



Research article

The Impact of Cervical Cancer on the Sexuality of Muslim Female Patients with Husbands: A Qualitative Phenomenological Study

Hernandia Distinarista¹, Tutik Rahayu¹, Apriliani Yulianti Wuriningsih¹, Sri Wahyuni¹

¹ Nursing Department, Unissula Semarang, Indonesia

Article Info

Article History:

Submitted: Feb 23rd 2023

Accepted: Nov 23rd 2023

Published: Dec 31st 2023

Keywords:

cancer cervix; sexuality;
patient muslimah

Abstract

The treatment period for the cancer cervix and its treatment can also cause various change physical and physiological, which can cause various problems one of which is the disturbance of sex. Cancer cervix in a manner directly affects the sexual organs, almost 50% of women with cancer cervix report dysfunction sexual. Dysfunction sexual This can be felt only by women just or women with a partner. Study This aim to see the aspect of sexuality specifically for patients with cancer cervix, based on a change in physical and psychological consequences of the disease and its treatment. This study used a *phenomenological hermeneutic method*, data collection was carried out using semi-structured interviews which were then transcribed. Data analysis using content analysis or *content analysis*. Research results obtained three themes namely: problem physical problems psychologically, the efforts made to overcome the problem with sex, and hope patience. Deep conclusions study this patient's cancer cervix experience problem sexual dysfunction and need maintenance holistically.

INTRODUCTION

Every year more than 300,000 women die because of cancer cervical. More than half a million Woman diagnosed with cancer cervical. Cancer cervix occupies order second highest case new and third highest death consequence cancer.¹ In Indonesia there are Lots of case new cancer cervix that is as many as 32,469 (10.69%) and death consequence cancer cervix in Indonesia as many as 18, 279 (10, 27%).²

The high rate of cervical cancer in Indonesia is influenced by low screening coverage. Until 2021, as many as 6,83% of women aged 30-50 years who underwent screening

tests used the IVA method. If it is not treated effectively, it is possible that the number of cervical cancers will increase and there is a risk of causing a large socio-economic burden and reducing the quality of life of the individual mother.

Patient cancer undergoing cervix treatment chemotherapy will experience a number of problems that is disturbance sleep, pain, fatigue, stress, quality life that doesn't like usually and depressed. A must moral burden borne patient cancer cervix besides inconvenience physique that is burden

Corresponding author:

Hernandia Distinarista

hernandia@unissula.ac.id

South East Asia Nursing Research, Vol 5 No 4, Dec 2023

ISSN:2685-032X

DOI: <https://doi.org/10.26714/seanr.5.4.2023.1-6>

finances and stress emotional tend develop to depression.³

Observation description clinic on sufferer cancer cervix is very important thing Because can evaluate effectiveness chemotherapy, chemotherapy tend more effective in patients' cancer cervix with increasing stages low.⁴

After chemotherapy during three cycle, on symptoms clinic, percent is lost symptoms in patients with stages I, II, III and IV vaginal discharge were 100%, 96%, 93.3% and 25% respectively; on symptoms bleeding, respectively were 100%, 68%, 53.3% and 0%; and average score each pain is 0.9 ± 0.9 ; 1.0 ± 1.5 ; 1.4 ± 1.4 and 3.5 ± 1.9 . Decline score meaningful pain occurs in patients with stage I, II and III respectively p-value = 0.000. In stage IV patients, decreased score painful no significant (p=0.391). On condition post chemotherapy, percentage stated patient experience improvement in stages I, II, III and IV were 100%, 96%, 93.9% and 75%.⁵

Function sex with the patient cancer cervix decrease in a manner significant after care. Found only several looking research need psychosexuality, perception, and acceptance they to supportive psychosexuality. Influence cancer gynecology on sexuality depending on some factor like factor psychosexual, factor biology, and age. Surgery own correlation direct with dysfunction sexual. Sexual interest low or not there is desire the same once, less lubrication, *dyspareunia*, and decline frequent vaginal lubrication found. A number of researchers focus on definition prevalence and type problem sexual after patient undergo maintenance cancer. which problem often ignored is evaluation effective intervention for prevent or treat dysfunction sexual related cancer. Kindly specifically power medical need collaborate for creating a maintenance program in accordance problem physical and psychological patient and partner especially problem sexuality. Collaboration in

intervention with gynecologists, sexologists, radiotherapists, and staff nurse will beneficial for optimizing health sexual sufferer cancer and their partners.⁶

Effect side treatment cancer cervix can damage function sexual and can influence quality life affected woman impact cancer. Kindly general, function sex with the patient cancer cervix decreases in a manner significant after treatment, and dysfunction sexual is one most affected symptom psychological patient cancer cervical. Treatment cancer, therapy radiation, cause level high and persistent vaginal morbidity experience dysfunction sexual. In perspective this, there need for development research studies sexuality survivor cancer cervix and how matter that affected by disease and toxicity treatment. With known effect from maintenance cancer patient 's cervix expected power health can give more service comprehensive with objective increase quality life patient with cancer cervical.⁷

Study this aim for understand suffering patient cancer cervix about dysfunction sexual and how management sexuality patient and husband. Research results expected can made as evaluation by the nurse so that in give care nursing can done holistically and become basic data in research next. With basic data expected nurse in give care nursing in a manner holistic in accordance with need patient so that number hope life patient more long.

METHOD

Design method study this is qualitative with approach phenomenology hermeneutic. Process methodology descriptive phenomenology covers four step that is *bracketing*, *intuitive*, *analyzing*, and *describing*. Researchers dig what are participants feel, experience, do related problem experienced sexuality since diagnosed and undergoing treatment cancer cervical. Participant consists of 6 patient cancers cervical. As for the criteria

inclusion participant including: 1) women age > 20 years; 2) have or not yet married; 3) diagnosed with cervical cancer; 4) no experience disturbance cognitive; 5) willing and agree for become participant in research; 6) capable communicate with good; 7) no experience complications; 8) still own husband. Data collection is carried out with semi structured interview as well as write results interview and document to inform transcript furthermore analyzed

using content analysis. questions asked to participant among others: 1. Is Mother Still feel sexual arousal? Can be explained more details mom? 2. Was Mother Still respond to stimulation sexual from husband? 3. How with vaginal lubrication There is change? 4. How with satisfaction in problem sexuality with husband? 5). In doing what sexual activity? Mother feel pain? Can be explained more details mother.

RESULTS

Following are themes, categories and narratives respondent patient suffering muslims cancer cervix:

Theme	Category	Respondent narrative
Physical problems	Painful	"...when you have intercourse with your husband, you feel sick, sis, it hurts dry, then tomorrow, if you have intercourse with your husband, give water first..." (P.1)
	vaginal bleeding	"... it feels like dry pain, ma'am, after having intercourse fresh blood comes out, I'm afraid..." (P.2)
	Dry vagina	"...inside it feels cramped and dry miss, it hurts, but what else should I feel sorry for my husband..." (P.4)
Psychological Problems	Afraid	"...I sometimes use pads even though I'm not menstruating, I lie to my husband because I'm afraid that I'll be asked to have sex..." (P.2)
	Worried	"... I have mixed feelings, sometimes I worry that I can still play the role of being a good wife or not under the current conditions..." (P.4)
	Feeling meaningless	"...I can't feel how I feel anymore, like I'm no longer useful, afraid of being a bother because my family has to take care of me..." (P.6)
Attempts were made to overcome sexual problems	Using oil	"...mother uses olive oil before intercourse because it feels dry..." (P.3)
	Using water	"... I wet it first with water before having sex, if it doesn't hurt..." (P.5)
	Using lubricant	"... in the past the doctor said to use lubricant so you don't get sick ... the nurse also said try to relax so that when you have intercourse it doesn't hurt so much..." (P.6)
	Try to relax more	
Patient expectations	Get directions from health workers	"...doctors and nurses are good ladies and gentlemen, what should I do..." (P.1)
	Get counseling related to sexual needs	"... I want to be given knowledge about how I should go forward, to be told anything that is beneficial for the mother's health and sex problems..." (P.2)
	Involve husband when consulting	"...during treatment I only received information about sexual problems..." (P.4)
	Understanding of husband	"...when talking about problems with the female organs when the husband is not around, miss, when the husband is around, the mother and father can study together..." (P.6)

Patient with cancer cervix part big experience problem sexuality, including decline interests and activities sex, pain during connection sexual, trouble For reach orgasm, lack lubrication, dyspareunia, and vaginal shortness. Treatment with surgery,

chemotherapy, therapy hormones, radiotherapy, and drugs become possible factor affect patient sexuality with cancer.⁸ Patient cancer cervix report experience image bad body, function sexual decline and worry to function sexual.⁹

Therapy cancer given to the patient cancer cervix can influence sexuality, in particular function sexual. Available treatment namely: radiotherapy, chemotherapy, and surgery give influence significant to the reproductive organs patient cancer cervical. (Sharfina et al., 2021) Women with cancer undergoing cervix treatment confess exists disturbance sexual. The main reason woman avoid do connection sexual after undergo maintenance that is fear and presence bleeding during connection sexual. Research results show dysfunction sexual between active woman in a manner sexual after treatment, frequent problems appear is decrease lubrication. Symptom remainder treatment can influence quality life treated women. Because cancer cervix and discuss connection with husband. Woman with cancer cervix must helped for face difficulty in activity sexual and for look for support and therapy possible alternative reduce effect side treatment. Use of topical estrogen and ointments based on hyaluronic acid and vitamin E has show effectiveness in reduce problem with women. Implementation counseling gynecology involved team multidisciplinary is also required in help patient with disturbance gynecology, this can bring results positive and giving profit in quality life woman.¹¹

Classification dysfunction sexual woman according to the Diagnostic and Statistical Manual of Mental Disorders:

Female sexual arousal reduce in a manner significant, interest or excitement sexual like indicated by at least 3 signs symptom following: 1). Nothing or decrease interest in activity sexual; 2) no there is or decrease thought or fantasy sexual / erotic; 3). Nothing or decrease initiation activity sexual or not accept effort partner for start; 4) no exists or decrease excitement or enjoyment sexual during activity sexual in almost all or all (75 – 100%) activity sexual; 5) no exists or decrease interest or excitement sexual as response to activity sexual or cue erotic (eg written, verbal,

visual); 6). Nothing or decrease genital or non-genital sensations during activity sexual (75-100%).

Disturbance orgasm woman, there is one symptom following and experienced almost all or all (75-100%) deep activity sexual (in context identified situations or If generalized, in all context): (1) rare experience or No exists orgasm; (2) intensity sensation reduced orgasms; (3) evaluation reporting woman worries reach orgasm, important for ask about satisfaction, variety, and quantity stimulation during activity sexual.

Pelvic pain or painful when penetration, woman experience in a manner repeated or continuously One or things following: (1). Vaginal penetration during activity sexual; (2). Vulvovaginal pain or painful pelvis during activity sexual or effort vaginal penetration; (3). Be marked with fear or worry will vulvovaginal pain or pelvis in anticipating, during, or as consequence from vaginal penetration; (4). Be marked with tension or narrowing muscle base pelvis during test vaginal penetration.¹²

Lack of knowledge, change function body, decline frequency connection sexuality, dyspareunia and indifference partner is a number of consequence main from dysfunction sexual on some patient cancer cervical.¹³ Diagnosed patient cancer and live Treatment (radiotherapy, chemotherapy, and surgery) has an impact to connection sexual together partner. Symptoms that appear such as fibrosis, stricture, decrease elasticity and atrophy mucosa so that patient experience dysfunction sexual causes frigidity, libido, lack lubrication, arousal, orgasm and dyspareunia.¹⁴

survivor cancer cervix need consultation related health in a manner general and health the sex Because decline quality life and decline function sexual.¹⁵ Boklet education proven own effect positive related knowledge and function sexual patient cancer cervical. Collaboration multidisciplinary knowledge, class

education health sexuality needed For handle dysfunction sexual patient cancer cervical.¹⁶

Suggestions for counseling sex with the patient cancer according to Del Pup et al (2019) namely :

1. Anticipate potency effect cancer and its treatment to function
2. sexual
3. Ask in a manner active about problem function sexual on every consultation
4. Reassure patient that There are worries or problem function sexual ' often ', 'normal', and ' can treated '
5. Set enough time _ For focus in a manner especially dysfunction _ sexual
6. Provide source written or web based for information more carry on
7. Consider complex and subjective sexual life
8. Develop skill in handle problem sexual
9. Refer patient if need more handling special

CONCLUSION

Problem physical , psychological , social and spiritual everything contributing to the problem sexual . Sufferer cancer cervix with therapy radiation own problem function more sexual _ complex than patient cancer cervix other . Although there is drug For reduce disturbance inconvenience , nurse expected can communicate with effective related dysfunction sexual.

Research results This expected can increase awareness provider service health For increase potency in give counseling and intervention on the problem health function sexual survivor cancer cervix with objective patient cancer cervix increase quality his life. The role of the nurse in the patient cancer cervix with dysfunction sexual expected can give promotion health, prevention and rehabilitation sexual in accordance need patient and husband.

ACKNOWLEDGMENT

The researcher would like to say thank you to all the participated as research respondents

CONFLICTS OF INTEREST

Neither of the authors has any conflicts of interest that would bias the findings presented here.

BIBLIOGRAPHY

1. Shinta D, Tamtomo DG, Soemanto R. Factors Affecting Occurrence of Depression in Patients with Cervical Cancer at Dr. Moewardi Hospital Surakarta, Central Java: A Path Analysis Model. *Journal of Epidemiology and Public Health*. 2019;4(4):338–50.
2. Country-specific I, Method N, Country-specific M. 273 523 621. 2021;858:2020–1.
3. Hu L yu, Chen Y jen, Wang P hui. Risk factors for developing depression in women with cervical cancer : a nationwide population-based study in Taiwan. 2019;135–41.
4. Suwendar, Fudholi A, Andayani TM, Sastramihardja HS. Kemoterapi Berdasarkan Stadium. *Jurnal Ilmiah Farmasi Farmasyifa*. 2018;1(2):80–8.
5. Suwendar, Fudholi A, Andayani TM, Sastramihardja HS. Kemoterapi Berdasarkan Stadium. *Jurnal Ilmiah Farmasi Farmasyifa*. 2018;1(2):80–8.
6. Mishra N, Singh N, Sachdeva M, Ghatage P. Sexual Dysfunction in Cervical Cancer Survivors: A Scoping Review. *Women's Health Reports*. 2021;2(1):594–607.
7. Correia RA, do Bonfim CV, dos Santos SL, Feitosa KMA, Furtado BMASM, da Silva Ferreira DK. Sexual dysfunction after cervical cancer treatment. *Revista da Escola de Enfermagem*. 2020;54:1–8.
8. Subagya AN, Udiani NN, Firdaus SA, Mada UG. Aspek Seksualitas pada Pasien dengan Kanker Serviks Sexuality Aspect in Cervical Cancer Patients Departemen Keperawatan Anak dan Maternitas , Fakultas Kedokteran , Kesehatan RSUD Undata Palu , Sulawesi Tengah STIKES Telogorejo Semarang , Jawa Tengah PENDA. 2019;3(1):13–20.
9. Sang YP, Bae DS, Joo HN, Chong TP, Cho CH, Jong ML, et al. Quality of life and sexual problems in disease-free survivors of cervical

- cancer compared with the general population. *Cancer*. 2007;110(12):2716–25.
10. Sharfina NA, Indriawati R, Yogyakarta UM, Yogyakarta UM, Brawijaya J, Yogyakarta KB. Sexuality of women with cervix cancer after treatment: literature review. 2021;9(3):206–13.
 11. Correia RA, do Bonfim CV, dos Santos SL, Feitosa KMA, Furtado BMASM, da Silva Ferreira DK. Sexual dysfunction after cervical cancer treatment. *Revista da Escola de Enfermagem*. 2020;54:1–8.
 12. Del Pup L, Villa P, Amar ID, Bottoni C, Scambia G. Approach to sexual dysfunction in women with cancer. *International Journal of Gynecological Cancer*. 2019;29(3):630–4.
 13. Silva TG da, Oliveira KML de, Morais SCR, Perrelli JGA, Sousa S de MA de, Linhares FMP. Sexual dysfunction in women with cervical cancer undergoing radiotherapy: concept analysis. *Escola Anna Nery*. 2021;25(4):20200404.
 14. Tramacere F, Lancellotta V, Casà C, Fionda B, Cornacchione P, Mazarella C, et al. Assessment of Sexual Dysfunction in Cervical Cancer Patients after Different Treatment Modality: A Systematic Review. *Medicina (Lithuania)*. 2022;58(9):1–13.
 15. Rai S. Quality of life and sexual dysfunction in cervical cancer survivors. *Nepal Journal of Obstetrics and Gynaecology*. 2021;16(1):92–6.
 16. Masaud HK. Impact of Protocol of Nursing Intervention on Sexual Dysfunction among Women with Cervical Cancer. *Journal of Nursing Science-Benha University*. 2021;2(2):203–24.
 17. Del Pup L, Villa P, Amar ID, Bottoni C, Scambia G. Approach to sexual dysfunction in women with cancer. *International Journal of Gynecological Cancer*. 2019;29(3):630–4.