

# Exploring Women's Experiences with Cervical Cancer: Sexual Life Changes, Emotional Responses, and Physical Adaptations

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## ABSTRACT

**Background:** Cervical cancer is one of the significant cancers in the female reproductive organs, namely the cervix. Diagnosis and treatment of cervical cancer not only affect physical health, but also psychologically and socially, especially in the context of sexual life. Physical and emotional changes that arise from treatments such as chemotherapy and radiotherapy can significantly affect women's sexual function, cause anxiety, and change the dynamics of interpersonal relationships.

**Subjects and Method:** This was a qualitative study with a descriptive phenomenological design. Data collection was conducted through in-depth interviews with five cervical cancer patients undergoing treatment at the Dr. Soedarso General Hospital, Pontianak. Data were analyzed using a thematic analysis approach to identify key themes in the experiences of changes in sexual life, emotional responses, and physical adaptation of the participants.

**Results:** The results of the study showed that cervical cancer patients experienced various changes in their sexual lives after undergoing treatment. The main challenges faced were physical discomfort that leads to difficulty in achieving sexual satisfaction, diversion of sexual activities to meet the needs of partners, and complex emotional responses such as anxiety, depression, and feelings of hopelessness. Physically, adaptation to changes such as persistent fatigue and digestive changes were also significant problems.

**Conclusion:** This study highlights the importance of comprehensive psychosocial support in caring for women with cervical cancer, including a holistic approach that considers physical, emotional, and interpersonal aspects. The findings also highlight the need for better sexual health education for patients and their partners, as well as the important role of families in providing adequate support. By better understanding the experiences of women with cervical cancer, it is hoped that their care and overall quality of life can be improved.

**Keywords:** cervical cancer, sexual life, emotional response, physical adaptation, qualitative approach.

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## BACKGROUND

Cervical cancer is one of the cancers that

affect the female reproductive organs, namely the cervix. A diagnosis of cervical

cancer often has a significant impact not only on physical health, but also on the psychological and social aspects of women's lives. One aspect that is often directly affected is their sexual life. A healthy and satisfying sexual life is an important part of quality of life, but cervical cancer can cause significant changes in this dynamic (Osei Appiah et al., 2021).

Cervical cancer is usually associated with human papillomavirus (HPV) infection, although it is not the only cause. Treatment for cervical cancer often involves procedures that affect the reproductive organs, such as surgery to remove the uterus (hysterectomy), radiation therapy, chemotherapy, or a combination of the three. Each of these treatments can have a direct impact on a woman's sexual function (Kurniasih and Titihalawa, 2023)

Treatment for cervical cancer, such as hysterectomy or radiation therapy, can cause significant physical changes. A hysterectomy, for example, removes the uterus and sometimes part of the vagina, which can affect sensation during sexual intercourse. Radiotherapy can cause damage to tissues and blood vessels in the pelvic area, which can result in pain during sexual intercourse. These changes not only affect physical satisfaction, but also a woman's confidence and comfort in intimate interactions (Kokka et al., 2015).

A diagnosis of cervical cancer often elicits a range of complex emotional responses, including anxiety, depression, fear of the future, and changes in sexual identity. Women may experience significant stress and discomfort with their physical changes, which can affect their desire and ability to engage in sexual activity. In addition, concerns about health and fear of death can also interfere with sexual intimacy (Shankar et al., 2017).

Cervical cancer can also affect the dynamics of women's relationships, both with their partners and with other significant others. Partners are often involved in the treatment process and may experience similar emotional stress. In addition, changes in sexual life can create new challenges in communication and self-perception between partners, which can affect intimacy and the relationship as a whole (Appiah et al., 2021)

A deeper understanding of women's experiences of cervical cancer related to changes in their sexual lives is essential to inform appropriate clinical practice and psychosocial interventions. While there is literature highlighting the impact of cervical cancer on sexual life, further research is needed to explore women's individual experiences in more detail and deeper (Erfini et al., 2018)

Research Focus: Changes in Sexual Life, Emotional Responses, and Physical Adaptation. Through qualitative research, women with cervical cancer can be allowed to express their feelings in depth. This includes how they responded to the initial diagnosis, the treatments they received, and how they felt about changes in their sexual life. Understanding these feelings can help researchers and health professionals provide better psychological support.

Research should specifically explore the physical changes that women experience after cervical cancer treatment. This includes not only the impact of medical procedures such as hysterectomy or radiotherapy, but also how women adjust to the anatomical and physiological changes that may occur.

The emotional responses that women experience, both individually and in the context of their relationships, need further study. This includes how women cope with

the stress, anxiety and identity changes that may arise as a result of the cervical cancer experience. By better understanding these emotional dynamics, we can develop more effective intervention strategies.

This study is expected to provide deeper insight into how cervical cancer affects individual women's sexual lives. The results can be used to develop better clinical guidelines, improve the psychosocial support available, and inform a multidisciplinary approach to caring for women with this condition. In addition, this study can also broaden the general understanding of the complex interactions between cancer, sexual life, and overall quality of life.

By conducting deeper observation into the experiences of women with cervical cancer in relation to changes in their sexual lives, this study aims to make a significant contribution to the understanding and approach to caring for women affected by cervical cancer. Through a holistic approach and focusing on psychological and physical aspects, it is hoped that this study can help improve the quality of life and overall well-being of women experiencing this condition.

## SUBJECTS AND METHOD

### 1. Study Design

The research design used was qualitative with a descriptive phenomenological approach in this study. Data collection was carried out using in-depth interviews as a data collection instrument to determine the feelings, physical and emotional changes of cervical cancer patients.

### 2. Population and Sample

This study used a total sample according to the research time. The sample in this study was selected based on the objectives or research problems using several considerations from the researcher, in order to obtain the accuracy and completeness of the

information needed according to the problem to be studied. Interviews were conducted on all participants or until the sample was considered to have reached the data saturation stage. The participants selected were patients who had met the researcher's inclusion criteria and were being treated at the Dr. Soedarso General Hospital, Pontianak. The inclusion criteria in this study were being married, still having a life partner, not yet menopausal, and a mild to moderate pain scale, understanding Indonesian and being considered able to tell their sexual experiences in terms of feelings, physical and emotional.

### 3. Study Variables

The dependent variable in this study was the experience of women in dealing with cervical cancer in terms of changes in sexual life, emotional responses, and physical adaptation. The independent variable in this study was cervical cancer and its treatment.

### 4. Operational Definition of Variables

**Cervical Cancer** is a type of cancer that occurs in the cervix, the lower part of the uterus that connects to the vagina. This cancer is usually associated with HPV (Human Papillomavirus) infection, although not all HPV infections cause cervical cancer.

**Cervical Cancer Treatment:** Chemotherapy is the use of drugs to destroy cancer cells. Chemotherapy can be used alone or in combination with radiotherapy.

**Changes in Sexual Life:** Especially related to surgery or radiotherapy which can affect sexual function or influence body perception.

**Emotional Response:** Cervical cancer diagnosis and treatment can cause stress, anxiety, or depression in patients.

**Physical Adaptation:** Patients may need to adapt to physical changes caused by surgery or treatment, such as adjusting to changes in digestion or physical abilities.

## 5. Study Instruments

In collecting the data, the instrument used was an interview guideline adopted from the maternity nursing assessment sheet for reproductive disorders.

## 6. Data analysis

The study was conducted in June 2024 at the Dr. Soedarso General Hospital in Pontianak, which is a referral hospital and has facilities for cancer treatment. The study consisted of three stages, the first is intuition, where the researcher conducted interview to the informants without criticizing, evaluating or giving opinions. The second stage is analyzing, which the researcher identified the phenomena that have been studied, studies the results of the interviews in verbatim form repeatedly, and determines keywords from the informant's information. The third stage is describing, where the researcher communicated and described in a narrative the sexual experiences of women with cervical cancer. The first stage is to apply for research permission. After obtaining permission, the researcher contacted the key person, in this case the nurse who works in the obstetrics and gynecology room. The key person helps the researcher to determine prospective informants according to the predetermined criteria and facilitates meetings between the researcher and the informant, this is where the researcher ensures that the prospective informant meets the criteria. Next, the researcher approached the informant and explained the letter of consent or informed consent. The second stage is the researcher made an appointment for an interview and then conducts an in-depth interview. The researcher also conducted data triangulation by interviewing the husband of the informant. During the interview, the researcher used field notes to record verbal and non-verbal communication given by the

informant and used a tape recorder. The third stage is termination where the researcher ended the interview and gave a reward to the informant for being cooperative. The next data processing carried out by the researcher was to make a transcript in verbatim form from the results of the interview and field notes, then the researcher read the transcript repeatedly. The first stage of data analysis was to compile the interview results by describing the recording results in verbatim form, then re-listening to the interview results and matching the reading of the verbatim transcript and integrating the results of the existing field notes into the transcript. The third stage was that the researcher read the transcript repeatedly to revise which ones still needed clarification. The fourth stage was the researcher selected keywords that had the same meaning to be grouped into categories and then grouped into sub-themes. Finally, the researcher wrote all the analysis results in narrative descriptive form in the research results.

## 7. Research Ethics

This study also pays attention to ethics in research both in selecting informants and in interviewing. This study has been approved by the Research Ethics Committee of Dr. Soedarso General Hospital Pontianak on June 3, 2024.

## RESULTS

### 1. Patients' General information

Based on Table 1 show that the patients general information.

### 2. The Results of Interview

#### a. Changes in Sexual Life:

**I1:** *"After chemotherapy for cervical cancer, I found it difficult to achieve sexual satisfaction as before. The physical changes made me feel uncomfortable and interfered with our intimate relationship. Now we just kiss*

*as much as we want to fulfill our needs. Sometimes we try vaginally, but I often feel pain so I stop."*

**I2:** *"The chemotherapy I underwent affected my sexuality. I found it difficult to enjoy intimate moments like before because of the discomfort and changes I experienced, especially in my genitals. My husband and I kissed as much as we could."*

**I3:** *"I experienced changes, it was difficult to feel like before in intercourse because there was discomfort in the vagina. My and my husband's sexual orientation changed, my husband would play his penis between my breasts and we did oral sex."*

**I4:** *"Chemotherapy has affected my sexual relationship. I feel frustrated with the physical changes and there is actually no pleasure in having sex with my husband, but I have to serve my husband. If my husband has the desire to have sex I will play with his penis using my hands and mouth."*

**I5:** *"The chemotherapy I received caused major challenges in my sex life. I felt uncomfortable and had difficulty enjoying sex as much as I did before I got sick, which made me feel sad and frustrated. If my husband and I wanted to do sexual intercourse, I would kiss as much as I wanted and I would play with my husband's penis using my mouth."*

#### **b. Emotional Response**

**I1:** *"I felt very anxious and worried after being diagnosed with cervical cancer. The long treatment and uncertain recovery process made me often feel stressed."*

**I2:** *"The diagnosis of cervical cancer left*

*me feeling hopeless and depressed. I found it difficult to cope with the fact that I had to undergo heavy treatment."*

**I3:** *"I went through deep depression after finding out I had cervical cancer. The treatment process was not only physically painful but also emotionally torturous."*

**I4:** *"I felt stress increase rapidly after undergoing chemotherapy for cervical cancer. I felt anxious and could not sleep because of worry about the outcome of the treatment."*

**I5:** *"I feel anxious and scared every time I have to go to my chemo appointment. Feelings of insecurity and fear of side effects make me feel constantly tense."*

#### **c. Physical Adaption**

**I1:** *"Chemotherapy made me have to adapt to physical changes, I became thinner and darker, my hair fell out, I experienced decreased energy and often felt tired quickly."*

**I2:** *"After chemotherapy, I experienced changes in digestion such as constipation which made me have to pay attention to my eating and drinking patterns."*

**I3:** *"Physical changes due to cervical cancer treatment make it difficult for me to carry out my daily activities as usual. I have to adapt to faster fatigue and decreased physical strength."*

**I4:** *"I went through drastic changes in my body after chemotherapy for cervical cancer. I had to struggle with chronic constipation and lost some of my physical stamina."*

**I5:** *"Chemotherapy changed my physical abilities rapidly. I experienced extreme fatigue and felt like I had to adjust to less energy each day."*

**Table 1. Patients' general information**

Informant Code	Stadium	Therapy	Marital Status
I1	3A	Chemotherapy	Married
I2	3B	Chemotherapy	Married
I3	2B	Chemotherapy	Married
I4	3A	Chemotherapy	Married
I5	2B	Chemotherapy	Married

## DISCUSSION

Based on interviews related to changes in sexual life, emotional adaptation and physical adaptation, the following themes were obtained: (1) Discomfort during sexual intercourse; (2) Diversion of sexual satisfaction; (3) Feelings of anxiety and depression during treatment; (4) Physical changes and fatigue; and (5) Changes in sexual life.

Chemotherapy for cervical cancer has been shown to have a significant impact on the quality of their intimate relationships. Patients experienced challenges in achieving sexual satisfaction as before, with some reporting physical discomfort that affected their intimate interactions with their partners. There was also a diversion of sexuality with their partners for sexual satisfaction. This highlights the importance of adequate psychological and medical support to help patients adjust to these changes and maintain balance in their relationships.

Based on research conducted by Li et al., (2023) and Mishra et al., (2021), both stated that couples whose wives have cervical cancer have experienced significant changes in their perspectives on sexual behavior and intimate relationships. These changes include reduced or no sexual behavior, unpleasant sexual experiences, adjustments to intimate relationships, and lack of sexual health education.

Sexual diversion was also carried out by informants in this study, sexual orientation was not centered on the genitals, they were also oriented towards other body

organs. This is supported by research conducted by Osei Appiah et al., (2021) which stated that cervical cancer patients undergoing treatment made them divert sexual satisfaction from the vagina to other body centers.

Cervical cancer patients experience diverse and intense emotional responses to their diagnosis and treatment. Many describe deep feelings of anxiety, hopelessness, and depression, fueled by uncertainty about the future of their health and the side effects of treatment. This underscores the importance of holistic care that includes psychological and social support to help patients better cope with these emotional challenges.

Cervical cancer patients experiencing anxiety warrant special attention because anxiety and depression are associated with significant burden of underlying disease and poor survival rates (Golubovic et al., 2022). Kurniasih et al. (2023) also stated that family support is needed in the treatment process because it has a positive impact. Patients feel loved and feel owned by their families, so that patients have the motivation to recover and have self-confidence in worrying about the disease they are suffering from. Previous research conducted by Ma'rifah et al., (2024) stated that social support provided by family and closest people is needed to reduce the psychological impact that arises due to the disease and the cervical cancer treatment process.

Physical adaptation is an important aspect in the healing journey of cervical cancer patients. Interview results showed

that patients faced various physical changes including decreased energy, digestive changes, and loss of strength and stamina. Adjustment to these changes requires ongoing support from the medical team and family, as well as appropriate coping strategies to reduce the negative impact on the patient's quality of life.

Previous research showed that cancer patients who have metastasized and/or are undergoing treatment will often experience fatigue. Fatigue can occur due to inadequate nutritional needs so that the body's energy needs are not fulfilled. Fatigue can appear a few days after chemotherapy treatment and get worse. Clients also expressed that after chemotherapy they experienced a decrease in blood (anemia). Clients who receive chemotherapy experience anemia due to a decrease in red blood cell production so that oxygen binding in the blood is reduced, so the body will feel weak even though they are not doing activities (Hat, 2020). Cancer-related fatigue was reported in 53% of women treated for gynecologic cancer, with a higher proportion in the cervical cancer group (Sekse et al., 2015).

#### **AUTHOR CONTRIBUTION**

Dwi Kurniasih is the main researcher who conceptualized the study, collected field data, analyzed data, and wrote the initial draft of the manuscript. Maria Goretik as a member who collected and analyzed data, edited and revised the manuscript and Siskawati as a member who supervised the whole research, ensured the integrity of the research, interpreted the results and prepared the conclusions, and supervised the final revision of the manuscript before publication.

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#### **CONFLICT OF INTEREST**

There is no conflict of interest in this study.

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