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Perceptions of Gender Roles, Gender Power Relationships, and Sexuality in Thai Women Following Diagnosis and Treatment for Cervical Cancer

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Purpose/Objectives: To describe patients' and their partners' perceptions of gender roles, gender power relationships, and sexuality before diagnosis of and after treatment for cervical cancer.

Design: Descriptive.

Setting: Southern Thailand.

Sample: 97 women with cervical cancer who received cancer treatment, including radiotherapy, and their partners.

Methods: Structured interview methods were used to gather information relating to gender roles, gender power relationships, and sexuality.

Main Research Variables: Gender roles, gender power relationships, and sexuality.

Findings: Fifty-two percent of the women (n = 50) were diagnosed with stage II cervical cancer. The percentage of women who undertook various activities specific to gender roles before their diagnoses was higher than the percentage who undertook the same activities after treatment. An increased percentage of partners undertook the women's gender-role-specific activities after the women received cancer treatment compared with the percentage who did so before diagnosis. Little change in gender power relationships was reported. A high percentage of the couples reported changes in various aspects of their sexuality after cancer treatment compared with before diagnosis.

Conclusions: Gender roles, gender power relationships, and sexuality changed for women with cervical cancer and their partners after the women completed cancer treatment.

Implications for Nursing: Open discussions among women with cervical cancer, their partners, and oncology nurses are necessary to identify culturally sensitive and appropriate solutions.

Key Points . . .

- Thai women with cervical cancer and their partners reported changes in gender roles and sexuality after cervical cancer treatment compared with before the disease diagnosis.
- Little change in gender power relationships was reported by the women and their partners.

Cervical cancer is the leading cause of cancer death among women in developing countries, including Thailand, Vietnam, and Colombia (Dos Santos Silva, 1999; National Cancer Institute, 1996). The 1992–1995 age-standardized incidence rates of cervical cancer per 100,000 women in the Philippines (22.5) and Thailand (29.2) were considerably higher than the world incidence rate (9.0). In developing countries, most women are diagnosed with an advanced stage of the disease (Hacker, 2000). In southern Thailand, cervical cancer accounts for 24.8% of all cases of cancer in women, and more than half of patients are diagnosed at stage II or higher (Prechavittayakul & Sriplung, 1999).

Used to treat advanced stages of cervical cancer, radiotherapy has a number of side effects, including fatigue, decreased vaginal blood flow, and reduction of vaginal lubrication. Several studies have found that, following radiation therapy, women have a shortened vagina and dyspareunia (Flay & Matthews, 1995; Jensen et al., 2003). The illness also reduces self-image, sexual desire, and sexual intimacy between partners (Warner, Rowe, & Whipple, 1999). In a small study that explored beliefs about cervical cancer and the use of healthcare services among Thai women with the disease, Jirojwong, Thassri, and Skolnik (1994) found that women changed their relationships with their spouses, their daily activities, how often they left the home, and their relationships with family members and friends after their cancer diagnoses; however, little detailed information regarding the changes was provided.

Studies conducted in Sweden, Singapore, and New Zealand (Bergmark, Avall-Lunqvist, Dickman, Henningsohn, & Steineck, 1999; Cull et al., 1993; Flay & Matthews, 1995; Lalos & Lalos, 1996; Yeo & Perera, 1995) found that women with cervical cancer reported dyspareunia and a fear of disease recurrence, which explained the marked reduction in the fre-

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