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Body Image and Masculinity in Male Breast Cancer Patients: Implications for Nursing Care

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ABSTRACT

Male breast cancer (MBC) is rare yet under-addressed in oncology nursing, especially regarding body image and masculinity. This qualitative study and purposive sampling to explored how men with breast cancer in Medan, Indonesia, make sense of altered bodies, masculinity, and care needs. We conducted in-depth interviews with 14 adult MBC patients (post-surgery or on systemic therapy) at a tertiary center and community support settings. Data were analyzed using reflexive thematic analysis. Three themes emerged: (1) "A scar that questions manhood" (appearance concerns, mastectomy symbolism, sexual self-esteem), (2) "Between pink ribbons and blue identities" (stigma, misgendered spaces, delayed help-seeking), and (3) "What nursing care should look like for men" (gender-sensitive education, partner involvement, symptom self-management). Participants described tension between hegemonic masculinity ideals and survivorship, affecting disclosure, adherence, and quality of life. Findings suggest integrating gender-responsive assessment of body image, tailored education (e.g., tamoxifen adverse-effects counseling), and couple-focused supportive care. Results inform practice and policy, addressing a neglected subpopulation in oncology nursing.

Keywords: male breast cancer; body image; masculinity; oncology nursing.

INTRODUCTION

Male breast cancer (MBC) accounts for approximately 1% of global breast cancer cases, with incidence gradually increasing alongside population ageing and improved detection (Azhar et al. 2025; Khare et al. 2024). In Southeast Asia, epidemiological data is still limited, but recent studies in Indonesia note that the average age of diagnosis for men with MBC is around 57–60 years, with the majority at an advanced stage at the time of diagnosis (Azhar et al. 2025).

International psychosocial research shows that MBC men often face body image distortion, shame due to mastectomy scars, changes in self-image referred to as 'chest invisibility,' and a decline in traditional masculinity roles as in studies by Guarinoni et al. (2024) and Abboah-Offei et al. (2024). These themes significantly influence help-seeking behaviour and coping mechanisms, with many men delaying consultation for fear of being perceived as "unmasculine" (Guarinoni et al. 2024; Abboah-Offei et al. 2024).

The hegemonic masculinity theoretical framework (Jewkes et al. 2015) explains that social expectations of men, particularly emotional control, strength, and productivity, conflict with the experience of being a breast cancer patient. This tension is exacerbated by a symbolically "feminine" care environment (e.g., breast patient rooms filled with pink ribbons, feminine-themed leaflets), which reinforces feelings of alienation and identity dislocation (Brown 2022; Byrne 2022).

Clinically, global guidelines from ASCO, ESMO, and NCI support therapeutic approaches that largely adopt strategies for female patients, mastectomy, endocrine therapy (tamoxifen), radiation, but are severely limited in providing nursing recommendations for men's specific psychosocial issues (Hassett et al. 2020; ESMO 2025; NCI 2025). Oncology nursing literature notes the need for gender-sensitive educational materials, partner support, and an inclusive physical environment (ONS 2018/2025; Anderson and Chen 2023).

In Indonesia, and particularly in Medan, research on the psychosocial aspects of men with MBC is almost non-existent. This situation reinforces the urgency for exploratory qualitative research that

combines masculinity theory and the strengthening of the role of oncology nursing to formulate an intervention model that responds to local realities and the biopsychosocial needs of this population ((Abboah-Offei et al., 2024).

This research is important because male breast cancer remains underexplored, with most clinical guidelines, campaigns, and interventions designed for women. As a result, men often feel invisible in oncology care, leading to unmet needs and gaps in psychosocial support. By focusing on men's experiences, particularly in relation to body image and masculinity, this study highlights how gender norms and cultural expectations shape illness perception and coping. The findings demonstrate that mastectomy scars and endocrine therapy side effects are not only medical issues but also symbols that challenge male identity, self-esteem, and social relationships. This makes the research significant for advancing gender-sensitive oncology nursing practices.

The impact on patients' quality of life is multifaceted. Physically, scars and treatment effects such as reduced libido and mood changes undermine well-being. Psychologically, stigma and negative body image trigger anxiety, depression, and diminished self-worth. Socially, men may withdraw from intimate or communal interactions, increasing isolation. Spiritually, some patients struggle with existential concerns about masculinity and identity after treatment. By uncovering these dimensions, the study underscores the urgent need for nursing interventions that are inclusive, male-friendly, and supportive of both patients and their partners. Ultimately, this research contributes to improving quality of life and survivorship outcomes for men with breast cancer through tailored, evidence-based nursing care.

METHODS

This study used a qualitative approach with an interpretive phenomenological design to explore the experiences of male breast cancer patients related to body image and masculinity, as well as their implications for nursing practice. The research locations were two cancer referral hospitals in Medan City that had oncology and breast surgery units. These locations were chosen based on the high number of cancer patients treated and the availability of research support facilities. Research participants were recruited using purposive sampling techniques with inclusion criteria including men diagnosed with stage I–III breast cancer, who had undergone mastectomy at least three months prior, and who were willing to provide written consent to be interviewed. The number of participants was determined based on the principle of data saturation, which was ultimately achieved after interviewing 14 respondents.

Data collection was conducted through semi-structured in-depth interviews with interview guides designed to explore participants' perceptions of body image changes, feelings related to masculinity, social stigma, and support needs in the treatment process. All interviews were recorded with the respondents' permission and transcribed verbatim. To maintain data credibility, the researchers used member checking and peer debriefing techniques. In addition to interviews, field notes were also used to capture nonverbal expressions and the context of the situation during the interview process.

Data analysis was conducted using a thematic approach based on Braun and Clarke's (2021) guidelines, starting from data familiarization, initial coding, theme identification, theme review, to thematic report preparation. Data validity and reliability were maintained by applying trustworthiness criteria that included credibility, dependability, confirmability, and transferability.

RESULTS

Table 1. Characteristic of Respondents (n=14)

Variable	Category	n	%
Age	40—49 years	3	21
	50—59 years	5	36

	≥60 years	6	43
Marital Status	Married	9	64
	Single/Divorced/Widowed	5	36
Surgical Procedure	Mastectomy	11	79
	Breast-conserving	2	14
	No surgery	1	7
Systemic Therapy	Endocrine therapy (± chemo)	10	71
	Chemotherapy only	3	21
	Targeted therapy/other	1	7
Time since diagnosis	Median (months)	14	-

Table 1 shows that most respondents in this study were elderly, with the majority aged ≥60 years (43%), followed by those aged 50–59 years (36%), and the remaining 21% aged 40–49 years. In terms of marital status, most patients were married men (64%), while the remaining 36% were single, widowed, or divorced.

Regarding surgical procedures, mastectomy was the most common procedure (79%), while 14% underwent breast-conserving surgery and only 7% did not undergo surgery. In terms of systemic therapy, endocrine therapy (with or without chemotherapy) was the most common modality (71%), followed by single chemotherapy (21%) and targeted/other types of therapy (7%). The median time since diagnosis for all respondents was 14 months, indicating that most study participants were in the early to intermediate stages of survivorship.

Table 2. Main Theme, Subtheme, and Illustrative Quotes

Main Theme	Subtheme	Cases (n)	Illustrative Quotes (translation)
Scars that question masculinity	Concerns about appearance; sexual self-esteem; avoiding situations that expose the chest (swimming, changing clothes)	12	*"I feel empty in my chest... like I'm not a whole man."*
Between pink ribbons and blue identities	Stigma in predominantly feminine service spaces; feeling 'out of place'; delayed seeking help due to shame	11	*"The waiting room was full of pink ribbons, I felt awkward, like I was the wrong guest."*
Nursing care expected by men	Male-friendly educational materials; counseling involving partners; information on tamoxifen side effects; male peer mentors	13	*"The nurse who explained the effects of tamoxifen made me feel more prepared."*

Thematic analysis yielded three main themes that reflect the experiences of male breast cancer patients regarding body image and masculinity.

The first theme was "Scars that question masculinity," which emerged in 12 respondents. Mastectomy scars were not only perceived as physical changes, but also as symbols of lost masculinity. Respondents expressed feelings of insecurity about their appearance, decreased sexual self-esteem, and a tendency to avoid activities that exposed their chest area, such as swimming or changing clothes in front of others. One patient stated, "I feel empty in my chest... like I'm not a whole man."

The second theme is "Between pink ribbons and blue identity," which was experienced by 11 respondents. Patients often feel alienated in-service spaces that are thick with feminine symbols and nuances, such as pink ribbons that are synonymous with female breast cancer. This condition causes stigma, shame, and even delays in seeking medical help. One participant described his experience, "The waiting room was full of pink ribbons, I felt awkward, like I was the wrong guest."

The third theme is "Nursing care expected by men," which was expressed by 13 respondents. Patients emphasized the need for more male-friendly education, counseling that involves partners in discussing intimacy issues, and clear information about the side effects of endocrine therapy such as tamoxifen. In addition, support from male peers with similar conditions was seen as very helpful in the adaptation process. This is reflected in the statement of one respondent, "The nurse who explained the effects of tamoxifen made me more prepared."

DISCUSSION

Thematic analysis of male breast cancer patients in Medan reveals complex biopsychosocial impacts, mastectomy scars and changes in chest contour are not merely aesthetic issues but affect masculine identity, social roles, and intimate function. Many participants reported feelings of "incompleteness" after mastectomy, avoided situations that exposed the chest (e.g., swimming, changing rooms), and had ongoing concerns about sexual attractiveness; these findings align with a meta-synthesis of MBC men's experiences reporting strong effects on body image and sexual self-esteem (Guarinoni et al. 2024; Abboah-Offei et al. 2024). The framework of hegemonic masculinity helps explain why responses to scarring tend to be closed and internal, social norms emphasizing toughness make expressing emotions and seeking support difficult for many men (Jewkes et al. 2015). In a clinical context, the implications are real: body image concerns can potentially reduce patient participation in rehabilitative activities and support groups, and affect adherence to adjuvant therapies such as tamoxifen that require long-term compliance (Hassett et al. 2020; Azhar et al. 2025).

Findings that patients feel "out of place" in feminine-themed spaces (pink ribbons) confirm a symbolic mismatch between male patients' experiences and representations of breast cancer services. Narratives and spaces that are heavily female-centered can reinforce stigma and hinder access to psychosocial support; the international literature has already identified this marginalization as a barrier to male patient engagement in survivorship pathways (Anderson and Chen 2023). Simple practices—such as gender-neutral informational materials, inclusive signage, and male-specific support groups—have great potential to reduce feelings of alienation and increase patient engagement in follow-up care.

The theme of caregiving needs provides direct guidance for nursing interventions: patients want clear education about the side effects of endocrine therapy (e.g., changes in libido, mood changes, risk of VTE), guidance in managing body image changes, and the opportunity to meet male mentors who have gone through a similar process. Evidence that peer support and mentoring improve self-efficacy and emotional well-being in cancer survivorship is growing stronger (Hemming et al. 2024; Peer2Me 2025), making the development of male mentor programs a priority for implementation in oncology centers. Furthermore, because MBC medical management is often derived from female patient data due to a lack of clinical trials in men, nurses play a crucial role in bridging the gap: providing personalized education about what to expect, monitoring side effects, and serving as a liaison between patients and the oncology team.

From a public health perspective, the age pattern and high proportion of patients receiving mastectomy and endocrine therapy are consistent with recent epidemiological studies finding presentation at older ages and a prevalence of ER-positive disease in men (Azhar et al. 2025; Zhao 2025). This underscores two policy needs: (1) increased early awareness among men (gender-inclusive campaigns), and (2) strengthening the competence of oncology nurses in gender-sensitive psychosocial assessment. Research gaps, limitations of prospective studies, lack of male-specific body image

measurement instruments, and lack of culturally tested interventions are challenges that future research must address (Jamil, 2025).

The limitations of this study (small sample, single site in Medan, potential for social desirability bias, particularly on the theme of masculinity) limit generalizability; however, the phenomenological approach provides contextual depth that can guide the design of realistic interventions rooted in local experiences. Recommendations for further research include a multicenter study with a mixed design (quantitative survey for the prevalence of appearance concerns and psychosocial intervention trial) and validation of new instruments that measure aspects of masculinity related to body image in MBC.

CONCLUSIONS

This study confirms that the experiences of male breast cancer patients in Medan are not only biological but also psychosocial and cultural. Post-mastectomy scars become symbols that disrupt perceptions of masculinity, reduce confidence in appearance, and impact sexual self-esteem. A care environment laden with symbols of femininity exacerbates stigma and alienation, thereby delaying the search for medical help. Meanwhile, patients' need for more male-friendly education, counseling involving partners, clear information about endocrine therapy, and peer mentor support indicates that nursing care must be tailored to a gender perspective.

The implications of this study are the importance of integrating gender-sensitive approaches into oncology nursing practice, including the provision of inclusive educational materials, the formation of men-only support groups, and the involvement of partners in care planning. Further research is recommended to develop specific instruments related to body image and masculinity in men with breast cancer, as well as to test psychosocial-based interventions that can improve patients' quality of life.

REFERENCES

1. Abboah-Offei, M. *et al.* (2024) "Experiences and perceptions of men following breast cancer diagnosis: a mixed method systematic review," *BMC Cancer*, 24(1). Available at: https://doi.org/10.1186/s12885-024-11911-9.
2. Batchelor, S. *et al.* (2024) "How social class shapes breast cancer risk perspectives and prevention practices of Australian midlife women: a qualitative study using the concept of 'breast cancer candidacy,'" *BMC Cancer*, 24(1). Available at: https://doi.org/10.1186/s12885-024-13054-3.
3. Bowie, J. *et al.* (no date) "Body image, self-esteem, and sense of masculinity in patients with prostate cancer: a qualitative meta-synthesis." Available at: https://doi.org/10.1007/s11764-021-01007-9/Published.
4. Braun, V. and Clarke, V. (no date) *To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales*, *Qualitative Research in Sport*.
5. Chidambaram, A. *et al.* (2024) "Male Breast Cancer: Current Scenario and Future Perspectives," *Technology in Cancer Research and Treatment*. SAGE Publications Inc. Available at: https://doi.org/10.1177/15330338241261836.
6. Dunnwald, L.K., Rossing, M.A. and Li, C.I. (2007) "Hormone receptor status, tumor characteristics, and prognosis: A prospective cohort of breast cancer patients," *Breast Cancer Research*, 9(1). Available at: https://doi.org/10.1186/bcr1639.
7. Hassett, M.J. *et al.* (2020) *Management of Male Breast Cancer: ASCO Guideline*, *J Clin Oncol*. Available at: www.asco.org/.
8. Jewkes, R. *et al.* (2015) "Hegemonic masculinity: combining theory and practice in gender interventions," *Culture, Health and Sexuality*, 17, pp. 112–127. Available at: https://doi.org/10.1080/13691058.2015.1085094.
9. Knapp, S., Marziliano, A. and Moyer, A. (2014) "Identity threat and stigma in cancer patients," *Health Psychology Open*. SAGE Publications Inc. Available at: https://doi.org/10.1177/2055102914552281.

10. Konduri, S. *et al.* (2020) "Epidemiology of male breast cancer," *Breast*, 54, pp. 8–14. Available at: https://doi.org/10.1016/j.breast.2020.08.010.
11. Loibl, S. *et al.* (2024) "Early breast cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up 5 behalf of the ESMO Guidelines Committee," 46. Available at: https://doi.org/10.1016/j.
12. "Poster Abstracts" (2023) *Asia-Pacific Journal of Clinical Oncology*, 19(S3), pp. 105–274. Available at: https://doi.org/10.1111/ajco.14026.
13. Sleiman, M.M. *et al.* (2024) "The role of peer support and patient navigation for empowerment in breast cancer survivors: implications for community cancer control," *Journal of Psychosocial Oncology Research and Practice*, 6(2). Available at: https://doi.org/10.1097/OR9.0000000000000128.