



# STUDY OF SEXUALITY ON A COHORT OF 100 CANCER PATIENTS FOLLOWED IN ABIDJAN (COTE D'IVOIRE)



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## INTRODUCTION

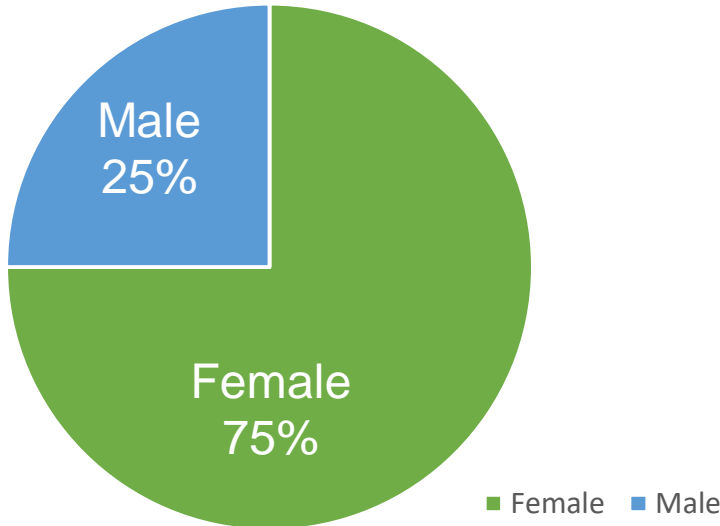
- With nearly 20 million new cases worldwide in 2022, cancer remains a major public health issue both in the West and in Sub-Saharan Africa.
- In Côte d'Ivoire, its incidence in 2022 was estimated at 21,352 with 14,143 deaths.
- The management of side effects related to cancer and its treatments has always been a major concern.
- For a long time, however, the repercussions on sexuality have taken a back seat and have often been sacrificed in favor of therapeutic effectiveness.
- Cancer and its treatment lead to a deterioration in the sexual health of patients.
- Sexual dysfunction has a significant impact on the overall quality of life of patients
- In sub-Saharan Africa and specifically in Côte d'Ivoire, very few studies have focused on the theme of cancer and sexuality.
- The objective of this work was to identify the sexual disorders occurring during cancer disease and their impact on the couple's life of cancer patients in Abidjan, Republic of Côte d'Ivoire.

## METHODOLOGY

- A prospective descriptive study was carried out in the oncology and haematology department of the University Hospital of Treichville between December 01, 2023 and January 31, 2024, involving married patients who had been consulted for cancer during the study period, regardless of sex.
- Signed consent was given via standardized digital self-questionnaire.
- Data on sexuality allowed for the investigation of the number of sexual intercourse per week, the number of sexual partners, the type and quality of sexual intercourse, the degree of satisfaction of the patient and the partner, the impact of cancer and treatments on libido, and the existence of sexual disorders. Each patient underwent an interview.
- Data analysis was performed using SPSS version 21. We compared the data on sexuality across two periods: that before diagnosis (period 1) and that after diagnosis and during treatment (period 2); for this, we used the Chi-square test and Fisher's exact test. Significance threshold for the p value was less than 0.05.

## RESULTS

- The average age was  $48.53 \pm 12.51$  years (ranging from 25 to 79 years).
- Female predominance in 66%.
- Gynecological or breast cancer in 46% of cases, and digestive cancer in 25% . Metastatic stages were observed in 45%. Chemotherapy was noted in 60% of cases.
- The loss of libido was noted in 68% of cases in period 2 compared to 14% in period 1 ( $p = 0.03$ ).
- We noted a variation in the number of sexual intercourse per week from 1 to 5 and 6 and more, which decreased from 51% and 32% in period 1 to 30% and 8% in period 2, respectively, while those who had no sexual intercourse per week increased from 17% to 62% respectively in periods 1 and 2 ( $p < 0.001$ ). However, well-being after sexual intercourse varied from 80% of cases to 23% of cases with a significant difference ( $p < 0.001$ ).
- The quality of sexual intercourse was rated as good in 74% of cases in period 1, compared to 31% of cases in period 2 ( $p < 0.001$ ) Partner satisfaction was observed in 90% of cases in period 1 compared to 36% in period 2, with a significant difference ( $p < 0.001$ ).
- The sexual disorders observed were erectile dysfunction, vaginal dryness, and dyspareunia in 41.2%, 7.6%, and 3% of cases during period 2; however, we did not find a significant difference.



Cancer Type	Percentage (%)
Gynecological	46
Hematologic malignancies	25
Digestive	12
Urologic	7
Other	11

Variable	Before Cancer	After Cancer
Number of partners (1–5)	70 (70%)	13 (13%)
Number of partners (0)	56 (56%)	28 (28%)
Weekly sexual intercourse		
6 or more	32 (32%)	8 (8%)
1 to 5	60 (60%)	30 (30%)
None	8 (8%)	62 (62%)
Quality of sexual relations		
Good	74 (74%)	15 (15%)
Average	20 (20%)	45 (45%)
Poor	6 (6%)	45 (45%)
Sexual Disorders		
Decreased libido	32 (32%)	80 (80%)
Erectile dysfunction (Men)	6 (6%)	40 (40%)
Vaginal dryness (Women)	5 (5%)	40 (66%)
Dyspareunia (Women)	3 (3%)	35 (35%)

## DISCUSSION

The considerable drop in libido observed during and after treatment can be explained as much by the depressive aspects developed by the patient as by the treatment. The quality and quantity of sexual relations will also be considerably reduced, and this may even have an impact on the couple's life. The patient, just like their entourage, begins to live at the rhythm of treatments and consultations, sometimes relegating daily life activities, including sexuality, to the background. Alongside the previously mentioned sexual toxicities, another equally important one, corroborated by our study, is dyspareunia. Associated with vaginal dryness and sexual dysfunction. **(Dalton EJ & Safa Smida) Venturini E Safa smida) (Barni et Mondin)**

## CONCLUSION

The majority of cancer patients experienced one of the sexual disorders affecting their quality of life. The treatments instituted, which were most often aimed at a palliative perspective, had an impact on the patients' sexuality and their couple's life. This primarily involved decreased libido, reduced quantity and quality of sexual intercourse, dyspareunia in women, and erectile dysfunction in men.

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