

The Relationship Between Body Image Changes and Sexual Dysfunction in Breast Cancer Patients at Gorontalo Provincial Hospital

Nur Afdillah Husa^{1*}, Ridha Hafid², Nirwanto K. Rahim³

¹Mahasiswa Program Studi Ilmu Keperawatan UNG

^{2,3}Dosen Program Studi Ilmu Keperawatan UNG

Article Info

Article history:

Received, 19 Mar, 2025

Revised, 29 Apr, 2025

Accepted, 30 Apr, 2025

Keywords:

Body Image, Sexual
Dysfunction, Breast Cancer

ABSTRACT

Breast cancer is a type of chronic non-communicable disease that grows in breast tissue. Breast cancer causes changes in the body that can cause negative body image problems that affect life on sexual function. The purpose of this study was to determine changes in body image with sexual dysfunction in breast cancer patients. This research method uses a correlation approach and Cross-Sectional design. The population in this study was obtained data at Prof. DR. Aloe Saboe Hospital in 2024 as many as 26 populations and at dr. Hasri Ainun Hospital as many as 23 populations, with Accidental Sampling techniques obtained a research sample of 44 respondents. The results showed that respondents with positive body image changes were 27 respondents (61.4%), negative body image changes were 17 respondents (38.6%) and respondents with good sexual function were 30 respondents (68.2%), and 14 respondents had poor sexual function (31.8%). The results of the chi square test obtained a significance value of $p = \text{value } 0.017 (<0.05)$. In conclusion, there is a relationship between changes in body image and sexual dysfunction in breast cancer patients at the Gorontalo Provincial Hospital. The researcher's advice is aimed at the public, medical personnel and researchers to pay attention to the problems that arise in breast cancer.

*Corresponding Author:

Nur Afdillah Husa

Mahasiswa Program Studi Ilmu Keperawatan UNG

Corresponding author: dilahusa390@gmail.com

INTRODUCTION

Breast cancer is a type of chronic non-communicable disease that can affect both men and women and grow in breast tissue (Kusumawaty et al., 2021).

Prevalence of breast cancer in data WHO (2024), there are as many as 2.3 million women diagnosed with breast cancer with a figure of 670,000 people who died. Breast cancer in Indonesia data in 2020, there were 396,914 people suffering from cancer, including 68,858 (16.6%) who had breast cancer (Ministry of Health, 2022). In Gorontalo Province, breast cancer has also increased significantly in the last two years with a total of 41 people in 2021 and 281 people in 2022 (Health Office, 2024). The data for the last three years on medical records at the Gorontalo Provincial Hospital were obtained by Prof. Dr. Aloe Saboe Hospital as many as 1,169 people and dr. Hasri Ainun Habibie Hospital as many as 164 people.

Breast cancer will have an impact that needs to be considered on several changes in physical and psychological aspects. Psychological problems are caused by physical problems faced so that there is a decrease in quality of life due to psychosocial disturbances. A psychosocial problem that is less paid attention by the public in breast cancer patients is a change in lifestyle in sexual identity, namely sexual dysfunction (Sa'adati, 2021).

Sexual dysfunction refers to various problems or disorders that affect a person's ability to satisfy or function of sexual activity. Married cancer patients will be 3.5 times more likely to experience interpersonal problems, especially with their partners in the quality of sexual activity (Sembiring, 2022). This is in accordance with the explanation of the Nur et al (2020), that there are most breast cancer patients who undergo treatment therapy will experience impaired sexual function that occurs, either on the one hand, namely the sufferer who feels pain in the body and weakness that makes him not enjoy sexual activity or indeed undesire arises from both parties who experience difficulties in attraction with a partner, sexual interest and resulting in decreased satisfaction in sexual life. This of course needs more attention because Virginia Henderson said that humans have 14 basic life needs that really must be met, including sexuality. Symptoms of sexual dysfunction occur due to several factors, including physical changes (Sembiring, 2022).

In general, these physical changes occur due to disease processes and medications that affect the consequences of body image (Irnawati & Ambiya, 2020). There are as many as 89% of breast cancer patients will experience negative body image and only 11% have a defense to a positive body image (Kurniawan, 2020).

Body image is a positive and negative assessment, feeling and expectation of body shape Female breasts are used as a standard of beauty where if there is a change in this organ, it makes a person dissatisfied with their own body shape because they think that their body is defective (Kurniawan, 2020). Of course, this strengthens the response of the body's view to be negative so that the sexual function of the sufferer deteriorates because they feel no longer sexually attractive and lose a sense of femininity with the current condition of the breasts (Anggraini et al., 2023).

In initial surreal interviews with five patients at the Gorontalo Provincial Hospital, most of them stated that when there was a change in the shape of their breasts, they tended to feel sad, scared and disgusted to see their bodies, but as time went by, they got used to it and resigned themselves to the situation. In sexual activity, all patients experience changes in sexual activity that were previously active are now reduced due to the patient's body condition going up and down due to the effects of treatment and diseases that occur. Three patients said that not only did they feel afraid of the wounds before and after the surgery, but this also arose from the husbands who told the patients that they were afraid and even disgusted at the wounds on the patient's body. Two of them received good support from their husbands and her husband did not have a problem with any changes in the shape of her breasts.

Based on the background that has been described above, the researcher is interested in conducting a study entitled "The Relationship between Body Image Changes and Sexual Dysfunction in Breast Cancer Patients at Gorontalo Provincial Hospital"

RESEARCH METHODS

This research was carried out by the Gorontalo Provincial Hospital, namely Prof. Dr. Aloei Saboe Hospital and dr. Hasri Ainun Habibie Hospital in December 2024. This study uses a quantitative research type with a correlation approach and cross sectional design. The sampling technique used the Accidental Sampling technique for a total of 44 samples, after which the proportion was divided among the two hospitals used. At RSAS as many as 23 samples and RSHAH as many as 21 samples. The research instrument used was the MBSRQ-AS questionnaire consisting of 34 items of favorable and unfavorable and the FSFI questionnaire consisting of 19 questions.

RESEARCH RESULTS

Respondent Characteristics

Characteristics of Respondents in Patients

Table 1 Respondent Characteristics

Category	Quantity (n)	Frequency %
Respondent Age		
Late Adult (36-45 years)	13	29.5
Early Elderly (46-55 Years)	19	43.2
Late Elderly (56-65 Years)	12	27.3
Respondent Occupation		
Farmer	2	4.5
IRT	30	68.2
Self employed	2	4.5
Teacher	10	22.7
Final Education		
SD	9	20.5
JUNIOR	11	25.0

High School/Vocational School	12	27.3
S1	12	27.3
Stage of Cancer		
Stage 1	9	20.5
Stage 2	27	61.4
Stage 3	7	15.9
Stage 4	1	2.3
Long Suffering		
< 5 Years	43	97.7
> 5 Years	1	2.3

Source: Primary Data, 2024

Based on table 1, it can be seen that the characteristics of the most respondents are 46-55 years old, 19 respondents or 43.2%, while the lowest age range is 56-65 years old, as many as 12 or 27.3%. Based on the characteristics of the jobs that many respondents have, IRT is 30 respondents or 68.2%, while the lowest job range is farmers and self-employed as many as 2 or 4.5%. Based on the educational characteristics, the most respondents were high school/vocational school and S1 as many as 12 respondents or 27.3% while the lowest level of education was elementary school as many as 9 or 20.5%. Based on the characteristics of the type of cancer (stage) suffered by the most patients, stage 2 was 27 respondents or 61.4%

Characteristics of Respondent Pairs

Table 2 Characteristics of Respondent Pairs

Category	Quantity (n)	Frequency %
Spouse's Age		
Late Adult (36-45 years)	12	27.3
Early Elderly (46-55 Years)	16	36.4
Late Elderly (56-65 Years)	13	29.5
Senior (65 years and above)	3	6.8
Work		
Farmer	13	29.5
Self employed	21	47.7
Private Employees	6	13.6
Teacher	2	4.5
TNI/Polri	2	4.5
Final Education		
SD	9	20.5
JUNIOR	7	15.9
High School/Vocational School	18	40.9
D3	2	4.5
S1	7	15.9
S2	1	2.3

Source: Primary Data, 2024

Based on table 4.2, it can be seen from the characteristics of the respondent pairs that the age range of the most respondent pairs is 46-55 years old as many as 16 respondents or 36.4% while the age range of the lowest respondent pairs is 65 years and above as many as 3 or 6.8%. Based on the job characteristics, the most respondents were self-employed, 21 respondents or 47.7%, while the jobs of the lowest respondent pairs were teachers and the TNI/Polri and above, as many as 2 or 4.5%. Based on the characteristics of the education level, the most respondents were 18 respondents in high school/vocational school, while the lowest level of education for the respondent pair was 1 or 2.3%.

Univariate Analysis

Distribution of Respondents Based on Body Image Changes

Table 3 Distribution of Respondents Based on Body Image Changes

Yes	Body Image	Quantity (n)	Frequency (%)
1.	Negative Body Image	17	38.6

2.	Positive Body Image	12	61.4
----	---------------------	----	------

Source: Primary Data, 2024

Based on the distribution table of respondents on changes in body image from 44 respondents, it was found that most respondents had a positive body image as many as 27 respondents or 61.4% and those who experienced negative body image as many as 17 respondents or 38.6%.

Distribution of Respondents by Sexual Dysfunction

Table 4 Respondent Evaluation Based on Sexual Dysfunction

Yes	Body Image	Quantity (n)	Frequency (%)
1.	Poor Sexual Function	14	31.8
2.	Good Sexual Function	30	68.2

Source: Primary Data, 2024

Based on the table of respondent disbursement on sexual dysfunction above, it can be seen that most of the respondents have good sexual function, as many as 30 respondents or 68.2% and those who experience bad sexual function are as many as 14 respondents or 31.8%.

Bivariate Analysis

Table 5 The Relationship of Body Image Changes and Sexual Dysfunction in Breast Cancer Patients at Gorontalo Provincial Hospital

Body Image Changes	Categories Dysfunction Sexual				Total		Result Test Statistics (P-value)
	Poor Sexual Function		Good Sexual Function				
	N	%	N	%	N	%	
Negative Body Image	9	64.3	8	26.7	17	38.6	0.017
Positive Body Image	5	35.7	22	73.3	27	61.4	
Total					44	100	

Source: SPSS Data Version 26

Based on table 5 above, the bivariate data analysis technique used in this study uses a chi-square statistical test of 0.017. This shows that there is a significant relationship between changes in body image and sexual dysfunction in breast cancer patients at the Gorontalo Provincial Hospital (p -value <0.05).

A cross-tabulation value was obtained that there were 9 respondents or (64.3%) who experienced a negative body image with a bad sexual function category and 8 respondents or (26.7%) who experienced a negative body image with a good sexual function category. The table also shows that there are 5 respondents or (35.7%) who experience a positive body image with a category of poor sexual function and there are 22 respondents or (73.3%) who experience a positive body image with a category of good sexual function.

DISCUSSION

Body Image Changes

Body image according to Haryani (2024), is an act and thought in judging a person's feelings of worth shown through the attitudes held by the individual. Body image will give a mental picture that a person has of his size and body shape. The results of the study found that 17 (38.6%) respondents experienced negative body image, which can be seen from the results of the questionnaire answers which stated They don't like it when they see their body without clothes, feel unattractive physically, feel worried about their physical appearance by always looking in the mirror and being careful so they spend a lot of time getting ready, they always try to improve their physical appearance, feel worried about being fat which affects weight judgment so they go on a diet. This means that they feel dissatisfied and worried about their physical appearance.

This is in line with research from Erismadewi et al (2022), stating that there were 34.8% of respondents who experienced low or negative body image which was characterized by the way they described their overall appearance with dissatisfaction with their body shape and felt that his body was not ideal. In addition, women who are growing up will feel worried and scared so they tend to pay attention to

their overall physical appearance which makes them more wary of giving a bad impression of other people or the opposite sex (Nafi Ibdiyana Musyarrifani, 2022).

In theory Yusri (2020), explaining that there are components that can build body image, namely affective, cognitive and behavioral components that will be disturbed due to several circumstances.

Theory Gati (2023), also explains body image gives rise to overthinking about physical appearance which is characterized by an excessive tendency to think and feel worried about how we look physically.

The results of the study also showed that 27 (61.4%) of the respondents had a positive body image according to the respondents' answers, on average feeling confident that their bodies were sexually attractive and that others viewed them as attractive. There is a feeling of satisfaction that likes the appearance as it is and likes the clothes worn to suit the physical appearance and satisfaction in certain parts of the body such as the face, hair, lower body, middle of the body.

This is in accordance with research conducted by Dianingrum & Satwika (2021), showing that out of 114 students who were respondents, there were 67 respondents who had moderate body image and 40 respondents had high body image related to self-confidence. This is seen from the way they view and judge all parts of themselves with ideals, which come and are created from life experiences like how others perceive them.

This is based on the theory of Kumalasari & Rahayu (2022), explains that when we talk about body parts, it shows how a person judges, considers his body to be ideal which is generally influenced by the social and cultural environment. Overall, a positive body image has a behavior of satisfaction with the body you have, acceptance of the body, respect for what you have, confidence and feel comfortable with yourself.

The age factor also affects the view of body image. Such as research conducted by Erismadewi et al (2022), stated that most adolescent respondents had a negative body image of 57.8%. Because age pays attention to self-image that continues to develop until late adolescence and early adulthood. Based on the age characteristics of the respondents in this study, it was found that respondents who had a positive body image were in the age range of late adulthood to the late elderly as many as 27 respondents compared to those who had a negative body image there were only 17 respondents. This means that those who are late adulthood tend to have a positive body image rather than a negative one. Because a person's body image comes from the maturity level of the mindset in taking an attitude. Women who have started to grow up to be elderly, they will tend to think more about other things than thinking about their body Ariani et al. (2021)

Sexual Dysfunction

Sexual dysfunction refers to a variety of problems or disorders affecting a person's ability to feel satisfaction or function properly in sexual activity and difficulties in having sexual relations with their partner. This is obtained from the patient's attitude towards intimate behavior who feels inadequate with his sexuality due to the physical and aesthetic damage suffered.

Based on the results of the study, it was found that as many as 14 respondents (31.8%) experienced sexual dysfunction or poor sexual function based on the answers given by respondents who said that their sexual desire was low, only a few times could be sexually aroused with moderate to low levels or even no sexual attractiveness, difficulty lubricating and orgasming, and several times experiencing pain during intercourse.

This is in accordance with research from Nur et al. (2020), it was obtained that from 31 respondents, there were 29 respondents who experienced problems with sexual function in the satisfaction domain which was related to a history of chemotherapy which will usually result in a feeling of heat and dryness in the vagina so that it feels painful when having sex and this interferes with the satisfaction of sexual life. They will also have difficulty in attraction with their partner and sexual interests so that they fail to achieve desire, orgasm and lubrication.

This research statement is reinforced by the theory Nevid (2021), explains that our bodies sometimes have sexual problems. Some people experience a loss of sexual desire or interest, others have difficulty getting aroused or including reaching orgasm.

The results of the study also found that respondents who had good sexual function were 30 respondents (68.2%). Based on the questionnaire answers, respondents answered that they sometimes still feel desire, sexual arousal, orgasm, lubrication and are quite satisfied with emotional closeness when having sex.

This is in accordance with research from Sa'adati (2021), in each domain of sexual function assessment, 51 (31%) respondents were found who sometimes still felt sexual desire, 18 respondents (10.4%) sometimes felt sexual arousal, and as many as 15 respondents (8.7%) who sometimes felt the vagina become wet during sexual intercourse and respondents who felt somewhat satisfied with the level of emotional closeness with their partner during sexual activity as many as 42 respondents (24.3%).

In the explanation of the theory according to Safaria (2021), the phase of human sexual response is divided into four phases with emergent characteristics. The first phase is sexual desire, the second phase is

sexual arousal, the third phase is orgasm, the fourth phase, resolution.

The Relationship between Body Image Changes and Sexual Dysfunction in Breast Cancer Patients at Gorontalo Provincial Hospital

Based on the results of bi-variate analysis using the chi-square test to see the relationship between variables, a significant value was obtained, namely a p-value of 0.017 where this value was <0.05 which showed a significant relationship between changes in body image and sexual dysfunction in breast cancer patients at the Gorontalo Provincial Hospital.

The results of the research of respondents who experienced negative body image and poor sexual function as many as 9 respondents or (64.3%) respondents did not like to see their bodies naked because they were disgusted with the shape of their breasts and felt physically unattractive, which caused respondents to experience psychological pressure on sexuality.

This is in accordance with research from Putri et al (2020,) Based on 31 breast cancer patients who experienced negative body image, there were 31 (100%) of those who had poor sexual function with negative responses to sexual stimuli caused by the impact of the treatment undergone.

This research is supported by the theory of Valentina et al (2024), mentioning that women with cancer report they experience sexual dysfunction because they are affected by body changes.

In addition, the results of the study were obtained as many as 8 respondents (26.7%) experienced negative body image with good sexual function. This can be seen from the results of the interview, the respondent said that he felt bad when he saw himself, especially in the chest but this did not reduce the support he received from his partner, which of course had a positive impact on the couple's life.

In line with research from Nilas et al (2021), explaining that negative feelings when looking at the body can predict a person's decreased desire and arousal, but this will not happen if the partner plays a positive role in the perception of his wife's body. Therefore, the internalization attitude of others can be just as important as feelings or self-evaluation of sexual function.

This is reinforced by the theory Anggraini et al (2023), that sexual satisfaction is the satisfaction felt from both parties, namely husband and wife in sexual relations as a physical and psychological unity of both parties that shows the concept of quantity and quality of sexual relations.

Based on the results of the study, 5 respondents or (35.7%) experienced a positive body image with the category of poor sexual function. This can be seen from the analysis of the questionnaire, which is when a person accepts all his conditions including his body shape and appearance, but this does not rule out the possibility of sexual dysfunction arising from the effects of treatment.

This is in accordance with research from Luthfia et al. (2024), showing that the majority of respondents had a positive body image totaling 39 people (67.2%) who no longer cared about the appearance of their breasts. But sexual function problems in breast cancer patients still occur because they are caused by the course of the disease and cancer treatment.

This is in accordance with the theory of Wilya et al (2024), a positive body image includes three main aspects, namely appreciation for the body and its functions, awareness and attention to the body's needs, and the ability to process information related to the body by protecting one's own body. With the presence of cancer and its treatment, it can directly cause sexual dysfunction such as pain in the body and weakness due to treatment or side effects of drugs that hinder the ability to enjoy sex to the fullest.

The results of the study also obtained 22 respondents or (73.3%) who experienced a positive body image with a good sexual function category, this can be found in the questionnaire answers that said that they were more confident in the current body appearance and some others said that others still said that they were still attractive even with this disease. Even in their sexual life, they feel that they are sexually attractive so that they are more relaxed and open in sexual activities. This can also be supported by good communication with your partner in order to obtain satisfaction in sexuality.

This is in accordance with research conducted by Masda (2022), shows that as many as 67.5% of women have a body image in the high category because they have a good judgment or perception of themselves and others so that they tend to be more comfortable and enjoy sexuality which with open communication and support from partners is the first step in handling sexual problems.

This is explained in theory Agustini et al (2024), human sexuality is influenced by factors that can shape a person to express his sexual satisfaction. These factors are psychological factors, namely a personality that is open to extroversion, and neuroticism can affect how a person establishes a relationship with a partner. Likewise, the level of self-esteem and self-confidence that can affect how a person views themselves sexually and how they interact with their partner.

CONCLUSION

Based on the most changes in body image, 27 respondents (61.4%) had positive body image and 17 respondents or 38.6% had negative body image.

Based on the most sexual dysfunction, there were 30 respondents or 68.2% of respondents who had good sexual dysfunction or sexual function and 14 respondents or 31.8% of respondents who had sexual dysfunction or poor sexual function.

Based on the results of data processing using SPSS Version 26 with the chi-square test, a p-value = 0.017 was obtained that was smaller than $\alpha = 0.05$ which could be concluded to be acceptable, thus showing that there was a relationship between changes in body image and sexual dysfunction in breast cancer patients at the Gorontalo Provincial Hospital. αH_1

SUGGESTION

For the Community

It is hoped that the community around the patient will be able to better recognize psychological conditions such as body image and sexual dysfunction in each patient, especially breast cancer patients so that they can provide psychological support for breast cancer patients.

Medical Personnel

In addition to paying attention to the physical treatment needs of patients, it is hoped that medical personnel will also continue to pay attention to the patient's psychological condition and provide actions according to professionals in their respective fields.

For the Next Researcher

This research can be used as reference material to be able to research related to changes in body image in chronic disease patients by paying attention to other factors. For example, the influence of mass media, gender, interpersonal relationships, self concept, and age on the emergence of body image disorders. As well as deepening research related to signs that indicate if a person has a body image disorder.

REFERENCES

- Agustini, N. R. S., Ifadah, E., Sujati, N. K., Juliastuti, D., Pratiwi, A., Hutagalung, R., Sari, F. N., & Swedarma, K. E. (2024). Psychosocial and Cultural Textbook in Nursing (P. I. Daryaswanti (ed.)). PT. Sonpedia Publishing Indonesia.
- Anggraini, D., Nursanti, I., Sari, I. P., & Wahyuni, S. (2023). Quality of Sexual Health of Women with Breast Cancer during Treatment. Proceedings of the National Research Seminar of LPPM UMI, 1(1).
- Ariani, N. K. N., Swedarma, K. E., & Saputra, I. K. (2021). The Relationship of Body Image and Eating Behavior Disorders in Adolescent Girls Instagram Users Ni Kadek Novi Ariani 1, Kadek Eka Swedarma 2, I Kadek Saputra 2. Society of Publishing In Nursing (COPING), 9, 563–571.
- Ministry of Health. (2009). Age Classification by Category. Ministry of Health of the Republic of Indonesia.
- Dianingrum, S. W., & Satwika, Y. W. (2021). The relationship between body image and self-confidence in adolescent girls. Journal of Psychological Research, 8 (7) (Body image), 194–203.
- Dinkes, G. (2024). Breast Cancer and Cervical Cancer Screening Is Still Low, People Are Urged to Do Screening at Health Facilities. Health Office.
- Erismadewi, P. P. A., Swedarma, K. E., & Antari, G. A. A. (2022). The Relationship of Compassion with Body Image in Adolescents at SMA Negeri 2 Semarang. Society of Publishing In Nursing (COPING), 10(1), 38–45.
- Gati, R. S. (2023). A Guide to Managing Various Overthinking. Laksana.
- Haryani, H. (2024). Determinants of Body Mass Index in Adolescents. NEM Publishers.
- Irnawati, & Ambiya, N. (2020). The Relationship of Chemotherapy Treatment with Body Image Disorders of Breast Cancer Patients in Hospitals. Islam Faisal Makassar. Journal of Health News: Journal of Health, XII(1), 1–10.
- Ministry of Health. (2022). The Most Breast Cancer in Indonesia, the Ministry of Health Targets Equitable Service Distribution. Editor of Sehat Negriku.
- Kumalasari, A. Y., & Rahayu, M. N. M. (2022). Self Esteem and Body Image in Postpartum Adult Women. Psychoborneo: Scientific Journal of Psychology, 10(4), 653. <https://doi.org/10.30872/psikoborneo.v10i4.9099>
- Kurniawan, J. (2020). Body Image and Self-Acceptance in Breast Cancer Patients: Literature Review.
- Kusumawaty, J., Novianti, E., Sukmawati, I., Srinayanti, Y., & Rahayu, Y. (2021). The Effectiveness of SADARI Education (Breast Self-Examination) for Early Detection of Breast Cancer. ABDIMAS: Journal of Community Service, 4(1), 496–501. <https://doi.org/10.35568/abdimas.v4i1.1177>

- Luthfia, G., Huda, N., & Aziz, A. R. (2024). The Relationship of Spiritual Well-Being with Body Image of Post-Mastectomy Breast Cancer Patients at Arifin Achmad Hospital. *Nursing media research*, 7(1), 27–36.
- Masda, D. A. (2022). The Influence of Body Image on the Confidence of Young Women at MA Annur Bululawang.
- Nafi Ibdiyana Musyarrifani. (2022). The Influence of Body Image on Consumption Culture in Women. *SASDAYA: Gadjah Mada Journal of Humanities*, 6(1), 67–80. [https://doi.org/10.22146/sasdaya.v6\(1\).67-80](https://doi.org/10.22146/sasdaya.v6(1).67-80)
- Nevid, J. S. (2021). *Gender and Sexuality: Conception and Application of Psychology*. Nusamedia.
- Nilas, C. Q., Benson, L., Milhausen, R. R., Buchholz, A., & Goncalves, M. (2021). The Relationship Between Body Image and Domains of Sexual Functioning Among Heterosexual, Emerging Adult Women. *Sexual Medicine*, 4(3), 182–189.
- Nur, D., Sari, A., & Oktavianto, E. (2020). Sexuality in Ca Mamae Patients Who Undergo Chemotherapy Sexuality in Ca Mamae Patients Who Undergo Chemotherapy. *Medika Respati : Scientific Journal of Health*, 15(2), 107–114. <https://doi.org/10.35842/mr.v15i2.255>
- Putri, C. H., Widjayanti, Y., & Kurniawaty, Y. (2018). Body image and sexual function of women with breast cancer at the Indonesian cancer foundation. *Journal of Health Research, Body Image and Sexual Function of Women With Breast Cancer at the Indonesian Cancer Foundation*, 85–91.
- Sa'adati, Y. (2021). Identification of Causal Relationships of Sexual Dysfunction Factors in Women with Cancer in Indonesia. In *Islamic University of Indonesia*.
- Safaria, T. (2021). *Abnormal Psychology: Its Basics, Theories, and Applications*. UAD PRESS.
- Sembiring, E. E. (2022). Depression in Post-Mastectomy Breast Cancer Patients: A Literature Review. *Journal of Lanterns: Research and Community Service*, 96(2), 96–105. <https://jurnal.ybli.or.id/index.php/ojs/article/view/39>
- Valentina, N. D., Sari, R. I., Vallen, N., Puspita, I., Semarang, S. T., Raya, J. A., & Barat, K. S. (2024). The Relationship of Treatment to Sexual Function in Cervical Cancer Patients at Dr. Kariadi Semarang. 4.
- WHO. (2024). *Breast Cancer*. WHO.
- Wilya, D. F., Huda, N., & Woferst, R. (2024). The relationship between body image and quality of life in post-mastectomy breast cancer patients. *Journal of Midwifery*, 13(1), 137–144.
- Yusri, A. Z. and D. (2020). Sociocultural Internalization, Korean Wave and Adolescent Body Image Quality. *Journal of Educational Sciences*, 7(2), 809–820.