40	37.7
Above 30 years	33	31.1
Status of having children		
Yes	95	89.6
No	11	10.4
Diagnosed cancer type		
Ovarian	56	52.8
Endometrial	38	35.8
Other (vulva, cervical, vaginal)	12	11.4
Time of being diagnosed with gynecologic cancer		
Less than 1 year	100	94.3
1 year and longer	6	5.7
Cancer medication use		
Yes	61	57.5
No	45	42.5
Hospitalization for cancer		
Yes	58	54.7
No	48	45.3
Number of hospitalizations for cancer		
None	48	45.3
1-5	28	26.4
6-10	17	16.0
11 and above	13	12.3
Presence of a different disease other than cancer		
Yes	62	58.5
No	44	41.5
Health perception status		
Poor	19	17.9
Moderate	44	41.5
Good	43	40.6

Table 2. Evaluation of the marital adjustment of women with gynecologic cancer

MAS	n	Min.-Max.	Median	$\bar{X}\pm SD$
MAS total	106	7-56	40.0	37.47±9.76
*Marital adjustment	n	%		
Maritally adjusted	77	72.6		
Maritally not adjusted	29	27.4		

MAS: Marriage Adjustment Scale

*The MAS shows that there is marital adjustment in women scoring 43 and above.

The mean total score obtained by women with gynecologic cancer from the MAS was 37.47±9.76. According to the mean score of the women included in the study, they were not maritally adjusted. Upon reviewing the percentage distribution of the marital adjustment status of women with gynecologic cancer according to the scale's cut-off point, it was revealed

that 72.6% were not maritally adjusted, whereas 27.4% were maritally adjusted (Table 2). When the personal characteristics and the MAS scores of women with gynecologic cancer were compared, a significant difference was found between the educational status and the total MAS scores of women with gynecologic cancer ($p<0.05$). This statistical difference was determined to result from university graduates. A significant difference was also identified between the income status and the total MAS scores of women with gynecologic cancer ($p<0.05$). The mean scale score of women with good income was 42.20±6.53, and the mean scale score of women with poor income was 33.40±10.28

A significant difference was revealed between the types of diagnosed gynecologic cancer and the total MAS scores of women with gynecologic cancer ($p<0.05$), which resulted from women with endometrium cancer.

Table 3. Comparison of women's personal characteristics and marital adjustment

Variables	n	\bar{X}	SD	MAS*	
				Test Value	p
Age					
25-39 years	21	36.19	12.74		
40-54 years	50	38.74	8.62	^a F=0.799	p=0.453
55 years and over	35	36.42	9.34		
Educational status					
Primary education	81	36.49	8.93	^a F=0.7.581	p=0.001*
High school	16	36.00	11.58	3>1-2**	
University	9	48.88	6.41		
Employment status					
Employed	12	41.50	8.33		
Housewife	94	36.95	9.85	^b t=1.527	p=0.130
Income status					
Low (Income equal to or lower than expenses)	57	33.40	10.28		
High (Income higher than expenses)	49	42.20	6.53	^b t=-5.328	p<0.001
Duration of marriage					
1-10 years	18	39.50	13.50		
11-20 years	15	41.80	4.82		
21-30 years	40	36.32	9.79	^a F=1.791	p=0.154
Above 30 years	33	35.78	8.56		
Status of having children					
Yes	95	37.06	9.32		
No	11	41.00	13.02	^b t=-1.269	p=0.207
Diagnosed cancer type					
Ovarian	56	39.35	8.63		
Endometrial	38	34.07	11.09	^a F=2.989	p=0.022*
Other (vulva, cervical, vaginal)	12	39.41	8.63	2>1-3**	
Time of being diagnosed with gynecologic cancer					
Less than 1 year	100	37.54	9.92		
1 year and longer	6	36.33	7.09	^b t=0.293	p=0.770
Cancer medication use					
Yes	61	35.81	10.42		
No	45	39.71	8.38	^b t=-2.059	p=0.042*
Hospitalization for cancer					
Yes	58	37.98	10.64		
No	48	36.85	8.66	^b t=0.590	p=0.556
Number of hospitalizations for cancer					
None	48	36.50	8.21		
1-5	28	38.89	13.45		
6-10	17	38.58	7.68	^a F=0.462	p=0.709
11 and above	13	36.53	8.58		
Presence of a different disease other than cancer					
Yes	62	37.82	9.18		
No	44	36.97	10.62	^b t=0.437	p=0.663
Health perception status					
Poor	19	31.05	12.66		
Moderate	44	36.43	6.77	^a F=8.692	p<0.001
Good	43	41.37	9.34	3>1-2**	

MAS: Marriage Adjustment Scale

*The MAS shows that there is marital adjustment in women scoring 43 and above.

^aOne-Way Analysis of Variance ANOVA; ^bIndependent Samples Test; * $p<0.05$; **Tukey's Post-Hoc Test.

The lowest marital adjustment score was found in women with endometrium cancer (34.07 ± 11.09). It was elucidated that there was a significant difference between women's perception of their health and their total MAS scores, and the total MAS scores (marital adjustment level) of women who perceived their health as good were statistically higher than those of women who perceived their health as poor and moderate ($p < 0.05$) (Table 3).

Discussion

Upon evaluating the marital adjustment of the participating women, it was found that they were not maritally adjusted. When we assessed the percentage distribution of women according to the scale's cut-off point, it was observed that 72.6% were not maritally adjusted.

In the diagnosis and treatment of gynecologic cancers, the symptoms experienced and chemotherapy, radiotherapy, and surgical treatments are perceived by women as threats to their body images, sexual identities, and reproductive abilities. This situation adversely affects the quality of life of patients and their families (Bakker et al., 2017; Carter et al., 2012). It is reported that women diagnosed with gynecologic cancer have concerns about losing their femininity and worsening family relationships, fear of loneliness, and fear of being unable to find social support (Eker & Aslan, 2017). All these concerns are factors that directly influence family life and marriage.

In a study conducted on women with cervical cancer, 33% of women were found to experience sexual distress. Their sexual distress was determined to result from sexual symptoms and pain and their concerns about their body images. In the same study, 25.47% of women who had sexual distress were revealed to experience body image anxiety, 14.2% were dissatisfied with their relationships, 3.6% were depressed, and 4.3% had anxiety (Bakker et al., 2017). Therefore, women and their families can exhibit complex emotional and behavioral reactions at every stage of the disease, such as diagnosis, treatment, post-treatment recurrence, and palliative periods (Evcili & Bekar, 2013; Gregurek et al., 2010).

Marriage requires economic, social, and sexual sharing with another person (Durmuş & Baba, 2014; Şen & Oğuz, 2017). During this process, women also experience changes in their family and social roles (Hallaç & Öz, 2011). Hence, these changes may affect the marital adjustment of women diagnosed with gynecologic cancer and undergoing treatment.

It has been revealed that the educational status of women with gynecologic cancer affects marital adjustment, and marital adjustment is higher in university graduates.

Gynecologic cancers are perceived by women as a threat to their body images, sexual identities, and reproductive abilities (Bakker et al., 2017; Carter et al., 2012). A high level of education of women may have facilitated their coping with this threat because the increase in the educational level increases women's socioeconomic status. Furthermore, it eases women's access to opportunities in the health field and increases their quality of life. In a study reviewing the quality of life of women with cancer, the quality of life was found to be better in women with high educational levels (Pınar et al., 2008). Therefore, all these factors may have been reflected in women's marital adjustment. Likewise, it was seen that women with a high income were maritally adjusted. Due to all these factors, high income level may also have positively affected marital adjustment.

In the study, it was determined that the type of gynecologic cancer affected marital adjustment, and the lowest marital adjustment score was found in women with Endometrial cancer. The uterus is perceived by most women as a symbol of femininity, sexuality, fertility, and motherhood and is attributed to childbearing, menstruation, youth, femininity, and attractiveness (Yılmaz et al., 2015). Hence, the loss of or the risk of losing the uterus means the loss of femininity for women, which adversely affects marital relationships, women's self-confidence, body image, and self-esteem (Abay & Kaplan, 2017). A uterus-related problem experienced by a woman may cause her to think that her spouse will love her less and perceive her femininity as lost. This problem can also negatively affect marital relationships, women's self-confidence, body image, and self-esteem (Abay & Kaplan, 2017; Kök et al., 2020). All this information may be the reason why the marital adjustment scores of women with endometrial cancer are lower compared to other types of gynecologic cancer.

Women with gynecologic cancer who used cancer medications were found to have lower levels of marital adjustment. It is known that, in addition to the disease, they also face various problems related to medical treatments (Baykara, 2016). The side effects observed in this process may be reflected in the marital adjustment of women.

According to the perception of health, the lowest marital adjustment score was observed in women who perceived their health as poor. Cancer patients may experience helplessness and hopelessness (Hallaç & Öz, 2011). It is reported that women diagnosed with gynecologic cancer have concerns about losing their femininity and worsening family relationships (Eker & Aslan, 2017). All these feelings and thoughts may affect women's marital adjustment.

Limitations

The fact that the present research was conducted as a single-center study and data were collected from women with gynecologic cancer among the specified dates is the study's limitation.

Conclusion and Recommendations

Gynecologic cancers are the most common cancer type in women. Women with gynecologic cancer experience problems with marital adjustment. In the study, the type of cancer causing marital adjustment problems was determined as endometrial cancer. It is important to identify the marital adjustment problems of women with this type of cancer at an early stage. If these problems are determined, the supportive effects of marriage on health behaviors and lifestyle in women with cancer can be benefited from. If midwives and nurses working in gynecology departments also provide care to women with cancer considering marital functions, the care provided can be more effective.

Conflict of Interest

There is no conflict of interest between any person or any institution.

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Ethics Committee Approval

Approval was obtained from Atatürk University Non-Interventional Clinical Research Ethics Committee (Approval Number: B.30.2.ATA.0.01.00/503, Date: 07.11.2019) before starting this study. Institutional permissions were obtained from the institutions where the study would be conducted. The informed consent of the people who participated in the study was obtained.

Informed Consent

The informed consent of the individuals participating in the study was obtained.

Peer-Review

Externally peer-reviewed.

Author Contributions

S.A.Ş.: Design, Data Collection, Writing, Original Draft.
S.Ö.: Methodology, Data Analysis, Writing, Original Draft.

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