



## Overview of Sexuality Satisfaction in Breast Cancer Patients at RSUD Prof. Dr. Margono Soekarjo Purwokerto

Rahma Melinda<sup>1</sup>, Adiratna Sekar Siwi<sup>2\*</sup>, Ikit Netra Wirakhmi<sup>3</sup>

<sup>1,2,3</sup> Program Studi Keperawatan Program Sarjana Fakultas Kesehatan Universitas Harapan Bangsa Purwokerto, Banyumas, Indonesia

<sup>1</sup>rahmamelinda31@gmail.com; <sup>2</sup>adiratnasekarsiwi@uhb.ac.id\*; <sup>3</sup>ikitnetra@yahoo.co.id

### ABSTRACT

*Cancer is the cause of death and loss of hope for cancer patients around the world, especially breast cancer. Breast cancer sufferers have psychological, social, and physical effects. One of the physical effects is decreased sexual function. Sexual function in cancer patients is an important element that can affect their quality of life. One of the causes of decreased quality of life in cancer is influenced by sexual function. The purpose of this study was to find out the description of sexual satisfaction in breast cancer patients at RSUD, Prof. Dr. Margono Soekarjo Purwokerto. This type of research is quantitative, using descriptive research methods with a cross-sectional approach. The sampling technique using non-probability sampling with purposive sampling using the Slovin formula obtained the results of 79 respondents. The research instrument used was the Sexual Satisfaction Scale for Women (SSS-W) questionnaire, which consisted of 30 questions. Data analysis using a univariate test. Data collection was carried out on April 5–18, 2023. The results showed sexual satisfaction in breast cancer patients at RSUD, Prof. Dr. Margono Soekarjo Purwokerto, namely in the satisfied category, 56 respondents (70,9%).*

**Keywords:** *Sexual satisfaction, breast cancer, cancer*

### 1. INTRODUCTION

Cancer is the leading cause of death and high loss of life expectancy for cancer patients in all countries around the world (Sung et al., 2021). The high mortality rate due to cancer is due to patients accessing health services already in an advanced stage. Patients in advanced stages of cancer, the healing process is difficult to implement (Kusumawaty, et al., 2021).

According to the World Health Organization (WHO) in 2019, reported that cancer is the first or second leading cause of death before age 70 in 112 countries and the third or fourth leading cause in 23 countries.

Cancer is the second leading cause of death in the world after cardiovascular disease. The most common cancers in men are lung cancer, colon cancer, prostate cancer, liver cancer and stomach cancer. The most common cancers in women are colon cancer, breast cancer, cervical cancer, thyroid cancer and lung cancer (Siwi, et al., 2020). Based on data from the Global Burden Cancer (GLOBOCAN), International Agency For Research On Cancer (IARC) in 2020, in the world breast cancer has 23 million new cases (11,7%) (Sung et al., 2021).

New cases of breast cancer in Indonesia have reached 16,6% or 68,858 cases from a total of 396,914 cancer cases, and the number

\* Adiratna Sekar Siwi.

Tel.: -

Email: adiratnasekarsiwi@uhb.ac.id



of deaths has increased by more than 22 thousand million. The high number of breast cancer cases in Indonesia is a priority handled by the government (Indonesian Ministry of Health, 2022). Based on breast cancer data in Central Java, the Chairperson of the Women's Organization Coordinating Board informed that data from the Health Office in 2018 showed that the prevalence of breast cancer reached 19,100 cases from the total population of Central Java (Central Java Public Relations, 2022). In 2012 in Banyumas Regency, 133 cases of breast cancer were found. The latest data in 2019 in Banyumas Regency, breast cancer data reached 531 cases with a prevention rate of 0.266, which is a high incidence in Banyumas Regency (Fatonah, 2021).

Breast cancer is a malignant (cancerous) tumor that starts in the cells of the breast. The female breast is made up of several components, including milk-producing glands (lobules), blood vessels or ducts that drain milk flow from the lobules to the nipple, blood vessels, connective fatty tissue, and lymphatic vessels. Breast cancers arise from cells in the blood vessels or ducts (ductal carcinoma), but some arise in the lobules (lobular carcinoma) and some in other tissues (Riana et al., 2020).

Risk factors have been closely associated with the high incidence of breast cancer, including age, pregnancy, family history of disease and previous genetic breast disease. Age, experienced in the age range >50 years at risk of breast cancer (Riana et al., 2020). Women with pregnancy, the first pregnancy older than 35 years or who are not pregnant have a higher risk of developing breast cancer than women who become pregnant at a younger age. Women with a family history have a higher risk of breast cancer than women without a family history of breast cancer (Hero, 2021).

Other risk factors include cancer stage, employment level, education level and menstrual history (early menstrual history <12 years or late menarche >55 years). High stages in cancer cases are due to a lack of knowledge and education and awareness of cancer patients and cancer detection tools that take a long time, such as clinical pathology examinations (Alfalah, 2022). According to Kurniati & Romadhon, (2021) the level of work is very risky and can increase cases of breast cancer,

especially for night shift workers. Work intensity at night can significantly increase the risk of developing breast cancer, because night work results in disruption of circadian rhythms (physical, mental, and behavioral changes that follow a 24-hour cycle). The high level of education of a person has a good influence on knowledge about breast cancer and gets high compliance in preventing breast cancer and carrying out treatment and can be overcome properly if there are signs of symptoms of breast cancer with Breast Self Check (SADARI) (Juwita et al., 2018). Menstrual history, women with early menarche are more likely to get breast cancer than women without early menarche. In addition to risk factors, sexual problems are a problem experienced by breast cancer patients.

Sexuality is an important part of life. Sexual function for cancer patients is an important element that can affect quality of life. Cancer and its treatment not only affect the physical and psychological well-being of patients, but can also affect a person's sexual well-being. One of the causes of decreased quality of life in cancer is influenced by sexual function (Subagya et al., 2019).

Based on the results of research by Sari & Oktavianto, (2020), the results showed that most of the descriptions of sexual function were sexual dysfunction reaching 29 respondents (93.5%) and in the category of good sexual function 2 respondents (6.4%), so that for the problem of sexual dysfunction the domain is high and has an average sexual satisfaction score of the sexual satisfaction domain in order of the highest score, namely relationship care = 26.1, self-confidence = 22.8, emotional closeness = 22.6, relationship satisfaction = 21.8, and communication = 21 and obtained a mean value of 133 with a maximum number of 171, a minimum number of 100 obtained in the communication domain with the lowest number. The communication in question is communication that can satisfy and know the partner's sensitive points in sexual intercourse.

Based on the results of research by Rahmi et al, (2019), the results showed 24 respondents with a percentage of 63,1% who had experienced poor sexual function. Respondents who experienced good sexual function were 14 respondents with a percentage of 36,9%. Sexual

function is in the poor range due to unfulfilled sexual satisfaction, so further treatment is needed to overcome these problems.

The impact on sexual function that often occurs in breast cancer patients usually causes long-term side effects of cancer treatment such as radiotherapy, surgery, and chemotherapy. The effects of cancer treatment have a visible impact on the patient's quality of life and sexual ability. Usually the impact will appear after undergoing treatment. Radiotherapy and chemotherapy treatments cause early menopause in perimenopausal women. After initial treatment, estrogen receptor positive women receive endocrine therapy such as tamoxifen for 5 years. This treatment can cause the body to inhibit estrogen production, causing menopausal women, vaginal dryness, night sweats, insomnia, and ultimately impair sexual function (Rahmi et al., 2019).

Based on the results of a pre-survey conducted on January 19, 2023 breast cancer cases recorded at RSUD Prof. Dr. Margono Soekarjo Purwokerto, the results were 99 respondents, the amount of data was taken from November 2022 - January 2023 or in the last 3 months. Based on the description above, the researcher is interested in examining directly the Overview of Sexuality Satisfaction in Breast Cancer Patients at Prof. Dr. Margono Soekarjo Purwokerto Hospital, with the general purpose of this study is to determine the description of sexuality satisfaction in breast cancer patients at Prof. Dr. Margono Soekarjo Purwokerto Hospital.

## 2. RESEARCH METHOD

This study used descriptive research methods with cross sectional. The population of this study were breast cancer patients at Prof. Dr. Margono Soekarjo Purwokerto Hospital as many as 99 respondents in the last 3 months in November 2022 - January 2023.

Sampling that has been used in this study is non-probability sampling with purposive sampling and a total sample of 79 breast cancer patients who meet the inclusion criteria. The variables in this study used a single variable, namely sexuality satisfaction in breast cancer patients.

The sample determination in this study used inclusion and exclusion criteria. The inclusion

criteria in this study are women with married status and respondents can read and write. The exclusion criteria in this study are respondents with mental / mental disorders, respondents who have filled out questionnaires, respondents with physical limitations such as speech and hearing impairments, respondents with widow status.

This research was conducted from October 2022 to July 2023. This research instrument is using The Sexual Satisfaction Scale for Women (SSS-W) questionnaire, the results of the validity test of the questionnaire with the instrument items are valid because the r table is greater than 0.514. The reliability test results are the alpha symbol value of 0.81-1.00 which means very reliable, the alpha symbol value between 0,61–0,80 means reliable, the alpha symbol value between 0.41-0.60 means quite reliable, the alpha symbol value of 0,21-0,41 means somewhat reliable, the alpha symbol value of 0,00-0,20 means less reliable. The type of data used is primary data from respondents and secondary data from Prof. Dr. Margono Soekarjo Purwokerto Hospital. This study uses data collection methods by observation and filling out questionnaires after the researcher provides an explanation to the respondent. Data analysis techniques are univariate, univariate analysis in this study explains or describes sexuality satisfaction in breast cancer patients including age, cancer stage, parity history, occupation, type of treatment, length of therapy and education level. This research uses ethical research with No. B.LPPM-UHB/1534/02/2023.

## 3. RESULT AND DISCUSSION

### 3.1 Result

The results of research on “Overview of Sexuality Satisfaction in Breast Cancer Patients at Prof. Dr. Margono Soekarjo Purwokerto Hospital” which was conducted on April 05 - April 18, 2023 with a total sample of 79 respondents obtained the following results:

**Tabel 1. Distribution of sexuality satisfaction in breast cancer patients**

Sexual satisfaction	Frequency (F)	Percentage (%)
Satisfied	56	70,9
Dissatisfied	23	29,1
<b>Total</b>	<b>79</b>	<b>100</b>

Source: primary data (2023)

Based on the results of the study, it shows that the highest results of sexuality satisfaction in the satisfied category are 56 samples with a percentage of 70,9%, while in the unsatisfied category there are 23 samples with a percentage of 29,1%.

**Tabel 2. Cross tabulation distribution of sexuality satisfaction based on response characteristics**

Characteristic	Sexual satisfaction				Total	
	Satisfied		Dissatisfied		N	%
	N	%	N	%		
<b>Age</b>						
Adults (19-44)	7	8,9%	10	12,7%	17	21,5%
Pre-elderly (45-59)	38	48,1%	13	16,5%	15	64,6%
Senior (≥60)	11	13,9%	0	0,0%	11	13,9%
<b>Total</b>	<b>56</b>	<b>70,9%</b>	<b>23</b>	<b>29,1%</b>	<b>79</b>	<b>100,0%</b>
<b>Stadium</b>						
Stadium 1	1	1,3%	0	0,0%	1	1,3%
Stadium 2	25	31,6%	13	16,5%	38	48,1%
Stadium 3	28	35,4%	10	12,7%	38	48,1%
Stadium 4	2	2,5%	0	0,0%	2	2,5%
<b>Total</b>	<b>56</b>	<b>70,9%</b>	<b>23</b>	<b>29,1%</b>	<b>79</b>	<b>100,0%</b>
<b>Parity history</b>						
Not risky (>4)	3	3,8%	2	2,5%	5	6,3%
Beresiko (1-4)	53	67,1%	21	26,6%	74	93,7%
<b>Total</b>	<b>56</b>	<b>70,9%</b>	<b>23</b>	<b>29,1%</b>	<b>79</b>	<b>100,0%</b>
<b>Work</b>						
Working	14	17,7%	0	0,0%	14	17,7%
Not Working	42	53,2%	23	29,1%	65	82,3%
<b>Total</b>	<b>56</b>	<b>70,9%</b>	<b>23</b>	<b>29,1%</b>	<b>79</b>	<b>100,0%</b>
<b>Types of treatment</b>						
Chemotherapy	39	49,4%	13	16,5%	52	65,8%
Radiotherapy	0	0,0%	0	0,0%	0	0,0%
Surgical therapy	17	21,5%	10	12,7%	27	34,2%
<b>Total</b>	<b>56</b>	<b>70,9%</b>	<b>23</b>	<b>29,1%</b>	<b>79</b>	<b>100,0%</b>
<b>Length of therapy</b>						
≤1-2 Years	53	67,1%	22	27,8%	75	94,9%
≥3 Years	3	3,8%	1	1,3%	4	5,1%
<b>Total</b>	<b>56</b>	<b>70,9%</b>	<b>23</b>	<b>29,1%</b>	<b>79</b>	<b>100,0%</b>
<b>Education Level</b>						
Elementary School	25	31,6%	8	10,1%	33	41,8%
Middle School	15	19,0%	6	7,6%	21	26,6%
High School	9	11,4%	9	11,4%	18	22,8%
Undergraduate	5	6,3%	0	0,0%	5	6,3%
Other	2	2,5%	0	0,0%	2	2,5%
<b>Total</b>	<b>56</b>	<b>70,9%</b>	<b>23</b>	<b>29,1%</b>	<b>79</b>	<b>100,0%</b>

Source: primary data (2023)

Based on the results showed that cross tabulation of sexuality satisfaction based on age characteristics in pre elderly (45–59) as many as 38 respondents (48,1%) were in the satisfied category and 13 respondents (16,5%) were in the dissatisfied category. Based on stage 2 as many as 25 respondents (31,6%) were in the satisfied category, and 13 respondents (16,6%) were in the dissatisfied category, stage 3 as many as 28 respondents (35,4%) were in the satisfied category, and 10 respondents (12,7%) towards dissatisfied. Based on a history of parity at risk as many as 53 respondents (67.1%) were in the satisfied category, and 21 respondents (26.6%) were in the dissatisfied category. Based on non-working jobs, 42 respondents (53,2%) were in the satisfied category, and 23 respondents (29,1%) were in the dissatisfied category. Based on the type of chemotherapy treatment, 39 respondents (49,4%) were in the satisfied category, and 13 respondents (16,5%) were in the dissatisfied category. Based on the length of therapy ≤1–2 years, 53 respondents (67,1%) were in the satisfied category, and 22 respondents (27,8%) were in the dissatisfied category. Based on the level of education who graduated from elementary school, 25 respondents (31,6%) were in the satisfied category, and 9 respondents (11,4%) were in the dissatisfied category at high school / vocational school graduation.

### 3.2 Discussion

Based on this study, it can be described that the sexuality satisfaction of breast cancer patients at RSUD Prof. Dr. Margono Soekarjo Purwokerto falls into the satisfied category. The level of sexuality satisfaction in the questionnaire has been determined with a score of 72–120 being in the satisfied category and a questionnaire score of 24–71 being in the dissatisfied category. The results of the study obtained with the results of the questionnaire answers were in the satisfied category as many as 56 respondents with a percentage of 70,9% and an unsatisfied category of 23 respondents with a percentage of 29,1%.

The average value obtained is 78.01, the highest value obtained is 112, and the smallest value obtained is 55.50, so these results conclude that the patient's sexuality satisfaction

in the Oncology room at Prof. Dr. Margono Soekarjo Hospital is good. This study is in line with Tahalele's research, (2018) with the results of his research showing high sexual satisfaction with a percentage of 96.4%, while sexual satisfaction in the low category obtained a percentage of 3.6%. Relationship quality can affect sexual function, besides that relationship quality is one of the factors that directly affects sexual satisfaction and is shown to be positively correlated with sexual satisfaction. Therefore, improving the quality of a person's sexual function through relationship quality factors will indirectly affect the level of sexual satisfaction of the individual.

According to Sa'adati, (2021) explains that breast cancer patients should not need to limit their sexual activity. This happens because daily sexual activity can maintain vaginal elasticity, so it will minimize symptoms during intercourse.

The researcher's assumption from the results of research on sexuality satisfaction in breast cancer patients is good because patients who have accepted their condition and understand each other between partners when one partner is sexually desiring. This is evidenced by research researched by Rahayu, (2018) sexual satisfaction is not always evaluated based on the sexual response cycle starting from the phases of rest, arousal, plateau, orgasm, and withdrawal. This happens because sexual satisfaction is not only with intimate / sexual relations between husband and wife, but can be from communication about sex, emotional closeness, and the quality of the relationship.

### Age

Based on table 2. shows the distribution of cross tabulation of sexuality satisfaction levels in breast cancer patients including age. The level of age sexuality satisfaction in the pre elderly category (45–59) as many as 38 respondents (48,1%) experienced satisfaction, and 10 respondents (12,7%) experienced dissatisfaction at an adult age (19–44).

This study has been in line with Rahayu's research, (2018) which shows the results of her research that most in the age range > 41 years experience satisfaction in their sexual satisfaction. This contradicts Murwaningsih's research, (2013) in Rahayu, (2018) explaining

that there is no influence between age and sexual / intimate relationships, but in fact the increasing age decreases the desire to have intercourse due to a decrease in the hormone estrogen which causes menopause.

The results of research by Rahmi et al., (2019) showed the results of his research with the majority age characteristics of 41-59 years experiencing interference with sexual function as many as 24 respondents with a percentage of 63.1%. Physiologically, due to decreased mucus production, the female reproductive system in late adulthood undergoes changes such as vaginal shriveling.

The researcher's assumption in this study is that the pre-elderly age (45-59) experiences satisfaction because the patients who are respondents to this study mention that they are satisfied in their sexual life, even though they are not often in contact but the respondents can get it with touch, good communication with their partners, besides that the respondents and their partners have accepted the current situation, so they do not question their sexuality.

According to the researcher's assumption at an adult age who experiences sexual dissatisfaction is due to the age range of 19–44 years of high sexual desire, so that after having breast cancer the respondent feels disturbed by sexuality which is definitely different from sexual life before getting breast cancer. This is supported by Gultom et al., (2018) which shows that adults experience more sexual dysfunction with a percentage of 58,6% compared to pre-elderly age (55,8%).

### Stage of Cancer

Based on Table 2. shows the distribution of cross tabulation of sexuality satisfaction levels in breast cancer patients including cancer stages. The level of sexuality satisfaction in the satisfied category at stage 2 & 3 shows that stage 2 as many as 25 respondents (31,6%) are in the satisfied category, and 13 respondents (16,6%) are in the dissatisfied category. Stage 3 as many as 28 respondents (35,4%) were in the satisfied category, and 10 respondents (12,7%) towards dissatisfied.

According to Santosa et al. (2020) explained that the advanced stage has physical signs that arise around the breast not only lumps, but there are also skin abnormalities, edema / satellite nodules, ulceration, nipple discharge, dimpling, peau d'orange. These physical signs can cause sexual dissatisfaction or changes in stages 2 & 3 as mentioned in this study there were 16,6% in stage 2 and 12,7% in stage 3. Researchers assume that to experience sexual satisfaction does not have to be with intercourse, but it can also be with a gentle touch, communication about sex with your husband or partner.

The researcher's assumption in this study is that with the classification of stages 2 and 3 there is sexual satisfaction because the respondents feel satisfied with their sexuality and each respondent always thinks about how to recover from this breast cancer disease and focus on treatment.

### History of Parity

Based on Table 2. shows the distribution of cross tabulation of sexuality satisfaction levels in breast cancer patients including parity history. The level of satisfaction of parity history in the risk category (1-4) was 53 respondents (67,1%) in the satisfied category, and 21 respondents (26,6%) in the dissatisfied category.

This study has been in line with research conducted by Sofiatin et al. (2020) which explains that parity has a negative correlation with sexual dysfunction, so that individuals with more children will experience higher sexual disorders or sexual dissatisfaction. Individuals who have a history of parity 1-4 sexual satisfaction are much better than individuals who have a history of parity > 4.

Peneliti berasumsi bahwa individu yang mempunyai riwayat paritas >4 akan mengalami ketidakpuasan seksual dikarenakan kurangnya menikmati waktu bersama pasangan. Berbeda dengan individu yang mempunyai riwayat paritas <4 kemungkinan besarnya lebih memiliki waktu bersama pasangan sehingga merasa puas seksualitasnya.

### Jobs

Based on Table 2. shows the distribution of cross tabulation of the level of sexuality satisfaction in breast cancer patients including employment. The level of sexuality satisfaction of work on not working as many as 42 respondents (53,2%) were in the satisfied category, and 23 respondents (29,1%) were in the dissatisfied category.

This research is in line with research conducted by Sa'adati, (2021) which states that most of the respondents work as housewives (IRT) as many as 75 respondents with a percentage of 43,6%. This study includes housewives in the non-working category, so it is in line with the findings of previous studies which show that most people in the non-working category have sexual satisfaction. Research conducted by Rahmi et al., (2019) showed the results of his research that most of the work characteristics of housewives were 32 respondents with 84.2%, which means that sexual disorders were found in the housewife category.

According to the researcher's assumption, individuals who are not working will experience sexual satisfaction. This happens because sexual satisfaction does not only arise from having sex, but can be from communication, and gentle touch from a partner.

### Type of Treatment

Based on Table 2. shows the distribution of cross tabulation of sexuality satisfaction levels in breast cancer patients including the type of treatment. The level of sexuality satisfaction with the type of treatment in the chemotherapy category was 39 respondents (49,4%) in the satisfied category, 13 respondents (16,5%) in the dissatisfied category, and 10 respondents (12,7) in the surgical therapy category who experienced sexual dissatisfaction.

According to Sari & Oktavianto, (2020) individuals who do not have a history of cancer will have a higher level of satisfaction than those with a history of cancer. Individuals who have a history of cancer and are undergoing chemotherapy treatment will result in decreased interest and desire when having sexual intercourse due to the side effects of

chemotherapy which causes burning and dryness in the vaginal area.

Research researched by Rahmi et al. (2019) shows that most breast cancer patients undergoing therapy experience sexual disorders. This occurs due to the side effects of chemotherapy treatment. An individual will experience a decrease in the hormone estrogen, so vaginal cells will thin out, vaginal elasticity decreases, blood flow decreases, besides that it usually makes patients feel hot and dry in the vaginal area, causing sexual decline and causing pain during intercourse, but the results of this study are not in line with the results of research conducted by researchers.

According to Wuriningsih & Distinarista, (2019) explained in their research that patients who have undergone therapy experience changes in sexual function due to physical changes that result in the estrogen hormone making the vagina shrink and reduced mucus, so that it will cause pain during intercourse. The feeling of pain during intercourse will result in a decrease in sexual pleasure and eliminate arousal, so it will cause anxiety, and sweating a lot at night. This situation will make it difficult for the patient to sleep and will reduce energy when engaging in sexual activity.

This is different from the results of research conducted by researchers with most of those undergoing chemotherapy treatment as much as 49,4% towards satisfaction, and respondents said they were satisfied with their sexual life because respondents thought about their recovery and enjoyed the treatment process.

The researcher's assumption in this study was that respondents in undergoing chemotherapy treatment were in the satisfied category because the respondents of this study were many new patients undergoing chemotherapy treatment as many as 46 respondents who were <6 months of treatment, so that the effects of chemotherapy had not yet reacted as a whole. Sexual dissatisfaction with chemotherapy occurs because some respondents in this study have been undergoing therapy for a long time. Sexual dissatisfaction in respondents who underwent surgical therapy occurred because the respondents had lost their breasts, so that the respondents' sexuality life had changed and caused sexual dissatisfaction.

### **Duration of Therapy**

Based on Table 2. shows the distribution of cross tabulation of sexuality satisfaction levels in breast cancer patients including length of therapy. The level of satisfaction with sexuality for a long time undergoing therapy in the  $\leq 1-2$  year category was 53 respondents (67,1%) in the satisfied category, and 22 respondents (27,8%) in the dissatisfied category.

According to research by Rahmi et al., (2019) explains that the impact of not fulfilling one's sexuality will cause stress. The impact of stress can cause infections which can consequently reduce the body's resistance, besides that it can cause cancer metastases to increase. This can be an obstacle in the healing process.

The assumption of the researchers is that the length of therapy will also affect their sexual life. The longer the therapy, the more the sexuality dissatisfaction will increase and vice versa if the patient undergoes therapy  $\leq 1-2$  years, the lower the sexuality dissatisfaction will be.

### **Education Level**

Based on table 2. shows the distribution of cross tabulation of sexuality satisfaction levels in breast cancer patients including education level. The level of sexuality satisfaction at the education level in the elementary school graduate category was 25 respondents (31,6%) in the satisfied category.

This research is supported by the results of Sa'adati's research, (2021) which shows that sexual satisfaction is at the educational level of the majority of elementary school graduates as many as 78 respondents with a percentage of 45.1%, this happened because respondents who graduated from elementary school said they did not limit their sexual activity so that this was the cause of sexuality satisfaction in elementary school graduates.

Researchers assume that the sexual satisfaction of education levels with elementary school graduates is higher than other graduates. This happens because the lower the education, the more frequent time together with a partner compared to higher education which will usually be hindered by each other's busyness.

## CONCLUSION

Based on the results of a study entitled "Overview of Sexuality Satisfaction in Breast Cancer Patients at RSUD Prof. Dr. Margono Soekarjo Purwokerto" in patients in the Oncology room of Prof. Dr. Margono Soekarjo Purwokerto Hospital, the results of the study obtained with the results of the questionnaire answers were in the satisfied category as many as 56 respondents with a percentage of 70,9%.

## ADVISE

1. Future researchers are advised to continue research on the satisfaction of sexuality of husbands who have partners with breast cancer using qualitative methods. In addition, future researchers are advised to compare equally between types of therapy and conducted in large hospitals (special reference cancer hospitals).
2. For respondents: advised to build a sense of relationship care and sexual compatibility so that the respondent's sexual satisfaction increases.
3. Universitas Harapan Bangsa Purwokerto is expected to increase book references or literature in the library, so that students can more easily get the references they are looking for.
4. RSUD Prof. Dr. Margono Soekarjo Purwokerto is expected to be able to follow up on the sexual problems of breast cancer patients to increase the knowledge of breast cancer patients by providing health promotion, providing education, counseling, and interventions related to sexuality satisfaction.

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