ABSTRACT

Objective: The study was to investigate the correlation between Alopecia and Cancer Client’s Body Image.

Technology or Method: The type of this research was correlation analysis with cross sectional approach. Sampling method was using Non-probability sampling technique using Purposive sampling method with total sample 37 respondents. The research instrument was using questionnaire and observation. Based on research, 73% experience degree 2 Alopecia and 74.7% have negative body image. Spearman’s Rho test shows there is a relationship between Alopecia with body image, p value = 0.00. Suggestions to nurses are expected to improve the body image of cancer clients who experience Alopecia towards a more positive by providing positive insights such as listening to what the client wants to express about the situation and invites clients into sharing groups with other patients who have the same disease and experience.

Keywords: Alopecia, Body Image, Cancer, Chemotherapy,
cancer, considering that hair is an important indicator to show femininity, sexuality, attraction and personality for women that can cause body dissatisfaction and bad body image after treatment (EK Choi et al., 2014).

Though it’s not a life-threatening issue, hair loss (Alopecia) continues to be one of the most distressing and troubling side effects of chemotherapy for clients. In his study of women undergoing treatment for primary breast cancer, Freedman found that some women rejected chemotherapy because of the risk of hair loss (C. E. Yeager et al, 2011).

Body image is the way an individual to see the size, appearance, and function of the body and its parts. Body image has cognitive and affective aspects. Cognitive is the material knowledge of the body and its proximity; Affective includes body sensations, such as pain, pleasure, fatigue, and physical movement (Kozier et al, 2010).

Individuals who experience a body image disorder may hide or not see or touch the changed body parts due to disease or trauma. Some individuals can also express feelings of helplessness, despair, inability to control situations, and fragility. Such individuals may also exhibit destructive behaviors, such as suicide attempts, less eating or overeating (Kozier et al, 2011).

Body image disturbances usually involve distortions and negative perceptions about their physical appearance. A strong sense of shame, self-awareness and social discomfort often accompany this interpretation. A number of avoidance behaviors are often used to suppress negative emotions and thoughts, such as avoiding visual contact with extremities, ignoring the need for self-care and hiding. Ultimately this negative reaction can disrupt the rehabilitation process and contribute to improving social isolation.

On the 18th to 23rd of February 2016, the researcher conducted a preliminary study at Ulin Banjarmasin General Hospital, in Edelweis Room. The preliminary study was carried out by conducting interviews on cancer clients with 10 respondents. Based on interviews with 10 clients, as many as 5 clients have undergone 3 times of chemotherapy, 2 people for 2 times, 1 person just 1 time, and 2 people have undergone 4 times of chemotherapy. all clients experienced nausea due to chemotherapy but were reduced, and only 2 people who experienced vomiting. 5 people had experienced diarrhea, but did not last long and had not suffered from diarrhea when interviewed. After that, from 10 respondents, 8 people had hair loss (alopecia). 5 people had moderate hair loss and 3 people had total hair loss or baldness. From the interviews also found 7 people were disturbed and embarrassed as a result of hair loss caused by side effects of chemotherapy, and the client also wore a headscarf, indicating that the client was ashamed of hair loss.
Based on the background above, alopecia (hair loss) has an important role in the decrease of body image in cancer clients so that researchers were interested in conducting research on the relation of alopecia with body image of cancer clients.

II. RESEARCH METHOD

This research is a kind of quantitative research with correlational research design with cross sectional approach. Variable in this research contains 2 variables, independent variable which is alopecia and dependent variable which is body image. The population in this study were clients who were undergoing chemotherapy in the Edelweiss Room at Ulin Banjarmasin General Hospital with an average monthly visit of about 170 people.

The sample in this study were some of the clients who underwent chemotherapy in Edelweiss Room Ulin Banjarmasin General Hospital in accordance with established inclusion criteria, with the number of samples in the data obtained were 37 people.

III. RESULTS AND DISCUSSIONS

Univariate Analysis

1. Alopeasia

<table>
<thead>
<tr>
<th>No alopecia</th>
<th>Frequency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1 Degree 1</td>
<td>10</td>
<td>27 %</td>
</tr>
<tr>
<td>2 Degree 2</td>
<td>27</td>
<td>73 %</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>100%</td>
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</table>

Based on the table above, from 37 respondents found that respondents who experienced degree 2 alopecia occupied the highest percentage of 73% with respondents as many as 27 people.

Clients with degree 2 alopecia mostly experience severe hair loss even to the point of baldness. This can be a serious problem for women especially for young women with a productive age, so the possibility of decreased confidence and experiencing body image disturbance. In addition, clients with degree 1 alopecia also can not be underestimated, for some people who are basically have a low self-confidence and shy will greatly affect the decreasing level of body image, although for some people it can still be covered in various ways such as head cover, but alopecia still has its own influence on the sufferer. Some clients assume that hair loss does not change their confidence, especially on clients who often use the veil and clients who near the elderly age.

It is recommended for cancer clients who underwent chemotherapy and experienced hair loss to consume lots of vitamins for hair growers.

2. Body Image

<table>
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<th>No</th>
<th>Body image</th>
<th>frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Positive</td>
<td>9</td>
<td>24.3 %</td>
</tr>
<tr>
<td>2</td>
<td>negative</td>
<td>28</td>
<td>74.7 %</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>37</td>
<td>100 %</td>
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Based on the table above, from 37 respondents stated that respondents who
experienced negative body image occupied the highest percentage of 74.7% with respondents as many as 28 people.

Most cancer clients experience a negative body image due to the effects of alopecia suffered and also the cancer itself, such as breast cancer and cervical cancer. So the client feels change in himself/herself. Changes in appearance, structure, or function of the body require adjustment of body image. Individual perceptions of the change and the importance of body shape relatively will affect to significant function loss or changes in appearance (Kozier et al, 2011).

Positive body image is a true perception of the shape of the individual; the individual sees his/her body according to the actual conditions. Individuals appreciate their natural bodies and understand that a person's physical appearance plays a small role in showing their character and the value of a person. The individual feels proud and accepts his/her unique body shape and wastes no time worrying about food, weight, and calories. Individuals feel confident and comfortable with the condition of his/her body.

If left ignored, negative clients' body image can cause disruption of the treatment process due to clients who experience a decrease in psychological conditions and lead to decreased immune system. Also a number of avoidance behaviors are often used to suppress negative emotions and thoughts, such as avoiding visual contact with extremities, ignoring the need for self-care and concealment. Ultimately, this negative reaction can disrupt the rehabilitation process and contribute to improving social isolation (Kozier et al, 2010).

To improve the client's body image it is advisable to cover the head with a wig or hijab for Muslim woman, as well as on the family that suffers from body image reduction it is recommended to provide support to the client.

3. **Relation of Alopecia With Body Image**

<table>
<thead>
<tr>
<th>$a$</th>
<th>0.648</th>
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<tbody>
<tr>
<td>$p$</td>
<td>0.000</td>
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*Alopecia* and body image has a strong correlation value with the results of 0.648 with a significant $p$ value of 0.000 which says that there is a significant correlation between the 2 variables tested. From these results can be concluded that *alopecia* has a strong relationship to the decline in body image of cancer clients.

Hair loss continues to be one of the most distressing and troubling side effects of chemotherapy for clients. In his study of women undergoing treatment for primary breast cancer, Freedman found that some women rejected chemotherapy because of the risk of hair loss (C. E. Yeager et al, 2011).

Hair loss greatly affects the body image, especially in women, because it directly affects the appearance of the woman. For women with cancer, considering that the hair
is an important indicator to show femininity, sexuality, attractiveness and personality for women that can cause body dissatisfaction and bad views on the body after treatment (E. K. Choi et al., 2014).

Recommendation for clients with alopecia whose body image is declining: it is recommended that clients with alopecia with reduced body image to avoid excessive stress resulting in slower hair growth and depression due to decreased body image.

IV. CONCLUSION
Based on the results of research that has been obtained, it can be concluded from the relation of alopecia with body image of cancer clients in Edelweis room Ulin Banjarmasin General Hospital has a strong relationship between alopecia and body image, with the more severe hair loss then the client's body image will also decrease with P = 0.000.

REFERENCES