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REVIEW ARTICLE

Perception of Sexuality and Body Image among Breast and Cervical Cancer Survivors

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Abstract

Post-diagnosis breast cancer survivors and survivors of cervical cancer are more likely to face severe psychological and emotional consequences that involves body image and their sexual disruption. Surgical treatments including mastectomy, hysterectomy, and radiation, and chemotherapy can have profound and devastating psychological impacts on women, their femininities, desirability, and sex lives. These shifts provide distress, shame, and intimacy problems, thus affecting the entire quality of life. The survivors are often reported to feel unattractive, unacceptable by partners and of low self-worth, exacerbated by the cultural stigmatisation and the lack of clinical concern about secondary sexual health in the post treatment period. This evidence-based review paper summarates what is currently understood about the psychosocial aspects of sexuality and body image in female cancer survivors. The research selected peer-reviewed articles published between 2010 and 2025 and reviewed them in various databases such as PubMed, Scopus, and PsycINFO. The major findings include the definition of the impression received by the survivors not only by the physical modifications but also by the work of interpersonal relationships and limitations of social reintegration. The research notes the necessity of holistic, trauma-informed, and culturally responsive activities that focus on emotional regulation, talking with a partner, and body acceptance. It further highlights the necessity to include the aspects of sexuality and body image counseling in the survivorship care plans. It is paramount to address such issues and concerns to optimize psychosocial recovery and resiliency, as well as regain a feeling of identity and intimacy in cancer survival.

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INTRODUCTION

Breast and cervical cancer are still the most regularly observed malignancies in women all over the world, and they constitute a large portion of the total cancer burden in the world. Breast cancer is estimated to be the most prevalent form of cancer in women, with GLOBOCAN statistics indicating that the cancer cases represent about 11.7% of all cancer cases, where it is estimated that 2.3 million women are newly diagnosed each year.[1] Cervical cancer ranks closely behind it in terms of incidence, especially in low and middle-income countries (LMICs), where screening and early treatment are less available. It has been estimated that worldwide, more than 600,000 women have been affected by cervical cancer and most of them died in areas with poor healthcare infrastructure.[2] Due to the developments in early detection using mammography and pap smears, as well as improvements in treatment options such as chemotherapy, radiation therapy and surgery, survival rates of both malignancies have increased significantly over the past 20 years. Localized breast cancer survival rates have seen the highest survival rates of over 90% in high-income countries, and HPV vaccination rates and targeted cervical cancer screening have achieved great success of reduced burdens in certain communities.[3]

Nevertheless, survivorship cannot be reduced to a period marked by remission or disease-free status only; it is currently recognized as a long-term, multi-stage phase of many bio-applied psychosocial adaptations. Research has revealed that the aspects of quality of life of cancer survivors remain underdiagnosed and undertreated regardless of their effects on emotional self, interpersonal functioning, and self-identity.[4] The study of psycho-oncology states that after treatment, there is a new set of vulnerabilities, such as fear of recurrence, changes in physical appearance, onset of premature menopause, and a break in interpersonal connection, all of which explain dwindling mental health and reduced satisfaction with life.[5,6] As survivorship is an increasingly longer-term and central period of time in cancer life courses, it is imperative to analyze how women perceive the aftermath of treatment in terms of sexuality and body image, and how these views affect their overall recovery.

The post-treatment of breast and cervical cancer usually brings significant changes to a woman in terms of body image, sexuality, and fertility. Medical interventions like mastectomy and hysterectomy may take out some important metabolites of femininity and bodies intactness, causing loss of self-impression as well as the feeling of being not attractive anymore. Chemotherapy and radiation often cause premature menopause, fatigue, vaginal dryness, and hormonal imbalances, which further damage sexual behavior and make one feel not very nice about his or her body. These shifts are not confined to the biological sector, as confidence, intimacy and emotional relationships in romantic relationships tend to be lowered. To a large extent, these effects are internalized by survivors, thus contributing to silence, shame and withdrawal, such that in some settings where female sexuality is discouraged or not openly discussed during medical visits. Although such experiences have been widely prevalent, there has been a lack of research to investigate the consequences of such treatment on sexual well-being and body image and how it can be provided during survivorship care.

Although a growing body of literature has examined the psychosocial consequences of breast and cervical cancer, the focus is often fragmented—either on sexuality or on body image, rarely on both together. Furthermore, existing reviews primarily address Western populations, overlooking the distinct cultural taboos and stigma faced by women in low- and middle-income countries. This creates a critical knowledge gap, as survivors' quality of life is closely linked to both sexual well-being and self-perception. Yet, healthcare systems continue to prioritize physical recovery, with limited integration of sexuality and body image into survivorship care. By systematically reviewing evidence across diverse contexts, this study aims to address that gap, offering a comprehensive understanding that can inform psycho-oncology interventions and policy frameworks tailored to women's lived realities.

Comprehension of how cancer survivors view their sexuality and body image is therefore a requirement in order to implement a more comprehensive recovery process of cancer. Such perceptions affect mood disorders, the partner relationship, quality of life, and resiliency in the long term. They are also used as important signs of impaired psychosocial needs that may hinder healing. By treating them, one may move to addressing the physical signs but also introduce emotional reintegration and self-empowerment. The aim of the present study is to understand the psychological, emotional, and social issues of sexuality and perceptions of body image among sexuality in breast and cervical cancer survivors. The synthesis of findings within interdisciplinary literature will allow for illuminating what trauma survivors actually go through and guiding the design of the most culturally competent and trauma-informed practices that incorporate the concepts of body image and sexual well-being into the wider context of cancer survivorship.

METHODOLOGY

Study Design

The research made used of a narrative literature review research design in order to integrate the existing literature on sexuality and perception of body image among breast and cervical cancer survivors. The narrative approach did not adopt the strict inclusion procedures characteristic of systematic reviews and it was possible to have a broader and more contextualized learning of survivor experiences in a variety of cultural, clinical, and social circumstances. It was expected that the identification of the corresponding psychosocial themes, emotional patterns, and therapeutic gaps connected with the survivorship care following treatment would be possible.

Data Sources and Search Strategy

A systematic search was done on four major academic databases- PubMed, PsycINFO, Scopus, and Google Scholar, to build on the interdisciplinary literature. The period chosen to fall in the spectrum was 2010- 2025, as the years still capture the traditional as well as the new studies. The search strategy adopted a Boolean search and the Medical Subject Headings (MeSH), and the terms used were as follows: breast cancer survivors, cervical cancer survivors, the perception of sexuality and body image dissatisfaction, and the quality of life. The list of references to the selected articles was manually searched to find other related sources.

Inclusion and Exclusion Criteria

Inclusion criteria included the following: (1) peer-reviewed articles in journals or book chapters; (2) published studies done in English; and (3) research on adult survivors of breast or cervical cancer; and (4) articles discussing sexuality, body image, or psychosocial quality of life post-survivor (Figure 1). Research was not included when the study was entirely on biomedical or clinical outcomes without an additional psychological or emotional framework. That is, grey literature such as dissertations, conference abstracts, and un-peer-reviewed reports were also excluded in order to remain consistent in methodology and preserve academic integrity (Table 1).

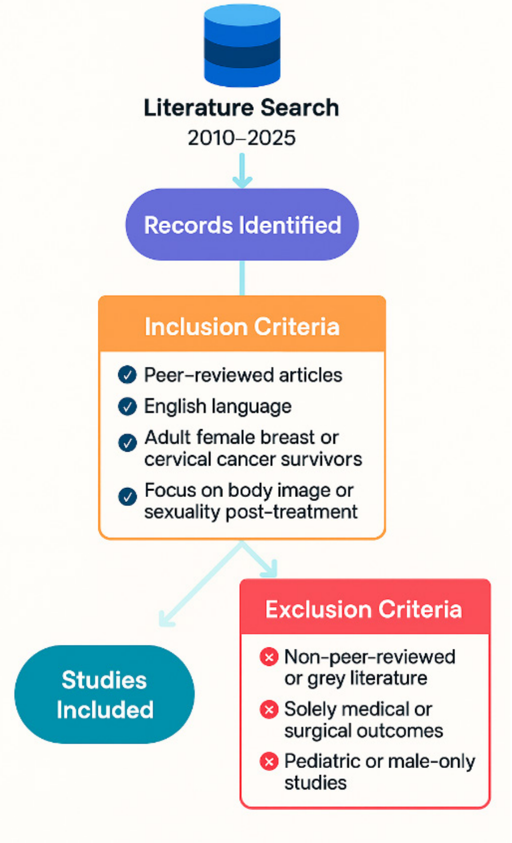

Figure 1: Literature search

Selection and Analysis

Articles within the field were determined by search and evaluating the title and the abstract to figure out their thematic relevance. Some studies that were deemed eligible were then subjected to full-text review in order to determine consistency with the core objectives. Over 92 studies were retained in the study. Synthesis of results was done using a thematic analysis of the findings across the different methodologies. Data have been structured along the five areas of analysis, which are psychological perceptions of sexuality, body image concerns, social and interpersonal issues, coping strategies, and resilience, and therapeutic or psychosocial interventions. This domain-oriented paradigm enabled multidimensional synthesis that helps to understand the experiences of survivors in a broad way in clinics and cultures.

The study identification and selection process followed the PRISMA 2020 guidelines. The PRISMA

Table 1: Inclusion and exclusion criteria

Criteria type	*Included*	*Excluded*
Language	English	Non-English publications
Publication type	Peer-reviewed journal articles, book chapters	Grey literature (theses, reports, conference abstracts)
Population	Adult female survivors of breast or cervical cancer	Male survivors, other cancer types
Focus	Studies addressing sexuality, body image, and psychosocial quality of life	Purely biomedical/ clinical studies without psychosocial focus
Date range	2010–2025	Publications before 2010

illustrates that the detailing records identified (n = 342), duplicates removed (n = 56), records screened (n = 286), full-texts assessed for eligibility (n = 82), exclusions (n = 10), and final studies included in the review (n = 92), along with additional records from reference searching (n = 20).

While this study adopted a narrative review design, semi-systematic elements such as explicit inclusion/exclusion criteria and structured synthesis were incorporated to enhance rigor. This approach was chosen to capture not only empirical data but also cultural and contextual nuances, which are often excluded in highly restrictive systematic reviews.

FINDINGS

The scholarly article presented a thematic synthesis approach, with the help of which the specifics of the perception of sexuality and body image by breast and cervical cancer survivors after medical interventions were investigated. The four academic databases used to identify empirical and theoretical studies published between the periods 2010-2025 were PubMed, PsycINFO, Scopus, and Google Scholar using a targeted search. A total of 92 peer-reviewed literature was identified and analyzed due to their thematic character. The studies represented a varied set of geographical locations, age brackets, and social and cultural backgrounds, and thus increased the representativeness of the research results. The importance was given to recording the experiences of adult females among the survivors regarding issues of psychological, emotional, relational, and cultural factors that contribute to the construction of post-treatment identity. The review concluded that sexuality and body image disturbances are not discrete entities but relate to emotions of resilience, mate intimacy and social performance in general. Thematic analysis was applied to structure the results into five areas of analysis, which included psychological perceptions of sexuality, body image concerns, social and interpersonal challenges, coping strategies and resiliency and therapeutic or psychosocial interventions. This was a more subtle compilation of interdisciplinary works as it emphasized the subtext of the layered experiences of the survivor throughout the treatment process. All thematic categories are discussed in the following sections in greater detail, providing an understanding of both the individual and organizational nature of post-cancer survivorship (Table 2).

Psychological Perceptions of Sexuality

The treatment of cancer has the enormous potential to change how a woman views her sexuality and her value and, in most cases, there is the psychological effect that implies anxiety. The loss of a breast or uterus, loss of hair, development of early menopause and alterations of vaginal capacity can compromise central aspects of femininity and desirability. Most of those who manage to move on mention the loss of a sense of a woman and sexual life after treatment, especially having a body that is no longer the same as the self-perceived picture of the body before the treatment. Such mental changes are usually paralleled by heightened conditions of stress, feeling bleak and internalized guilt. To illustrate, one of the qualitative studies conducted by Ussher *et al.* (2014)[7] found that a large number of women experience a feeling of being deprived of sexual attention after the treatment, with one participant noting that she felt like a ghost to the sexual interest of others. During the same study, most participants stated that they withdrew after the treatment, being

Table 2: Differences in body image and sexuality concerns by cancer type

Domain	*Breast cancer survivors (Mastectomy/Chemo)*	*Cervical cancer survivors (Hysterectomy/ Radiation)*
Body image	Visible scarring, asymmetry, hair loss, altered femininity	Less visible but functional changes (pelvic pain, vaginal narrowing)
Sexual concerns	Reduced desire, partner rejection, fear of intimacy	Fertility loss, reproductive identity concerns, dyspareunia
Psychological impact	Shame, social withdrawal, reduced confidence	Anxiety about future planning, stigma around fertility and sexuality

unable to engage in a sexual process and that they refused to pursue a romantic relationship after the treatment. This sexual confident is normally compounded by the fear of being rejected by the partner, and loss of emotions. Long-standing psychological scars may take place in the survivors and these scars hinder their emotional resilience. In addition, the findings indicate that unresolved sexual trauma in survivorship can also aggravate any preexisting mental weaknesses.[8]

Body Image Concerns

Physical differences of any kind, because of mastectomy or pelvic radiation, have proven to leave survivors traumatized with their body image. Breast cancer survivors, to exemplify, feel that asymmetry or scarring may visibly refer to their cancer, which negatively affects their confidence levels in social and sexual domains. Cervical cancer survivors, however, tend to grapple with the less-obvious alterations, like the vagina shrinking or pelvic pain, which affect sexual health more than appearance. These two different experiences result in different pathways to body image disruption. According to a comparative study conducted by Mart 72 Molly Arroyo *et al*. (2019),[9] the respondents with breast cancer showed more resolute malcontentment with the parts of the body they could see, whereas cervical cancer survivors indicated disappointment with functional incapacitation that influenced sexual pleasure. This subtle variation testifies to the significance of individualized psychosocial intervention. Moreover, media ingratiation on beauty standards and the culture of feminine beauty can exacerbate negative self-image, especially in young survivors. In cases where body image distress has not been addressed, it may substantially hinder social reintegration and may result in isolation and impairment of quality of life.[10]

Importantly, the disruptions in body image varied between breast and cervical cancer survivors. Breast cancer survivors frequently reported visible physical changes, such as scarring, breast asymmetry, and hair loss, which directly affected their sense of attractiveness and social confidence. By contrast, cervical cancer survivors were more likely to report functional and reproductive concerns, including pelvic pain, vaginal changes, and fertility loss, which primarily disrupted sexual identity and future planning. This distinction underscores the importance of addressing breast and cervical survivorship separately when developing psychosocial interventions.

Social and Interpersonal Challenges

More than just the personal experience, survivorship of cancer often disturbs relational dysfunctions, particularly in marriages and long-term partnerships. Along with reports of inferior sexual connection, rejection of physical nearness, and inability to invite a discourse about sexual demands or physical divergence, survivors usually report lessened sexual intimacy. Emotional distancing can result because one becomes afraid of being seen as unattractive or even as a damaged person. In other situations, the partners also face difficulty in the mode of their supporting and this causes misunderstanding or even withdrawing. Reese *et al*. (2020)[11] claim that many couples cannot find the communication instruments that would help them deal with the post-treatment stage, which leads to their frustration and decreased satisfaction with their relationships. The norms surrounding culture also

Table 3: Summary of key studies included in the review

Author/ Year	*Cancer type*	*Country/ Region*	*Sample size*	*Main psychosocial issues*	*Key findings*
Ussher *et al*. (2014)	Breast	Australia	45	Sexuality, partner rejection	Survivors reported loss of sexual identity and partner distancing.
Reese *et al*. (2020)	Breast	USA	60 couples	Intimacy, clinician support	Couple-based interventions improved intimacy and reduced distress.
Martínez Arroyo *et al*. (2019)	Breast	Spain	120	Body image, emotional distress	Visible scarring linked to reduced confidence and quality of life.
Carter *et al*. (2010)	Cervical	USA	78	Fertility concerns, QoL	Radical surgery patients reported higher anxiety about fertility.
Skog *et al*. (2025)	Mixed	Sweden	RCT (online)	Sexual dysfunction, body image	Psychoeducational program improved sexual satisfaction and resilience.

make it very hard to talk openly about sexual difficulties and they are particularly hard in cultures that either stigmatize or medicalize the concept of female sexuality.

Coping Strategies and Resilience

To overcome the disorder brought about by cancer and its countermeasures, survivors adopt various tactics to adapt. Others use adaptive mechanisms, including mindfulness, acceptance, and therapy-based support groups, peer groups, and usage of guided body-awareness practices. These strategies have been found to include emotional management and restore a sense of agency over the body and identity. Conversely, others are tempted to avoidance, withdrawal of sexuality, or even self-silencing when the social context is stigmatizing. Li *et al*. (2012)[12] also concluded that women who positively reframed and turned to social support after experiencing body image problems showed significantly lower rates of body image distress and sex dysfunction on a lower scale than females who engaged in negative internalizations of their self-liking problems. Support organizations often provide safe environments where participating individuals can express themselves, educate themselves, and support one another, especially in the case of shared cancer experience. These networks are capable of alleviating loneliness and forming a community-based protection against mental degradation. Survivorship resilience is not only an individual form but rather the process influenced by the culture one lives in, the existence of social support and the quality of follow-up care. There is a need to identify and strengthen adaptive coping routes to enable long-term recovery.

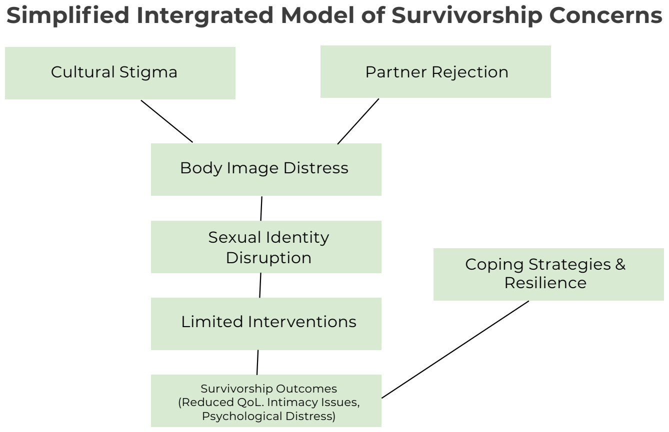

Figure 2: Integrated thematic model of sexuality and body image concerns in cancer survivorship

Therapeutic and Psychosocial Interventions

Though it is widely acknowledged that there is a big need, sexuality and body image therapies are underused in oncology services. Combined body image therapy, sexual counseling, and psychoeducation programs have also demonstrated successful results but are not part of routine survivorship care. Sexual self-schema specific cognitive behavioral and relational treatment of couples has proved efficacious in increases in sexual satisfaction and decreases in sexual distress. A pilot trial by Skog *et al.* (2025)[13] reported that sexual function and emotional intimacy were better with multimodal psychoeducational and body-based mindfulness interventions in breast cancer survivors. Likewise, pelvic floor treatment and hormonal therapy have helped cervical cancer patients who are physically uncomfortable. Nevertheless, these types of interventions are not easily accessible in low and middle-income nations and thus, cultural taboos and healthcare restrictions exist. It has been proposed that culturally adapted models that incorporate Western psychosocial approaches together with local healing practices would be applied to the care of survivors who need to be clinically effective yet culturally congruent.[14] Integrating such services as standard follow-up provided by professionally trained and trauma-informed personnel has the potential to noticeably improve quality of life and emotional reintegration in the post-cancer setting.

Integrated Thematic Model

The themes identified in this review—psychological perceptions of sexuality, body image concerns, social and interpersonal challenges, coping strategies, and therapeutic interventions—are not discrete, but rather interconnected dimensions of survivorship. For instance, cultural stigma and partner rejection amplify body image distress, which in turn reduces coping capacity, while lack of clinician training limits access to therapeutic interventions. By synthesizing these findings, an integrated model emerges in which cultural context, interpersonal relationships, and healthcare system factors jointly shape survivors' perceptions of sexuality and body image.

To avoid isolated reporting, the results were synthesized into an integrated thematic framework linking cultural stigma, body image concerns, partner relationships, and clinical gaps. Comparative analysis across studies highlighted that while Western research emphasizes intimacy and clinician training gaps, South Asian and LMIC studies emphasize stigma, silence, and fertility concerns. This structured synthesis forms the foundation for the subsequent discussion.

DISCUSSION

The structured thematic synthesis demonstrates that the psychosocial impacts of breast and cervical cancer survivorship cluster around five interconnected domains: psychological perceptions of sexuality, body image concerns, interpersonal relationships, coping strategies, and therapeutic interventions. By presenting these themes comparatively, the findings align closely with prior research while offering new insights into cultural and contextual differences. The presented research serves as evidence to better understand that sexuality and body image disorders should be evaluated as a multidimensional issue of breast and cervical cancer survivors, as these disorders are not limited to the physical effects of treatment. A key insight of this review is that breast and cervical cancer survivors experience distinct psychosocial disruptions. While breast cancer treatment often results in visible changes to physical appearance, cervical cancer treatment more strongly affects reproductive and functional identity. By analyzing these separately, the review highlights the need for differentiated survivorship care strategies tailored to the cancer type [8]. The thematic synthesis further indicates that these concerns are not isolated experiences but part of a dynamic system. Cultural stigma, body image disruptions, and interpersonal rejection reinforce one another, while adaptive coping strategies can buffer their effects. This integrative view clarifies why interventions targeting only one domain (e.g., counseling without addressing cultural taboos) often have limited success. Our conceptual model (Figure 2), therefore, highlights the necessity of multi-level approaches in survivorship care. The results of studies conducted by survivors are similar, as they often complain about permanent emotional distress based on modified body image and reduced sexual self-image, which is consistent with the existing literature focusing on the psychological costs of such alterable and intangible changes induced by cancer treatment.[15] The cultural and gender-based influences have a very important role in influencing these perceptions. The perception of femininity as authored in reproduction capacity and physical beauty tends to create inadequacies, shame, or social rejection of women post-mastectomy or hysterectomy in a number of typical societies.[16] Moreover, female sexual health is still not openly discussed in most places and especially in non-Western countries, which further disadvantages such survivors and makes access to nonjudgmental support systems more difficult.[17] These are the cultural restrictions that affect especially unmarried or younger survivors, because much less attention is paid to these issues during standard treatment, such as to attractiveness, chances of a relationship, and the possibility of having children. Although the evidence on the psychosocial burden is increasing, oncology care teams tend to struggle to address body image and sexuality counseling as part of the survivorship plan due to a lack of training or resources. The results indicate an immediate requirement for trauma-sensitive, culturally responsive measures that enable clinicians to preemptively deal with these areas. What is more, the available studies still focus more on partnered survivors in high-income countries of middle-age, leaving gaps in the knowledge about single women, younger patients, and the context of under-resourced settings.[18] Researchers ought to shift towards longitudinal and intersectional research paradigms that would encompass these various experiences and the effectiveness of integrative treatment models in the long run. Unless there is a transition to survivorship care that is comprehensive, body image and sexual identity issues will remain unrecognized and will continue to cause distress, affecting the entire holistic recovery process.

Findings from this review align with theoretical frameworks that explain psychosocial consequences of cancer survivorship. For instance, disturbances in body image observed among breast cancer survivors are consistent with body image theory, which highlights how physical alterations disrupt self-perception and femininity. Similarly, difficulties in intimacy and sexual function resonate with sexual script theory, emphasizing the role of cultural and relational expectations in shaping sexual adjustment. More broadly, the observed psychosocial and functional challenges fit within survivorship models, which view quality of life as a multidimensional construct encompassing physical, psychological, social, and spiritual domains.[8]

This review proposes a conceptual care framework that integrates body image and sexuality support into routine cancer survivorship care. The framework rests on three interconnected pillars:

Clinical Integration

Embedding sexual health assessments, body image counseling, and partner communication modules into standard oncology follow-up visits.

Cultural Responsiveness

Tailoring interventions to the sociocultural realities of survivors in low- and middle-income countries by using locally adapted psychoeducational materials, community-based peer groups, and culturally sensitive counseling.

Interdisciplinary Psycho-Oncology

Encouraging collaboration between oncologists, psychologists, sexual health counselors, and social workers to create a holistic care pathway that goes beyond physical treatment outcomes.

By introducing this framework, the paper moves beyond reiteration of challenges and offers a structured model for integrating sexuality and body image into survivorship care. This represents a novel contribution, particularly for non-Western settings where psychosocial concerns remain under-recognized.

Clinical Implications and Care Pathway

This review highlights the urgent need to embed sexuality and body image counseling into survivorship care. Based on the synthesis of existing studies, a psycho-oncology care pathway is proposed:

Routine Screening

Incorporate standardized questions on body image and sexual health during oncology follow-up visits.

Dedicated Counseling Services

Provide access to psycho-oncology specialists trained in body image therapy, sexual counseling, and cultural sensitivity.

Couple-Based Interventions

Encourage interventions involving both survivors and partners to address intimacy concerns.

Community-Based Peer Support

Establish survivor-led support groups in local contexts to normalize discussion of sexuality and stigma.

Policy Integration

Recommend that national oncology programs include sexuality and body image rehabilitation within survivorship packages, particularly in low- and middle-income countries where stigma is most prevalent.

This pathway offers a structured and practical framework that clinicians, policy makers, and NGOs can adopt to improve the quality of survivorship care.

Limitations

This study has certain limitations that merit consideration. First, as a narrative literature review, it is inherently subject to selection bias due to the absence of a systematic protocol for study inclusion. The exclusive focus on English-language publications may have restricted access to culturally significant findings published in regional or non-English journals, particularly in low- and middle-income settings where cervical cancer burden is high. The choice of databases, while comprehensive, may also have excluded relevant studies indexed in specialized or non-medical repositories. Second, the studies included in this review demonstrated considerable methodological heterogeneity, with variation in sample size, survivor demographics, time since treatment, and the instruments used to assess sexuality and body image. This diversity limits the comparability of findings and reduces the potential for meta-analytic synthesis. Lastly, a notable gap across the literature is the lack of longitudinal research tracking changes in body image and sexuality perception over extended periods of survivorship. Most available studies rely on cross-sectional data, which capture only a snapshot of survivor experiences and overlook evolving psychosocial needs. Future research would benefit from longitudinal and mixed-methods approaches that better illuminate the progression of emotional recovery and therapeutic response across diverse populations.

Population Gaps and Future Research

Another limitation of the current body of evidence is the lack of diversity in study populations. Most available studies disproportionately represent middle-aged, urban, and higher socioeconomic groups, often leaving out younger survivors, older women, and those from rural or resource-limited settings. This gap is critical, as perceptions of sexuality and body image are strongly mediated by age, economic security, relationship status, and cultural background. For example, younger survivors may face heightened distress due to disrupted fertility and partner relationships, while older survivors may minimize sexual concerns due to cultural taboos. Similarly, women from lower socioeconomic strata often experience double vulnerability, balancing economic hardship with cancer-related stigma. Future research should adopt an intersectional approach, systematically analyzing how age, culture, class, and marital status shape psychosocial outcomes. This would allow for the design of targeted, equitable interventions that better address the needs of diverse survivor groups.

Despite its strengths, this review has limitations that must be acknowledged. First, potential publication bias cannot be ruled out, as studies with significant findings are more likely to be published. Second, heterogeneity across the included studies—particularly in terms of design, sample characteristics, and measurement instruments—may limit direct comparability of results. Third, the cultural context of most included studies may influence perceptions of sexuality and body image, which are shaped by societal norms and gender expectations. Therefore, the findings should be interpreted with caution when generalizing beyond the populations studied.

Conclusion

Sexuality and body image emerge as core components of emotional well-being and identity among breast and cervical cancer survivors, significantly influencing quality of life throughout the survivorship trajectory. The disruption of these domains through medical treatment often leads to long-lasting psychological distress, interpersonal strain, and diminished self-worth—challenges that remain under-addressed in standard oncology care. The findings of this review underscore the urgent need for a multidisciplinary, survivor-centered approach that recognizes sexuality and body image not as peripheral concerns but as fundamental to holistic recovery. Integrating culturally sensitive psychosocial interventions, including sexual health education, couple-based therapy, and body image counseling, is essential to restoring emotional equilibrium and relational intimacy. These interventions must be embedded within routine cancer follow-up care, particularly in settings where stigma and silence prevail. Policy-level inclusion of sexual health services in oncology programs would mark a significant advancement in addressing the unmet needs of survivors, ensuring equitable, compassionate, and comprehensive care. As the survivorship population continues to grow, it is imperative that healthcare systems evolve to reflect a broader understanding of healing—one that honors both the physical and deeply personal transformations cancer survivors endure.

This review contributes by synthesizing evidence on the psychosocial dimensions of sexuality and body image among breast and cervical cancer survivors, highlighting the influence of cultural perceptions and healthcare practices. Clinically, the findings emphasize the importance of integrating counseling and supportive interventions into survivorship care to address intimacy concerns and body image distress. Future research should prioritize longitudinal and cross-cultural studies with standardized measures to strengthen the generalizability of findings and to guide culturally sensitive, patient-centered interventions.

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