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abstract

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Beyond Survival: The Burden of Sexual Dysfunction and Impaired Quality of Life in Cervical Cancer Survivors in Bangladesh

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Introduction: Sexual function and general quality of life (QOL) are frequently compromised after cervical cancer therapy. However, these outcomes are insufficiently investigated in the Bangladeshi context. The purpose of this study was to determine the prevalence of female sexual dysfunction (FSD) among survivors of cervical cancer, ascertain the clinical and sociodemographic characteristics that are linked to FSD, and evaluate the connection between FSD and general quality of life.

Methodology: A cross-sectional study was conducted among 200 cervical cancer survivors who had completed definitive treatment at the National Institute of Cancer Research and Hospital (NICRH). The study received ethical approval from the NICRH Institutional Review Board, and informed consent was obtained from all participants. Data were collected using validated Bangla versions of the Female Sexual Function Index (FSFI - 6; Cronbach's $\alpha = 0.887$) and the Functional Assessment of Cancer

Therapy-General (FACT-G; Cronbach's $\alpha = 0.84$). Data were analyzed using Multiple linear regression. Analyses were performed to identify independent predictors of FSFI scores and to adjust for potential confounders. Spearman's correlation was used to examine the relationship between sexual function (FSFI) and overall quality of life (QOL).

Results: Nearly all participants scored below the established FSFI-6 cutoff, indicating a high burden of sexual dysfunction in this cohort. In multivariate analysis, menopausal status, treatment modality, and disease stage were independently associated with FSFI score ($p < 0.001$). Premenopausal women had better sexual function ($\beta = 1.24$, 95% CI 0.65–1.83, $p < 0.001$). Advanced disease stage was associated with poorer function (Stage III: $\beta = -2.12$; Stage IV: $\beta = -3.63$, $p < 0.01$). More intensive treatment modalities also predicted worse sexual function ($\beta = -1.67$ to -5.63 , $p \leq 0.003$). The mean overall QOL score was 50.65 ± 5.25 . Sexual function was positively correlated with all QOL subdomains (p

< 0.05). After adjusting for late radiation toxicities, FSFI remained a strong positive predictor of QOL ($B = 1.77$, $\beta = 0.98$, $p < 0.001$), while late toxicities showed a minimal but significant effect ($B = 0.37$, $p = 0.035$).

Conclusion: Female sexual function and QOL are markedly impaired among cervical cancer survivors in Bangladesh. Integrating sexual health assessment and supportive interventions into survivorship care is essential to improve overall well-being in this population.

Conflict of interests: The authors declare no conflict of interests.

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