ORIGINAL

The Journal of Palembang Nursing Studies
https://jpns-journal.com/index.php/jpns
OPEN ACCESS

Understanding sexuality and social support among post-mastectomy breast cancer patients: A qualitative study in Indonesia

Shenda Maulina Wulandari [1*]
Apriana Rahmawati [2]
Hidayat Arifin [3,4]

[1] Faculty of Nursing and Midwifery, Universitas Binawan, Jakarta, Indonesia
[2] Faculty of Nursing, Universitas Jember, Jember, Indonesia
[3] Departement of Basic Nursing, Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia
[4] Research Group in Medical-Surgical Nursing, Faculty of Nursing, Universitas Surabaya, Indonesia

***Correspondence**:
Shenda Maulina Wulandari

Nursing Program, Faculty of Nursing and Midwifery, Binawan University, East Jakarta, DKI Jakarta, Postal code: 13630, Phone: +6221-8088 0882.
shendamaulinaw@gmail.com

Volume 4(3), 123-134

http://dx.doi.org/10.55048/jpns176

e-ISSN 2827-8100
p-ISSN 2827-8496

Received : June 5, 2025
Revised : August 25, 2025
Accepted : September 22, 2025
Published : September 30, 2025

ABSTRACT

Background: Breast cancer is the most prevalent cancer among women worldwide. Mastectomy, a standard treatment, often leads to profound physical and psychological changes that can affect women's sexuality and their need for social support.
Objective: This study explored how post-mastectomy breast cancer patients in Indonesia perceive their sexuality and the social support they receive during recovery.
Methods: A qualitative phenomenological design was employed. Fifteen women who had undergone mastectomy were recruited through purposive sampling. Data were collected using semi-structured interviews and analyzed using Van Manen's phenomenological approach, with NVivo 12 Plus used for data management.
Results: Six major themes emerged: (1) sex and gender perceptions remained stable despite physical changes; (2) sexual identity and femininity were preserved; (3) participants consistently identified as heterosexual, in line with their premorbid orientation; (4) intimacy was shaped by partner support and body acceptance; (5) reproductive limitations were acknowledged, particularly among older women; and (6) social support from family, peers, and healthcare providers was critical for emotional adjustment and sexual well-being.
Conclusion: Despite altered body image, most participants maintained a strong sense of femininity and sexual identity. Emotional, instrumental, and informational support from spouses, children, communities, and healthcare professionals facilitated positive adaptation. Integrating sexuality-focused counseling and involving families in post-mastectomy care are recommended to promote holistic recovery.

Keywords: sexuality; social support; mastectomy; breast cancer

INTRODUCTION

Breast cancer is the most prevalent cancer among women worldwide, with incidence increasing with age (World Health Organization, 2023). In 2020, approximately 2.3 million women were newly diagnosed, and 685,000 died from the disease. Asia carries the most tremendous burden of significant hunting

Nursing and Healthcare Practices

- *Nurses should provide ongoing psychosocial support to address emotional vulnerability and help women sustain a positive sexual identity.*
- *Nurses must involve spouses and children in education and care planning to enhance family support.*
- *Nurses should facilitate open, culturally sensitive counseling on sexuality and intimacy to rebuild confidence and relationships.*
- *Nurses need to integrate sexual health follow-up into routine care, engaging husbands and monitoring intimacy and body image throughout recovery.*

for 49.2% of global cases, followed by Europe at 22.4% (Observatory, 2022). The lifetime risk of breast cancer for women has now reached 12.9%. In 2022 alone, an estimated 43,250 women and 530 men died from the disease (National Breast Cancer Coalition, 2022). In Indonesia, breast cancer was the most frequently diagnosed cancer in 2018, with 58,256 new cases and 22,692 deaths (International Agency for Research on Cancer [IARC], 2019).

Advances in cancer biology have improved screening and treatment, significantly increasing rates (Anand et al., 2023; Cardoso et al., 2019). Long-term survivorship continues to rise, with 67% of patients living more than five years after diagnosis and 18% surviving beyond 20 years (American Cancer Society, 2019a). Standard treatment for early-stage breast cancer typically includes surgery, radiation, systemic therapy, and psychosocial care (Sun et al., 2018). However, these treatments may result in lasting effects on physical appearance, mental health, and sexuality (Kowalczyk et al., 2018).

Mastectomy, the surgical removal of one or both breasts, is a standard treatment option for breast cancer (American Cancer Society, 2019b). Reconstruction may be performed immediately or later, requiring multiple surgical procedures (American Cancer Society, 2019a). Surgical scars typically extend from the chest to the underarms (Stoker & Clarke, 2018), and visible body changes can profoundly impact a woman's quality of life. These effects include altered self-identity (Sun et al., 2018), mental and spiritual distress, misconceptions, financial strain, feelings of shame (Dsouza et al., 2018), depression, and challenges related to sexuality and body image (Archangelo et al., 2019).

This study draws on the Kübler-Ross model (1969), which outlines five stages of grief: denial, anger, bargaining, depression, and acceptance. Women who undergo mastectomy often grieve the loss of a body part, and emotional responses such as sadness, anxiety, and avoidance are common (Kurniawan et al., 2019). Applying this framework in nursing care may help survivors navigate the adjustment process. Sexuality and social support are among the most affected yet least discussed issues post-mastectomy, particularly in Indonesia, where cultural norms often discourage open conversations about intimacy. Previous research indicates that breast removal may undermine self-worth, feminine identity, and intimate relationships (Fouladi et al., 2018; Ghizzani et al., 2018). At the same time, support from spouses, family, and peers plays a crucial role in women's emotional adjustment and recovery of confidence (Tristiana et al., 2014; Olasehinde et al., 2019). Therefore, this study aimed to explore how Indonesian women perceive their sexuality and the social support they receive following mastectomy.

METHODS

Design

This study used a qualitative phenomenological approach to explore the lived experiences of post-mastectomy breast cancer patients. Phenomenology is particularly suited to understanding how individuals interpret and assign meaning to complex personal experiences, such as changes in sexuality and the role of social support following mastectomy (Lundberg & Phoosuwan, 2022). To guide data analysis, we used Colaizzi's seven-step method, which allows for systematic extraction, clustering, and validation of meaning from participant narratives while preserving the richness of the lived experience.

Participants and Setting

Using purposive sampling, participants were recruited from a Government Hospital in Surabaya, Indonesia, between December 2019 and January 2020. Inclusion criteria included women who: (1) had been diagnosed with breast cancer and undergone mastectomy at least six months prior; (2) were in the acceptance stage of grief (screened using the Action and Acceptance Questionnaire for Cancer [AAQC]); (3) were not experiencing moderate to severe pain (assessed using the Numeric Pain Rating Scale); (4) were conscious, cooperative, and able to communicate in Bahasa Indonesia. Exclusion criteria included women with post-mastectomy complications (e.g., lymphedema, infection, seroma), hearing impairments, or those who dropped out during data collection or validation. A total of 40 individuals were screened. After AAQC exclusions and reaching thematic saturation at the 17th interview, 15 participants were included in the final analysis.

Data Collection

Before conducting in-depth interviews, screening participants who met the inclusion criteria were currently in the acceptance stage using the AAQC questionnaire and not presently experiencing moderate and severe pain using the Numeric Pain Rating Scale. In-depth interviews use interview guidelines to explore the client's sexuality and social support descriptions. The primary function of a researcher when conducting qualitative research is to act as an instrument in the research he does. Apart from humans as instruments, other data collection tools that support the research process are in-depth interview guidelines, field notes, and recorders.

The in-depth interview guidelines used were prepared based on research objectives adapted to the concept of Kübler-Ross's Loss and Grieving Theory, which were then translated into questions that were expected to be able to explore information in depth and widely from the participants. During in-depth interviews, participants reflect on their experiences by encouraging them to uncover the meaning of those experiences. Each participant has a unique meaning from the experience of the phenomenon collected to understand the phenomenon.

Field notes record all events when data collection can be done, such as nonverbal responses, gestures, expressions, and so on. Another instrument, a tape recorder, records all the information obtained during the interview. Interviews were conducted face-to-face at a distance of about one meter. This position makes it easy to make field notes containing the nonverbal responses of participants. The voice recorder was placed about 50 cm from the participant, with the microphone pointing towards the participant, and the video recorder was placed about 1 meter from the participant.

After conducting in-depth interviews, data triangulation was carried out with the help of patient medical record documents at RSU Haji Hospital Surabaya in Indonesia. The results of interviews and field notes were collected, and then the data results were described. Re-reading all descriptions of phenomena that all participants have submitted. After the data was described, the researcher validated the results of the interviews by contacting the participants again. After the participants stated that the results of the interviews were valid and appropriate, conclusions were drawn, and data were presented.

Data analysis

Qualitative data analysis in this phenomenological study uses Van Manen's method, which consists of 6 steps, namely: (1) turning to the nature of the lived experience, (2) exploring the experience as we live it, (3) reflecting on essential themes, (4) describing the phenomenon through the art of writing and rewriting, (5) maintaining a solid relationship to the phenomenon, (6) balancing the research context by considering parts and whole. During the data analysis, NVIVO version 12 Plus software by QSR International was used for data management.

Ethical consideration

This study received ethical approval from the Health Research Ethics Committee, with approval letter 073/42/KOM.ETIK/2019 dated November 28, 2019. All participants were fully informed about the study objectives, procedures, potential risks, and benefits before enrollment. Written informed consent was obtained from each participant, ensuring voluntary participation. Participants were informed of their right to withdraw from the study at any stage without any consequences to their treatment or care. To protect confidentiality, anonymity was strictly maintained by removing personal identifiers from transcripts and reports, and data were securely stored with

access limited to the research team.

RESULTS

Participant Characteristics

The final analysis included 15 women with a history of mastectomy. The majority were aged between 50 and 60, elderly, and had entered the late adulthood stage. Most participants had completed secondary education and were diagnosed with stage IIB breast cancer. On average, they had undergone a medium (unilateral) mastectomy approximately three years before the interviews. All participants were in the acceptance stage based on AAQC screening and reported no moderate or severe pain during data collection.

Theme and Subthemes

Six major themes, eight subthemes, and ten categories were identified. These themes reflect how participants experienced and redefined their sexuality and the types of social support that shaped their adaptation after mastectomy.

Theme 1:Perception of Sex and Gender Identity

Participants expressed that despite the loss of their breasts, their biological sex and sense of being a woman remained intact. They separated breast loss from their core identity as females.

> *"Breasts are characteristic of a woman and what differentiates them from men, but I do not feel any changes, and I am still a woman because I still have genitals (vagina)" (Participant 2)*

Theme 2: Sexual Identity and Femininity

Participants maintained their sense of femininity, often reinforced through daily routines like self-care or makeup. For them, femininity extended beyond physical features.

> *"I am old, have four grandchildren, and still feel like a real woman. When I put makeup on in the mirror, I still feel beautiful" (Participant 12)*

Theme 3: Sexual Orientation

All participants identified as heterosexual. This was consistent with their marital history or expressed desires for future heterosexual relationships. However, no changes in sexual orientation were reported post-mastectomy.

> *…" Whoever wants to get married, I also want to marry a man of my choice" (Participant 15)*

Theme 4: Intimacy Behavior and Sexual Relations

Participants' sexual experiences post-mastectomy were shaped by the emotional support of their husbands and their own acceptance of bodily changes. Some participants reported continued intimacy and comfort, while others described emotional hesitancy from their partners.

> *"Sometimes I hold it (the breast), and it has gone, but my husband says it is okay, it is better to have it taken than I am sick, it cheers me up… even without breasts, he still loves me. The important thing is that I am healthy." (Participant 3).*

Eroticism is related to sexual intercourse. Some participants felt no obstacles, and some husbands were afraid to hold it for fear of hurting their wives.

> *"So, there was acceptance from him and me with the ups and downs of the emotional rhythm, and in the end, we came to the process (pause) when it was not a problem in bed. The physical body is still significant, but we choose to see it beautifully (with a big smile). Before, I did not dare to see it; my husband also did not dare to see it because he was afraid." (Participant 8)*

Some widowed or unmarried participants reported emotional detachment or lack of sexual activity, highlighting the role of partner presence in post-mastectomy intimacy.

Theme 5: Reproductive Role and Function

Participants in this study had difficulty having children again. This is because they have entered the elderly phase, so physiological conditions are no longer possible for getting pregnant. This was obtained from the triangulation of participant medical record documents. In addition, the participants also felt that they had enough children. Other participants who were still productive found it difficult to breastfeed their children because their mammary glands had been removed and

because of the chemotherapy and radiotherapy treatment processes. In addition, it was found that participants who were not married wanted to have children in the future.

> *"So far, I showed no symptoms; I started to get suspicious when my youngest child, aged eight months, did not want to suckle and felt pain when sucked." "I have not breastfed my 10-month-old child since chemotherapy until now" (Participant 11)*

Theme 6: Social Support

a. Instrumental Support

Participants received tangible help from family, such as assistance with housework, transportation to treatment, and help with medication.

> *"My youngest child sometimes does homework that should be my responsibility. He sweeps, mops, cleans the bathroom, maybe he is sorry if his mother is tired" (Participant 2)*

b. Informational Support

Support from healthcare professionals, peers, and cancer survivor communities provided guidance and health education.

> *"The doctor told me to avoid foods that are burned/smoked, high in sugar, and red meat… I joined the cancer survivor community… Some speakers teach self-healing. My friends give positive affirmations daily, and I do that for myself. I am more aware of myself when I wake up. I say thank you to myself; I get used to practicing like that" (Participant 6).*

c. Emotional support

Participants felt emotionally strengthened by motivational words and the presence of spouses, children, or close friends.

> *"… My youngest child said, 'Mom, you must be strong,' so I want to become strong (participant cried) "(Participant 3). "I told my husband that I was already disabled, but instead, my husband silenced my mouth, and he said, 'We have nothing, and this is only a loan from God; it is just that one of your loans has been withdrawn, ask for the right, that is all. There is guarded and treated" (Participant 5).*

DISCUSSION

This study explored the lived experiences of sexuality and social support among Indonesian women after mastectomy. Findings revealed that although mastectomy led to changes in body image and physical appearance, participants maintained a stable sense of sexual identity and continued to receive meaningful support from family, healthcare providers, and peers. Breasts play both physiological and symbolic roles throughout a woman's life. Physiologically, they are vital for reproduction and breastfeeding. Culturally, they represent femininity, sensuality, and sexuality (Archangelo et al., 2019). Sexuality, broadly defined, encompasses self-awareness of one's gender, roles, desires, and intimate behaviors (Finsex, 2007). In this study, sexuality was explored through five interrelated components: sex, sexual identity, sexual orientation, sexual behavior, and reproductive experience.

Perception of Sex and Gender Identity

Perception of sex refers to a person's recognition of their biological sex. After a mastectomy, participants faced the challenge of reconciling with a physically altered body. However, the majority retained a clear understanding of their sexual identity as women. They expressed that losing a breast did not strip them of womanhood, reaffirming that femininity is more than just physical form. Many participants had reached a point of emotional recovery where they redefined their identity beyond their physical body, echoing findings from the research prior, which described how survivors reclaimed value in their existence free from self-objectification. (Chuang et al., 2018).

Sexual Identity and Femininity

Sexual identity, distinct from biological sex, relates to how women see themselves in terms of femininity and how they present themselves socially. Participants in this study affirmed that they still perceived themselves as women despite losing their breasts, emphasizing traits such as nurturing, beauty, and emotional strength to maintain their feminine identity. Their biological sex and personal sense of femininity were not diminished. This contrasts with studies that found mastectomy often leads to the loss of feminine identity (Fouladi et al., 2018). In the Indonesian cultural context, femininity is frequently defined more by inner character and social role than physical form, possibly explaining participants' resilience in this domain.

Sexual Orientation

Sexual orientation, defined as the pattern of romantic or sexual attraction, was consistent across all participants. All participants identified as heterosexual. Most were married or widowed women who expressed emotional or sexual desire for men. No participant reported a shift in orientation post-mastectomy. However, unlike previous studies that examined how illness might influence sexual preferences or behaviors (Archangelo et al., 2019), none reported a change in orientation after mastectomy. While this theme emerged clearly, it was described more as a background affirmation than a core topic of struggle. This may reflect cultural constraints in openly discussing non-heterosexual identities. In Indonesian society, non-heteronormative expressions may be suppressed or go unspoken, suggesting future research is needed to explore the silent experiences of sexual minorities after mastectomy.

Intimacy Behavior and Sexual Relations

Participants' narratives revealed a spectrum of experiences in sexual behavior. While some continued intimacy with their spouses, others reported hesitancy or reduced engagement, often shaped by mutual fear, emotional withdrawal, or body discomfort. Yet, acceptance by a partner emerged as a powerful source of reassurance. This finding aligns with Stenberg's intimacy theory, highlighting emotional validation as key to sustaining intimacy post-illness.

However, not all experiences were positive. Some participants described withdrawal or reduced frequency of sexual activity. Fear of rejection or physical discomfort from themselves or their partners contributed to these challenges. Widowed and unmarried women described either sexual detachment or inexperience, further limiting their ability to comment on behavioral change. These findings support prior research by Archangelo et al. (2019), which reported increased sexual dysfunction in mastectomy patients without marital partners or with higher education levels.

Reproductive Role and Function

Reproductive changes were also addressed. While most participants were beyond reproductive age, some younger women expressed grief over the loss of reproductive function or the inability to breastfeed. Participants reported difficulties in breastfeeding due to the removal of mammary glands, chemotherapy, and radiotherapy. These limitations underscored a shift in their identity not only as sexual partners but also as mothers. Nonetheless, older women adapted by focusing on affection, care, and spiritual meaning in relationships, consistent with the findings of previous studies, which noted that sexual expression in older adults centers on connection rather than reproduction (Pambudi et al., 2018).

Previous studies have reported that mastectomy causes a decrease in one's sexuality in Iran. (Fouladi et al., 2018), Nigeria (Olasehinde et al., 2019), India (Dsouza et al., 2018), Croatia (Pačarić et al., 2018), Nepal (Maharjan et al., 2018), United States of America (USA) (Rojas et al., 2017), and Brazil (Archangelo et al., 2019). This is not commensurate with the results of this study, in which post-mastectomy conservative and reconstruction clients still do not lose or experience a deterioration in the aspect of sexuality. This may be due to the sociocultural background in Indonesia, which considers that breasts are not the only thing that affects one's sexuality, and believes that losing a breast cannot change the identity of a woman within herself. According to Maria (2018), breasts are one of the secondary sex characteristics that have the meaning of identity that she is a woman; the biological function and the aesthetic function of the breast are to determine the femininity of a woman. Meanwhile, a person's primary sex characteristics are their sexual organs.

Social Support

Social support emerged as a vital element in participants' adjustment. Support was multidimensional and categorized into instrumental, emotional, and informational, per Cutrona's theory (1994). Family support, especially partners, plays a significant role in maintaining post-mastectomy clients' sexuality. Most of the participants in this study reported that their husbands provided support in the form of attention, care, assistance during the treatment process, motivation, and help with daily work. Stenberg (1988) says that one of the components of intimacy is supporting the partner by providing empathy and emotional support in times of need and respecting the

loved one. This was shown by the participants in this study with the support of their families, especially husbands, in emotional and financial support.

Support provided by healthcare professionals, particularly in the form of encouragement and relevant information, has been shown to enhance patients' knowledge and help alleviate anxiety among most participants. This underlines the importance of increasing medical staff awareness, especially those engaged in long-term care for breast cancer survivors. Many women are hesitant to express concerns related to sexual health or disclose issues around sexual function (Ghizzani et al., 2018). Healthcare providers are pivotal in promoting patient well-being (Tristiana et al., 2014). Cutrona's theory (1994) states that social support comprises three core elements: instrumental, emotional, and informational support.

Changes in body shape experienced by post-mastectomy clients cause a sense of loss, which results in discouragement and a lack of confidence. To increase the enthusiasm and self-confidence of post-mastectomy clients, social support is needed. Social support comes from the support of family, friends, neighbors, health workers, and the community of fellow post-mastectomy clients. Most of the participants who were able to maintain and improve aspects of their sexuality and social support were influenced by adequate social support. This aligns with studies showing a positive link between social support and body image among post-mastectomy breast cancer survivors (Puspita et al., 2017). Families contributed by offering affection, care, and practical assistance in daily routines. Peer support also played a role, such as sharing similar experiences and offering moral encouragement. The grieving process is also heavily influenced by family involvement. Without adequate family support, individuals may struggle to adopt effective coping strategies and progress through the grief stages (Kurniawan et al., 2019).

Healthcare professionals are a key source of disease-related information, including treatment expectations and physical changes due to therapy. Their role extends beyond clinical care to emotional and educational support (Tristiana et al., 2016). Participants who joined peer support groups reported higher levels of emotional and sexual well-being. These groups allow patients to hear stories of recovery and adaptation, helping them envision a future beyond cancer treatment (Olasehinde et al., 2019). Being part of a community with shared experiences helps patients come to terms with their new realities. Group therapy has been shown to reduce symptoms of depression and hopelessness, and to increase overall life satisfaction among cancer patients (Rosenfeld et al., 2018). These support networks create safe spaces to exchange advice, process feelings, and find emotional strength. Patients benefit from realizing they are not alone, gaining perspective, and receiving reassurance from those with similar challenges. Members of such groups often report improved emotional states, body image, and quality of life (Sowa et al., 2018).

Those who perceive strong social backing tend to adopt more constructive cognitive and behavioral responses when facing health-related adversity. This includes maintaining optimism and reinterpreting their situation positively (Janowski, 2019). In addition, the results of this study indicate that post-mastectomy clients with high social support show better acceptance of their illness, feel more eager to recover, and are ultimately happier. They are more likely to come to terms with being sick and maintain a positive mood. Social support significantly predicts a higher level of expectation in women after mastectomy (Denewer, et al., 2011). High social support is related to a good quality of life (Kollberg, 2014). Participation in support communities often correlates with enhanced happiness and emotional resilience (Antle & Collins, 2009).

Nurses are widely seen as vital sources of health information, often helping patients interpret physician advice and guiding them toward appropriate care (Drageset et al., 2012). Positive communication between patients and care providers increases satisfaction with the treatment process (Daem et al., 2019). Participants consistently reported receiving helpful advice from doctors and nurses on diet, activity level, and recovery planning. This information helped reduce anxiety and restore a sense of normalcy. The results of this study follow the research of Jakobsen, Magnus, Lundgren, & Reidunsdatter (2018) that relevant information and guidance, active support for clients and their families, and a balance between work at home and the workplace are essential in dealing with the challenges of everyday life. Breast Cancer Day Promotion of adaptive coping and optimization of social support needs to be pursued to improve

psychological well-being related to body image. Tailored support, such as counseling, can further enhance psychological well-being, especially in coping with altered body image (Tasripiyah et al., 2012).

Emotional support is a behavior that reduces anxiety, stress, and hopelessness (Carr & Cochran, 2019). Emotional support means speaking with love, care, and warmth (Dsouza et al., 2018). Perceived emotional support includes caring, empathy, affection, motivation, and presence. Family, friends, neighbors, and professionals created a nurturing emotional environment. Family support is essential for breast cancer patients who undergo breast surgery to ensure a healthy recovery (Chow et al., 2019). Family support includes physical, psychological, spiritual, and moral support. Physical support is essential and is seen as a household activity, such as helping when getting out of bed or being accompanied to hospital treatment (Dsouza et al., 2018), and helping with feeding and mobility (Carr & Cochran, 2019). Family support in the form of motivation and assistance in meeting the necessities of life is beneficial for post-mastectomy clients.

Social support felt by participants comes from various sources, be it family, social, or health workers. Survivors will feel cared for and valued, so this will increase the patient's motivation to deal with the changes in body shape they experience after undergoing a mastectomy. Social support obtained by post-mastectomy clients has an impact on individual behavior and perceptions of sexuality and social support. This is based on the belief that the involvement or acceptance of those closest to them will help in a person's reintegration process (the process of individual acceptance of changes that occur in their body), so that with the support of those closest to them, it can help individuals accept their body appearance. Puspita, Huda, and Safri (2017) stated that the social support received by post-mastectomy breast cancer patients causes individuals to feel valued, loved, and cared for by the people around them. The participation of the family or those closest to them in accompanying the individual while being treated in the hospital or while undergoing control makes the individual feel cared for, and care from the family makes the individual feel more confident about himself. Social support influences the stages of grieving and losing someone. Grief responses will also be influenced by personal characteristics, socioeconomic status, natural relationships, social support systems, coping mechanisms, natural loss, goals, and expectations (Kurniawan et al., 2019).

Cultural Sensitivity and Expression

Culturally, the way sexuality is experienced and discussed is shaped by religious and social values. Indonesian women in this study frequently framed their experience using spiritual or religious language. Acceptance of their condition was often viewed as surrender to God's will, and emotional strength was drawn from faith. Other previous studies have shown that sociocultural factors greatly influence the lives of breast cancer clients from the time they are diagnosed. The influence of sociocultural factors varies in each phase of the disease. Sociocultural factors include religion, communication, information, social and family support, socioeconomic conditions, and health services (Witdiawati et al., 2017). Community cultures, such as those in the Middle East, give women the opportunity to comfortably raise their sexual problems and create possibilities for consultation and rehabilitation programs for those who have undergone mastectomies (Fouladi et al., 2018).

Participants who have higher educational status, especially in medicine and health, tend to have better sexuality and social support. Better education significantly predicts a better quality of life (Maharjan et al., 2018). Participants with higher education and younger individuals chose to have breast reconstruction. This is in line with research by Olasehinde (2019), which suggests that young women prefer to undergo breast reconstruction compared to conservation mastectomy because it is associated with significantly higher psychosocial morbidity in terms of body image and sexual desire. Peer support was another significant contributor to emotional and sexual well-being. Participants who joined cancer survivor communities reported feeling more understood, hopeful, and emotionally resilient. Group interactions helped normalize their experience and created a safe space to share vulnerabilities. This finding echoes studies by Sowa et al. (2018) and Rosenfeld et al. (2018), who noted that group participation enhances life satisfaction and decreases depression among cancer survivors.

Furthermore, healthcare professionals played a vital role in promoting well-being. Doctors and nurses were described as trusted sources of information and emotional reassurance. Participants often referred to

nurses' advice about diet, physical activity, and sexual health. This finding supports the view that nurses frequently bridge the gap between medical advice and emotional care, particularly in cancer survivorship (Drageset et al., 2012; Jakobsen et al., 2018). It also underscores the importance of training healthcare providers to engage in culturally sensitive discussions about intimacy—an often overlooked yet critical domain of post-mastectomy recovery (Ghizzani et al., 2018).

Most notably, this study contributes culturally grounded insights to a body of literature still dominated by Western narratives. While much of the global research focuses on physical outcomes and sexual dysfunction, this study highlights resilience, identity preservation, and emotional adaptation as key responses among Indonesian women post-mastectomy. The findings suggest that the loss of a breast does not erase femininity, but instead redefines through self-acceptance, relational support, and cultural values (Maria et al,., 2018; Puspita et al., 2017).

Limitation

This study has certain limitations that should be acknowledged. First, the findings are specific to the experiences of post-mastectomy clients in a single healthcare institution, which may not reflect the experiences of all breast cancer survivors. Second, the nature of qualitative phenomenological research limits the generalizability of the results. Although the study provides deep insights into sexuality and social support, the sample size and context may not represent the broader population. Lastly, cultural and social backgrounds may influence how participants express their thoughts and feelings, which could affect the transferability of the findings.

CONCLUSION

This study revealed that post-mastectomy breast cancer survivors in Indonesia retained a strong sense of womanhood and sexual identity despite visible physical changes. Six key themes emerged, including stable perceptions of sex and gender, preserved sexual identity, consistent heterosexual orientation, changes in intimacy behavior, reproductive limitations, and the vital role of social support. Participants demonstrated emotional resilience and adapted positively when supported by partners, family, peers, and healthcare professionals, with intimacy sustained when emotional acceptance accompanied physical change. Reproductive concerns were particularly significant for younger women, while older participants often redefined their sexual roles around affection and companionship. Social support proved central, with instrumental (daily assistance), informational (health guidance), and emotional (affirmation and encouragement) support contributing to adjustment, body image acceptance, and relational stability. These findings underscore the need for post-mastectomy care to extend beyond physical treatment to include culturally sensitive, sexuality-affirming psychosocial support. Nurses and healthcare providers should initiate open conversations about intimacy, actively involve spouses and families in recovery planning, provide tailored education and emotional guidance, and integrate peer support groups into survivorship care to enhance holistic recovery and long-term well-being.

Declaration of Interest

The authors have not revealed any possible conflicts of interest with the study, publication, or authorship.

Acknowledgment

We want to thank the education and training departments of RSU Haji Surabaya and Universitas Airlangga, who have facilitated this research.

Funding

The authors had no financial support to conduct, write, or publish this research.

Data Availability

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request.

REFERENCES

American Cancer Society. (2019a). Cancer facts and figures 2019. Cancer Facts and Figures 2019. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf

American Cancer Society. (2019b). Cancer treatment & survivorship facts & figures 2019-2021. https://www.cancer.org/

content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-treatment-and-survivorship-facts-and-figures/cancer-treatment-and-survivorship-facts-and-figures-2019-2021.pdf

Anand, U., Dey, A., Chandel, A. K. S., Sanyal, R., Mishra, A., Pandey, D. K., De Falco, V., Upadhyay, A., Kandimalla, R., Chaudhary, A., Dhanjal, J. K., Dewanjee, S., Vallamkondu, J., & Pérez de la Lastra, J. M. (2023). Cancer chemotherapy and beyond: Current status, drug candidates, associated risks and progress in targeted therapeutics. *Genes and Diseases, 10*(4), 1367–1401. https://doi.org/10.1016/j.gendis.2022.02.007

Antle, B., & Collins, W. (2009). The impact of a spirituality-based support group on self-efficacy and well-being of African American breast cancer survivors. *Social Work & Christianity, 36*, 286–300.

Archangelo, S. de C. V., Sabino, M., Veiga, D. F., Garcia, E. B., & Ferreira, L. M. (2019). Sexuality, depression and body image after breast reconstruction. Clinics, *74*, 1–5. https://doi.org/10.6061/clinics/2019/e883

Cardoso, F., Kyriakides, S., S, O., Penault-Llorca, F., Poortmans, P., Rubio, I., Zackrisson, S., & Senkus, E. (2019). Early breast cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Annals of Oncology, 374*, 1–77. https://doi.org/10.1093/annonc/mdz173

Carr, T. L., & Cochran, D. (2019). Exploring women' s support needs after breast reconstruction surgery. *42*(2), 1–9. https://doi.org/10.1097/NCC.0000000000000600

Chow, W. L., Su-Ming Tan, Aung, K. C. Y., Chua, S. Y. N., & Sim, H. C. (2019). Factors influencing quality of life of Asian breast cancer patients and their caregivers at diagnosis: perceived medical and psychosocial needs. *Singapore Medical Journal, 1*(21), 1–21. https://doi.org/10.11622/smedj.2019099

Chuang, L.-Y., Hsu, Y.-Y., Yin, S.-Y., & Shu, B.-C. (2018). Staring at my body. *Cancer Nursing, 41*(3), E56–E61. https://doi.org/10.1097/ncc.0000000000000507

Daem, M., Verbrugghe, M., Schrauwen, W., Leroux, S., Van Hecke, A., & Grypdonck, M. (2019). How Interdisciplinary Teamwork Contributes to Psychosocial Cancer Support. *Cancer Nursing, 42*(3), E11–E20. https://doi.org/10.1097/NCC.0000000000000588

Denewer, A., Farouk, O., & Mostafa, W. (2011). Social support and hope among Egyptian women with breast cancer after mastectomy. Breast Cancer: *Basic and Clinical Research, 5,* 93–103.

Drageset, S., Lindstrøm, T. C., Giske, T., & Underlid, K. (2012). "The support i need": Women's experiences of social support after having received breast cancer diagnosis and awaiting surgery. *Cancer Nursing, 35*(6), 39–47. https://doi.org/10.1097/NCC.0b013e31823634aa

Dsouza, S. M., Vyas, N., Narayanan, P., Parsekar, S. S., Gore, M., & Sharan, K. (2018). A qualitative study on experiences and needs of breast cancer survivors in Karnataka, India. *Clinical Epidemiology and Global Health, 6*(2), 69–74. https://doi.org/10.1016/j.cegh.2017.08.001

Finsex. (2007). *The origin of sexuality and sexual knowledge*. 11–28. https://www.vaestoliitto.fi/@Bin/263341/Finsex09_Chapter+1.pdf

Fouladi, N., Pourfarzi, F., Dolattorkpour, N., Alimohammadi, S., & Mehrara, E. (2018). Sexual life after mastectomy in breast cancer survivors: A qualitative study. *Psycho-Oncology, 27*(2), 434–441. https://doi.org/10.1002/pon.4479

Ghizzani, A., Bruni, S., & Luisi, S. (2018). The sex life of women surviving breast cancer. *Gynecological Endocrinology, 34*(10), 821–825. https://doi.org/10.1080/09513590.2018.1467401

International Agency for Research on Cancer (IARC). (2019). Indonesia GLOBOCAN 2018. *The Global Cancer Observatory, 256*, 1–2.

Jakobsen, K., Magnus, E., Lundgren, S., & Reidunsdatter, R. J. (2018). Everyday life in breast cancer survivors experiencing challenges: A qualitative study. *Scandinavian Journal of Occupational Therapy, 25*(4), 298–307. https://doi.org/10.1080/11038128.2017.1335777

Janowski, K. (2019). *Social support and psychosocial functioning in women after mastectomy.*

Kollberg, K. M. S. (2014). *Psychosocial support needs after a breast cancer diagnosis.*

Kowalczyk, R., Nowosielski, K., Cedrych, I., Krzystanek, M., Glogowska, I., Streb, J., Kucharz, J., & Lew-Starowicz, Z. (2018). Factors affecting sexual function and body image of early stage breast

cancer survivors in Poland: A short-term observation. *Clinical Breast Cancer*. https://doi.org/10.1016/j.clbc.2018.09.006

Kurniawan, D., Manurung, I., & Rohayati, R. (2019). Hubungan mekanisme koping dengan proses berkabung pada pasien pre operasi kanker. *Jurnal Ilmiah Keperawatan Sai Betik, 14*(2), 176. https://doi.org/10.26630/jkep.v14i2.1303

Lundberg, P. C., & Phoosuwan, N. (2022). Life situations of Swedish women after mastectomy due to breast cancer: A qualitative study. *European Journal of Oncology Nursing, 57*(August 2021), 102116. https://doi.org/10.1016/j.ejon.2022.102116

Maharjan, M., Thapa, N., Adhikari, R. D., Petrini, M. A., Amatya, K. S., M., M., N., T., R.D., A., & M.A., P. (2018). Quality of life of nepalese women post mastectomy. *Asian Pacific Journal of Cancer Prevention : APJCP, 19*(4), 1005–1012. https://doi.org/10.22034/APJCP.2018.19.4.1005

National Breast Cancer Coalition. (2022). *Breast cancer facts & figures.* https://www.stopbreastcancer.org/information-center/facts-figures/#:~:text=In 2020 there were 684%2C996,will die of breast cancer.

Observatory, G. C. (2022). *Absolute numbers, Incidence*, Both sexes 2022.

Olasehinde, O., Arije, O., Wuraola, F. O., Samson, M., Olajide, O., Alabi, T., Arowolo, O., Boutin-Foster, Carla Alatise Olusegun, I., & Kingham, T. P. (2019). Life without a breast: Exploring the experiences of young nigerian women after mastectomy for breast cancer. *Journal of Global Oncology, 5*, 1–6. https://doi.org/10.1200/jgo.18.00248

Pačarić, S., Kristek, J., Mirat, J., Kondža, G., Turk, T., Farčić, N., Orkić, Ž., & Nemčić, A. (2018). The quality of life of Croatian women after mastectomy: A cross-sectional single-center study. *BMC Public Health, 18*(1), 1–8. https://doi.org/10.1186/s12889-018-5929-0

Pambudi, H. A., Dwidiyanti, M., & Wijayanti, D. Y. (2018). Pandangan lansia tentang seksualitas pada lanjut usia. *Jurnal Kesehatan, 9*(1), 154–159. https://doi.org/10.26630/jk.v9i1.819

Puspita, R. T., Huda, N., & Safri. (2017). Hubungan dukungan sosial dengan citra tubuh pasien kanker payudara post op mastektomi. *Jurnal Ners Indonesia, 8*(1).

Rojas, K., Onstad, M., Raker, C., Clark, M., Stuckey, A., & Gass, J. (2017). The impact of mastectomy type on the Female Sexual Function Index (FSFI), satisfaction with appearance, and the reconstructed breast's role in intimacy. *Breast Cancer Research and Treatment, 163*(2), 273–279. https://doi.org/10.1007/s10549-017-4174-z

Rosenfeld, B., Cham, H., Pessin, H., & Breitbart, W. (2018). Why is Meaning-Centered Group Psychotherapy (MCGP) effective? Enhanced sense of meaning as the mechanism of change for advanced cancer patients. *Psycho-Oncology, 27*(2), 654–660. https://doi.org/10.1002/pon.4578

Sowa, M., Głowacka-Mrotek, I., Monastyrska, E., Nowikiewicz, T., Mackiewicz-Milewska, M., Hagner, W., & Zegarski, W. (2018). Assessment of quality of life in women five years after breast cancer surgery , members of Breast Cancer Self-Help Groups – non- randomized , cross-sectional study. *Contemporary Oncology, 22*(1), 20–26. https://doi.org/https://doi.org/10.5114/wo.2018.74389

Stoker, G., & Clarke, P. J. (2018). Mastectomy information for patients. *Oxford University Hospital: NHS Trust, 301*(7803), 617. https://doi.org/10.1016/S0140-6736(73)90774-5

Sun, L., Ang, E., Ang, W. H. D., & Lopez, V. (2018). Losing the breast: A meta-synthesis of the impact in women breast cancer survivors. *Psycho-Oncology, 27*(2), 376–385. https://doi.org/10.1002/pon.4460

Tasripiyah, A. ., Prawesti, A., & Rahayu, U. (2012). Hubungan koping dan dukungan sosial dengan body image pasien kanker payudara post mastektomi di poli bedah onkologi RSHS Bandung. *Jurnal Universitas Padjajaran*, 1–15.

Tristiana, R. D., Kusnanto, Widyawati, I. Y., Yusuf, A., & Fitryasari, R. (2014). *Kesejahteraan psikologis pada pasien diabetes mellitus tipe 2 di Puskesmas Mulyorejo Surabaya.* April.

Tristiana, R. D., Kusnanto, Widyawati, I. Y., Yusuf, A., & Fitryasari, R. (2016). Psychological well being in type 2 diabetes mellitus patients in mulyorejo public health center, Surabaya. *Jurnal NERS, 11*(2), 147. https://doi.org/10.20473/jn.v11i22016.147-156

Witdiawati, Purnama, D., & Eriyani, T. (2017).

Sosial budaya dalam kehidupan klien kanker payudara: Literature study. *Jurnal Keperawatan BSI, V*(2), 148–154.

World Health Organization. (2023). *Breast Cancer.*

Wulandari, S. M., Yunitasari, E., & Kusumaningrum, T. (2020). Managing cancer and living meaningfully for advanced cancer: a systematic review. *Jurnal Ners, 15*(1S), 1. https://dx.doi.org/10.20473/jn.v15i2.18894

Wulandari, S. M., Yunitasari, E., Kusumaningrum, T., Myint, N. M. M., & Subu, M. A. (2023). Body image perception among breast cancer patients after mastectomy: A phenomenology study. *The Journal of Palembang Nursing Studies.* https://doi.org/http://dx.doi.org/10.55048/jpns87