

Article

Sexual Functioning of Patients with Gynecologic Cancers: A Qualitative Synthesis

Bernadette Rom Arjona¹, Darwin Crisologo Jr.¹, Mitzil Mae Lupisan¹, Gold Mendoza¹, Roison Andro Narvaez^{1, 2,*}

¹ St. Paul University, Philippines

² Philippine Oncology Nurses Association, Philippines

* Correspondence: Roison Andro Narvaez (rnarvaez@spup.edu.ph)

Abstract: Background: Sexuality is considered to be one of the most significant markers of quality of life. This is due to the fact that sexuality is linked to ideas, feelings, behaviors, social integration, and therefore, a person's physical and mental health and well-being but with patients who have gynecologic cancers, there are significant challenges when it comes to matters of sexuality and intimacy. **Aim:** To find out how gynecological cancer affects women's sexual experiences and how they express sexuality in the context of their sickness **Design:** A qualitative synthesis, thematic approach **Result:** Nineteen (19) eligible studies centered with gynecologic cancers on sexual functioning were included with two (2) main themes emerged: (1) Issues with Sexual Experiences and (2) Physical and Emotional Burden. Many individuals were found to have one or more sexual dysfunctions, which commonly caused distress. **Conclusion:** Changes in the women's quality of life in the sexual aspect due to their disease takes a toll not just on the physical but in other facets as well. Better knowledge and patient-centered approaches would improve gynecologic cancer patients' capacity to cope in terms of sexual functioning. **Implications:** Healthcare professionals such as oncology nurses and doctors should better understand ways to address the sexual problems of their patients following the myriad of events following their diagnosis and treatment of their gynecologic cancers.

Keywords: Sexual Functioning; Sexual Health, Gynecologic Cancer; Oncology; Nursing

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1. The contribution to the paper

A. What is already known about the topic?

1. Patients with gynecologic cancer may experience distress due to sexual dysfunction.
2. Those that have been diagnosed with and treated for gynecologic cancers are commonly filled with fear and perplexity as they face the unknowns of their diseases and therapies.
3. Particularly in the early phases of chemotherapy, patients anticipate members of the healthcare team to inform them how their disease and treatment will affect their sexuality.

B. What does this paper add?

1. Participants expressed unhappiness with their sexual life, claiming they have reduced sex drive and poor sexual function. They saw a loss in femininity as well as a negative body image.

2. The survivors and their spouses benefitted from the psychosexual intervention after cancer treatment because it helped them adjust and better manage sexual dysfunction.
3. Better information provision would enhance gynecologic cancer patients' coping ability in terms of sexual functioning.

2. Introduction

Approximately 11% of newly diagnosed malignancies in women in the United States and 18% worldwide are gynecologic in nature [1]. The uterus and endometrium, ovary, and cervix are where gynecologic cancers are most frequently seen. Uterine and ovarian cancers often manifest during the perimenopausal or menopausal era, but cervical cancer is more common in premenopausal women during their childbearing year while less commonly, trophoblastic neoplasms, also known as gestational trophoblastic tumors, affect the vagina and vulvar [2].

Sexuality is considered to be one of the most significant markers of quality of life by the World Health Organization (2019) [3]. This is due to the fact that sexuality is linked to ideas, feelings, behaviors, social integration, and therefore, a person's physical and mental health and well-being but with patients who have gynecologic cancers, there are significant challenges when it comes to matters of sexuality and intimacy in their intimate relationships [4-6]. Regardless of the cause or age at which the malignancy first appeared, the disease and its treatment may have both short- and long-term side effects, such as sexual dysfunction, which lowers quality of life. Cancer has been shown to have a significant influence on a female's sexual functioning, libido, sense of self and personal relationships [7]. Women who have had a history of gynecologic cancer and who have lost their fertility as a result of therapy for that illness report experiencing a range of negative emotions, including despair, bereavement, stress, and dysfunction in their sexual lives [8]. There is a vast quantity of research to support this claim. Illness, pain, worry, rage, stressful conditions, and medicines are all examples of things that might interfere with sexual functioning and treatment for cancer is one of them [9].

With these pieces of information at hand, this qualitative synthesis delves deeper into the sexual concerns of patients with gynecological cancer. It presents multiple perspectives on the plights of women as they battle cancer, particularly involving one of the most important aspects of their humanity, which is their sexuality. To the researchers' knowledge, there are limited studies which account to the sexual functioning of patient with gynecologic cancers. It also takes into consideration other factors that need further exploration, such as the impacts of these malignancies on the quality of life (QOL) of women, and it emphasizes areas that a further research is needed.

This study aims to assess how gynecological cancer impacts women's sexual experiences and sexual expression, which is a key factor in determining quality of life. The researchers set out to answer the following questions: 1) What is the impact of the diagnosis and treatment of gynecologic cancer on women's quality of life sexually? 2) How do women deal with the sexual side effects that come along with cancer treatment? and lastly 3) What is the implication of this study in nursing practice?

2. Materials and Methods

2.1. Design

A qualitative systematic review was conducted to gather the results of several studies on a subject by **conducting a systematic search of** relevant literature [10]. The researchers used the existing empirical evidence to produced a secondary thematic analysis to explore the concept within the existing themes to provide new insights about the lived experience of patients with gynecological cancers in regard to their sexual functions.

2.2. Literature Search

The researchers used various online resources such as SCOPUS, CINAHL, SAGE, World of Science, ScienceDirect, and PubMed. The researchers carried out the search in August 2022 and utilized the PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) diagram (Figure 1) employing systematic and clear methods to select, identify, and evaluate relevant studies as well as gather and analyze information from the research that are included in the review [11]. The use of the following keywords were considered: *gynecological cancer (OR neoplasm OR carcinoma) OR gestational trophoblastic tumors OR trophoblastic neoplasm OR vulvar cancer OR cervical cancer OR uterine cancer OR endometrial cancer, ovarian cancer OR vaginal cancer, AND sexual functioning OR sexual health OR sexual response.*

2.3. Eligibility Criteria

The inclusion criteria is centered on sexual functioning of patient with different kinds of gynecologic cancer. The exclusion criteria are non-gynecologic cancer-related articles, unrelated to sexual function, non-qualitative studies.

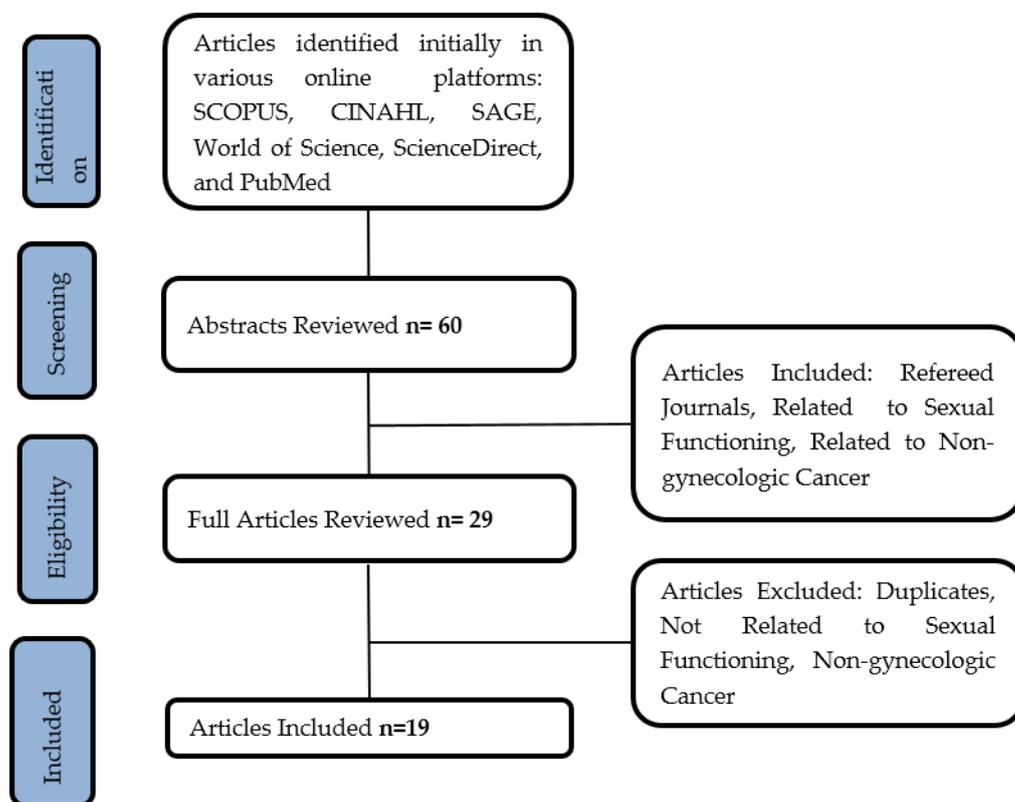


Figure 1. PRISMA Flow Diagram of Literature Search

2.4. Data Evaluation and Quality Appraisal

The initially identified studies based on title yielded 395 results; 60 abstracts were screened against the inclusion and exclusion criteria to identify potential papers. 29 identified full-text articles were carefully evaluated by the researchers.

Two researchers were assigned in the identification phase, while two researchers were assigned in the screening process. All researchers participated in the selection and quality appraisal process. A matrix method was used to extract the following: Primary Author, Year And Country, Title Design, Settings, Participants, Sampling Technique,

Methods/Instruments, Level of Evidence, Aim, Findings, Themes and Relevance. To assist and enhance upcoming assessment sessions outlined by the instrument, the researchers employed the Critical Appraisal Skills Programme Checklist [CASP] (2018) in qualitative studies [12]. The use of the CASP explored the applicability and usefulness of this appraisal tool as a qualitative checklist tool for quality assessment in the synthesis of qualitative evidence. As shown on Table 1 (Appendix A), This tool comprises 10 questions concerning the aim of the research, ethical issues, data analysis, valuable research, data collection, relationship between participants and researcher, research design and appropriateness of qualitative methodology, findings and overall significance of the research. The main 10 items were scored 'yes' = 1, 'no' = 0.5, 'not met' = -1 and 'not applicable' = 0 whereas the additional prompts were used to facilitate summarizing the main strengths, limitations, and concerns. The hierarchy of evidence using Melnyk and Fineout-Overholt (2022) were also assessed [13]. In addition, an expert colleague reviewed the included studies to further validate the selection. All disagreements concluded were resolved through a consensus which allowed for the resolution of finalizing the tally of the included studies. Finally, a total of 19 studies were considered in the review based on quality appraisal process.

3. Results

3.1. Characteristics of the Studies

Nineteen (19) out of ninety-five (95) articles. Table 2 summarized the details of the studies. The settings of the articles included took place in several government and private in different outpatient clinics, hospitals and medical centers in Oncology settings which were conducted in different countries: six in Asia (China, Hongkong, Indonesia, Malaysia, Taiwan, Turkey), four in Africa (Ethiopia, Ghana, two in South Africa), four in South America (three from Canada, one in USA) and five in Europe (Netherlands, Spain, three in United Kingdom) in different healthcare facilities such as in medical centers, public health facility, . Participants ranged from 8 to 102 consisting of different patients that were diagnosed with gynecologic cancers such as cervical, endometrial, ovarian, cervical, vulvar, and uterine cancer. Sampling techniques used are purposive sampling, and convenience sampling method. Instruments or methods used are semi-structured interview, in-depth interview, face-to-face in-depth interview, focus group interview, and individual interview and designs that were used are descriptive analysis, phenomenological design, and interpretative design. All studies (n=19) generated Level of Evidence VI or, evidences from single descriptive or qualitative studies. All studies revolved around the experiences of patients with gynecologic neoplasm during their diagnosis and treatment processes.

Table 1. Characteristics of the Included Qualitative Studies (n=19)

Author	Design	Setting	Participants	Sampling Technique	Methods	Level of Evidence	Aim and Findings
Habte et al. (2021) Ethiopia [14]	Descriptive phenomenological	Tikur Anbesa Specialized hospital, Ethiopia	13 cervical cancer patients received a final clinical diagnosis and therapy..	Purposive sampling method	In-depth interviews	VI	A: To investigate the experiences of female patients with sexual adjustment. F: Cervical radiation affects women's sexuality. Aware of these impacts, health practitioners should urge patients to

							discuss their struggles. at Tikur Anbessa Specialized Hospital, developing a well-established integrated service to tackle sexual issues brought on by treatment side effects on patients' social, psychological and physical concerns.
Jefferies & Clifford (2011) United Kingdom [15]	Interpretive Phenomenological approach	living in the UK	13 women under the age of 50 had vulvar cancer	Purposive sampling method	semi-structured interview	VI	A To describe the idea of aloneness that takes into women's feelings of isolation brought on by the distance between their homes and the hospital as well as their sense of separation as they talked about losing their ability to enjoy their previous sexual relationships after developing vulvar cancer symptoms and undergoing treatment. F: The women's sense of isolation persisted throughout their illnesses and grew worse as soon as their symptoms appeared, according to evidence. In order to clarify and highlight the significance and effects of a rare illness, the experiences of these women with vulvar cancer are characterized as feeling alone.
Fischer et al. (2019) Canada [16]	Descriptive	Clinics for ovarian cancer support groups at the BC Cancer Agency and the main provincial cancer hospital in British Columbia.	64 women with ovarian cancer.	Convenience sampling method	Two-phase methodology that used the results of the first phase to create the main questions for the qualitative phase after collecting quantitative data regarding sexual	VI	A: To examine how sexuality is experienced and expressed by women with ovarian cancer, which is a key factor in determining quality of life. F: In comparison to the general population, ovarian cancer survivors experience a worse quality of life, lower levels of relationship

					functioning and life quality..		satisfaction, greater rates of sexual dysfunction and sexual discomfort, and higher rates of depression.
Pitcher et al. (2020) Western Cape, South Africa [17]	Interpretive Descriptive	Gynecology follow-up clinic in a tertiary government hospital in Cape Town, South Africa	Between the ages of 29 and 70, 34 women were diagnosed with gynecological cancer, and they had cancer treatment or a combination cancer treatments.	Purposive sampling method	Questionnaires, pilot interviews, data collection via semi-structured face-to-face, indepth interviews	VI	A: To investigate women's sexual experiences following gynecological cancer treatment and to explore how women feel about their sexual functioning, sexual relationships, and sexual identity following treatment. F: Beyond biomedical evaluations of dysfunction, performance, and satisfaction, sexuality post-treatment can be explored.
Chow et al. (2021) Hongkong [18]	Qualitative Phenomenological Approach	Outpatient clinic for gynecological oncology in a public hospital in Hong Kong	21 Chinese women with gynecological cancer	Purposive sampling method	Individual, semi-structured interview	VI	A To investigate the impact of cancer therapy on sexual behavior, relationships with partners and spouses, and sexual health in Chinese women with gynecological cancer. F: Participants indicated dissatisfaction with their sex lives and reported having less sex drive and poor sexual function. They saw a decline in femininity and a negative body image. They chose to obtain advice from female healthcare providers because they wanted more details on how to handle sexual difficulties.

Osei Appiah et al. (2021) Ghana [19]	Qualitative approach with Phenomenological design	a public health institution in Ghana	30 women with cervical cancer who are either very ill or emotionally disturbed, getting different curative therapies or palliative care who have been diagnosed with the disease for more than a year.	Purposive sampling method	face-to-face interviews	VI	A: To assess how cervical cancer affects women in Ghana who have been diagnosed with the disease in terms of their physical and sexual well-being. F: Some individuals were not very interested in their partners' sexual excitement. Physical issues with several of the people were also resolved.
Vermeer et al. (2016) Netherlands [20]	Descriptive	Academic Medical Center Amsterdam, also known as Leiden University Medical Center	30 cervical cancer survivors	Purposive sampling method	Semi-structured interview	VI	A: To examine how sexual dysfunctions, psychosexual support, and the need for psychosexual healthcare affect survivors of cervical cancer and their spouses. F: Because the majority of participants experience one or more sexual dysfunctions that cause anxiety, they frequently asked for information on the treatment's effects on sexual functioning, helpful advice on dealing with dysfunctions, and consolation that having dysfunction is common..
Afiyanti et al. (2020) Indonesia [21]	Descriptive	Indonesia (setting not clearly specified)	16 survivors of cervical cancer	Purposive sampling method	Semi-structured in-depth interviews.	VI	A: To outline the sexual experiences that Indonesian cervical cancer survivors and their husbands had following a practitioner psychosexual intervention. F: Following cancer treatment, the survivors and their husbands psychosexual intervention was beneficial because it enabled individuals to adjust and handle sexual

							dysfunction more effectively.
Ye et al. (2018) China [22]	Descriptive	Gynecologic oncology department in Hunan, China	20 Cervical Cancer Survivors.	Purposive sampling method	In-depth interviews	VI	<p>A: To discuss Hunan Chinese survivors' experiences with sexuality and sexual function following cervical cancer therapy.</p> <p>F: patients' sexual function, sexuality, and willingness to participate in intimacy and sexual activity were significantly impacted by their lack of understanding of sexual health following treatment, physical symptoms and changes, and communication with partners.</p>
Bowes et al. (2014) United Kingdom [23]	Descriptive	Sheffield, United Kingdom	22 patients with endometrial cancer in stages IA to IVB.	Purposive sampling method	Semi-structured interview	VI	<p>A: To ascertain how therapy and recovery affect patients' quality of life.</p> <p>F: The effects of gynecologic cancer on quality of life vary from patient to patient, but improved knowledge and appropriate education can help them manage successfully.</p>
Stead et al. (2013) United Kingdom [24]	Descriptive	Leeds, England	15 ovarian cancer patients, average age of 56, median time since diagnosis of 18 months.	Purposive sampling method	Sampling survey, semi-structured interviews	VI	<p>A: To investigate the degree of sexual communication, psychosexual effects of ovarian cancer, and its management between women and medical professionals.</p> <p>F: Ovarian cancer affects sexual function, but healthcare practitioners' knowledge of this and their ability to communicate with</p>

							patients about sexual concerns is lacking.
Ntinga & Maree (2015) South Africa [25]	Qualitative descriptive	Academic hospital in Gauteng	16 women participated in the study, with 8 having stage IIB cervical cancer, 3 having stage IB, 3 having stage IIIB, 1 having stage IIA, and 1 having stage IVA.	Purposive sampling method	in-depth interviews	VI	A: o explain how women dealt with the aftereffects of cervical cancer therapy. F: Half of the individuals had stage IIB cancer, and the sample's average age was 44.1 years. The majority of patients had brachytherapy together with external beam radiation treatment.
Levkovich et al. (2022) Canada [26]	Qualitative-phenomenological	Kiryat Tiv'on, Israel	15 participants between the ages of 38 and 44 who were identified as having stage I-II cervical cancer and underwent radiation and surgery.	Convenience sampling method	Semi-structured interview	VI	A: To investigate how survivors of cervical cancer felt about their intimate relationships both during and after treatment. F: Participants required their partner's empathy and support in order to feel loved and more comfortable..
Pinar et al. (2015) Turkey [27]	Qualitative Phenomenological Approach	Gynecologic oncology clinic, Baskent University, Turkey	Thirty (30) women whose age were 30 women (30-67 y/o) with gynecological cancer	Purposive sampling method	Semi-structured in-depth face-to-face interview	VI	A: To explore the difficult aspects of the sexual lives of those with gynecological cancer. F: Gynecological malignancies may pose a direct or indirect threat to women's reproductive systems and their capacity to function, as well as to bodies and body perceptions, individual identity perception, and duties and obligations based on these views of sexuality and identity.

Tsai et al. (2017) Taiwan [28]	Descriptive Analysis	Medical Center in Northern Taiwan	23 patients, aged 43 to 65 (7 endometrial, 6 cervical, and 10 ovarian cancer patients).	Purposive sampling method	Semi-structured interview	VI	<p>A: In order to help Taiwanese survivors of gynecologic cancer return to a healthy lifestyle, the aim of this study was to better understand their daily experiences.</p> <p>F: Participants typically attributed their lack of understanding of their ailment for their feelings of anxiety and unease. The majority of them also alter their view on life and engage in a variety of activities to keep themselves busy in an effort to enhance their quality of life.</p>
Howell et al. (2003) Canada [29]	Descriptive	Two Major Cancer Centers (not clearly specified)	18 of the women who took part in the study sample were asked about their personal experiences with ovarian cancer.	Purposive sampling method	semi-structured interview	VI	<p>A: To describe how ovarian cancer is seen by women as having an impact in their daily life.</p> <p>F: Participants offer compelling evidence that ovarian cancer had a substantial influence on their lives. Ovarian cancer has an impact on their day-to-day activities, ability for employment, obligations to and relationships with friends and family.</p>
Rodriguez et al. (2011) Spain [30]	Descriptive	Andalusian Health Service in Granada, Spain	18 patients with cervical and uterine cancer in various stages of treatment, including healthy individuals who participated in the Cancer Early Diagnosis Program in health facilities	Purposive sampling method	Focus groups, semi-structured in depth interviews	VI	<p>A: To be aware of the needs, experiences, and hopes that women have for the treatment of uterine and cervical cancer by the Andalusian Health Service.</p> <p>F: The identified needs and expectations included coherence in the promotion strategies by health professionals, availability of thorough comprehension and information, the ability to express fears to health professionals and participation in decision-</p>

							making, technical quality, attention to psychosocial aspects, humane treatment, and continuity of care.
Kuan (2022) Malaysia [31]	Descriptive	Klang Valley, Malaysia	102 individuals (64 women and 38 men) with breast, cervical, colorectal, or prostate cancer between the ages of 40 and 59.	Purposive sampling method	Semi-structured interview	VI	A: The purpose of this study is to inform patients with gynecologic cancer about how their therapy may affect their sexuality. F: Sexual well-being is still an essential patient-centered outcome that should not be disregarded when planning patient support and treatment.
Wilmoth et al. (2011) USA [32]	Descriptive	Gynecological outpatient clinic in a city in the Southeast of the United States.	8 women between the ages of 33 and 69 receiving initial treatment for ovarian cancer. Five women, ages 40 to 75, varied from recently diagnosed to terminally ill with ovarian cancer.	Purposive sampling method	Individual interviews, focus group	VI	A: Understanding treatment-induced modifications in sexuality from the patient's viewpoint can help us better understand how women handle these changes in sexuality and what information they seek from nurses about this symptom. F: Women of all ages said that their sexuality was negatively impacted by their ovarian treatment for cancer and that they felt "no longer whole."

3.2. Themes

Two main themes were produced, namely (A.) Issues with sexual experience and (B.) Physical and emotional burden. Each of these central topics was informed by a number of subthemes.

Theme 1: Issues with Sexual Experiences

Eleven of the studies mentioned that gynecologic cancer patients frequently cause changes in sexual function, including lack of orgasm, difficulty evoking physical arousal, loss of desire in sexual activity, and discomfort during sexual activities [14-23]). The majority of women who reported their sexual experiences said that the illness process made them unwilling to engage in sexual activity after receiving cancer therapy and treatment [14].

- **Subtheme 1A: Desire**

Gynecologic cancer-related sexual desire was one of the most frequently reported patient complaints; it was mentioned in ten of the studies that were included [16,17, 18,

19, 21, 22, 24, 25, 26, 27]. Sexual desire is impacted in women who have gynecologic cancer and several treatment modalities such as chemotherapy or surgery [19,25]. One of the participants said:

“It feels like I am empty inside because my uterus was removed. My husband says that he also feels like he feels empty during intercourse. My husband is very fond of sex. I am worried that he will become distant to me if I cannot satisfy him. After the surgery, I didn't have any sexual desire left. I experience sexuality as a duty for my husband [27].”

- **Subtheme 1B: Pain**

According to eight studies, patients' sexual activities involved a considerable great deal of pain and that their sexual relationships had changed immensely [16-22]. Cancer and its potentially long treatment had a detrimental effect on people's capacity to recuperate and regain the same functional levels, and the pain that people experienced during their sexual contacts frequently led to a decrease in their partners' frequency of sexual activity [20,25]. One of the participants mentioned:

“Every time we have sex . . . now its got to a point that I get this sensation because if I've got pain there I need a wee (to pass urine) as well so I can't relax to have an orgasm either [15].”

- **Subtheme 1C. Sexual relationship with partner**

Twelve studies stated that due to gynecologic cancer, numerous partners believed that their sexual interactions had changed, which caused significant changes in the women's intimate relationships.[15, 19, 16, 17, 18, 20, 21, 22, 24, 25, 26, 28, 29] Because sex is crucial for most relationships, some women never had sex with their partner again, which had a severe impact on their sexual relationships [19, 24] as stated by one of the participants:

“For now we don't have any sex . . . since that [surgery]. Because sometimes my wound still hurts. But, when I went back to the gynecologist, she said “Well, you can have sex with your husband.” But then I told him sometimes when I even put my hand on the wound it hurts. I think he doesn't want to hurt me [29].”

Theme 2: Physical and Emotional Burden

Ten of the reported studies that gynecological cancer patients have an impact on women's physical and psychological aspects of their lives [15, 17, 18, 22, 24, 19, 28, 29, 30, 32] These conditions can be traumatic and life-altering because they cause changes in physical structures and functions, fear, and psychosexual distress that affected sexual activity, which was typically reduced by cancer treatment and psychological trauma [19, 22, 24]. Furthermore, gynecologic cancer patients frequently fear about becoming dependent, and they may feel like a burden [29]

- **Subtheme 2A: Physical Changes**

The physical changes brought on by their gynecologic cancer and the associated treatments, such chemotherapy, radiation therapy, and surgical management, were discussed in eight studies [14, 15, 19, 20, 21, 25, 28, 29, 32]. These management techniques significantly affected the women's physical changes, which led to discomfort and prevented them from engaging in intimate relationships [29] which was answered by one of the participants:

“And now that I've got [ovarian cancer] again...I'm just so scared, you've got the portal... he doesn't want to touch that, he even looks at it and goes, “Aah!” you

know?" These findings point to body image as an important aspect of sexual desire and satisfaction for women with ovarian cancer [16]."

- **Subtheme 2B: Fear**

For women who have any type of gynecological cancer, fear is a normal and primal human feeling. This fear was reported in twelve studies. Due to some variables that contributed to the development of this gynecologic cancer, some of these patients may feel fear, self-doubt, social anxiety disorder, and panic attacks [16, 18, 19, 20, 21, 22, 23, 24, 25, 28, 29, 30]. Due to the inadequate information they received on their prognosis and therapy, some patients are struggling with uncertainty and the dread that their condition may reoccur at any time and cause an early death. [28, 29]. However, some patients openly express their feelings to their friends, family, or loved ones in order to alleviate their anxieties and fears [28, 30] as stated by one of the participants:

"My relatives did not know I was sick. Women with this kind of cancer are pitiful. People gossip.... Only three of my friends knew I was sick.... This kind of thing spreads quickly.... There are no cancer genetics in our family. It is unfortunate for me. People think cancer is a bad thing when they hear of it [28]."

- **Subtheme 2C: Femininity**

Six reported studies show the attributes and behavior of a woman when they lose their femininity such as infertility and loss of identity as a mother degree of being feminine [16, 18, 21, 23, 29, 30]. Patients described feeling empty, feeling criticized about their femininity and sexuality, feeling depressed and the need to hide it and their quality of life was negatively impacted by losing their sexual function [18, 30] which was aforementioned by one of the participants:

"Maybe I can see it separately from all the medical things that have happened, but I cannot disentangle it from the impact on my femininity." (Vermeer et al., 2016)

4. Discussion

The participants discussed a range of events after the cancer diagnosis and throughout treatment. In particular, it affected the physical and psychological elements of their life, as stated by the respondents. These conditions may be painful and life-altering because they produce changes in bodily structures and functions, infuse dread, and have psychosexual repercussions, which impact a person's sexual desire and performance. It was found that many respondents had one or more sexual dysfunctions, which frequently caused discomfort.

4.1. Impact on Quality of Life for Patients with Gynecologic Cancer

Gynecologic cancer has repercussions for women's lives that go beyond the necessity for them to simply survive; these repercussions include their sexual function and their quality of life. It is vital that medical practitioners educate women who have been diagnosed with ovarian cancer about the challenges that they will experience and provide them with information and resources to aid in enhancing their sexuality and quality of life. While it is true that gynecologic cancer has repercussions for women's lives, the impact can be abetted if the healthcare team and the patient and their partners collaborate closely to attain the goal which is a better quality of life.

The fact that sexual activity is linked to discomfort is not something that should come as a surprise to anyone. The unease that people experienced during sexual encounters frequently led to a reduction in the quantity of sexual activity that took place between the partners. This was one of the consequences of the uncomfortable feelings that people experienced during sexual interactions. Many of the patient's partners do believe that their sexual encounters had become less satisfying as a direct result of the gynecologic

cancer that their spouse had been diagnosed with. The women's relationships with their partners went through profound changes as a direct consequence of this event. Also, the women's self-confidence and their perceptions of their bodies were compromised, which resulted in a decline in their desire to engage in sexual activity. The women's outward appearance suffered greatly as a consequence of the physical changes brought on by their gynecologic cancer as well as the treatments that were required, which included chemotherapy, radiation therapy, and surgical management, among others. Chemotherapy, radiation therapy, and surgical management were the many treatments that were utilized which affects the patient physically and emotionally causing detriment in their sexual aspect.

If there is a connection between the different aspects of one's quality of life and the variables that make up that quality, then providing individualized therapy that places an emphasis on, for example, emotional and social support may have the effect of reducing the influence that the physical and functional aspects have, and vice versa. The treatment of a patient's fear and anxiety may benefit from the use of positive adaptation approaches. It may be able to improve quality of life in other aspects by concentrating on and treating tiredness, which is both a symptom of the illness and a side effect of the therapy for cancer.

Therefore, actions that enhance the quality of life in certain specified zones may also raise the quality and quantity of general survival. This discussion showed a clear message that the sexual lives of women are influenced by the physical changes brought about by cancer treatment, information gaps, or knowledge deficits connected to cervical cancer and pelvic radiation. In this regard, there should be widespread promotion, including the establishment of counseling services and integrated service provision, with the goal of reducing the number of sexually-related issues and the negative effects of therapy for cervical cancer.

4.2. Dealing with Sexual Side Effects

Women can never go back to living their lives the way they did before they had treatment for cervical cancer since the treatment has long-term impacts and implications. They were forced to contend with physical adjustments, shifts and changes that made an already challenging financial position much more difficult for them, and they were forced to live with unmet health care demands as well. Sexual dysfunction caused a shift in their personal ties with their life partners, which led to increased anxiety over the possibility of losing them. In spite of everything, their faith and religion helped them tremendously. They were given hope for the future via their religion. During these situations, it is then the responsibility of nurses to screen their patients for the late consequences of gynecologic cancers and provide them with the necessary treatment.

According to the information that was gathered, some of these women's interest in the sexual feelings experienced by their partners decreased at the same time as their willingness to participate in sexual activity. Because of this, they were never able to come to an agreement with their wives about their disagreements. Those who were in a position to make this observation were those who had endured a great deal as a direct result of cervical cancer. The majority of individuals, especially those with advanced cervical cancer, reported experiencing reduced sexual sensitivity, which led to a decrease in their desire. This was particularly pertinent information for the individuals of the group whose cervical cancer had grown to a more advanced stage. The vagina, which is considered to be one of a woman's most important sexual organs, has the potential to sustain catastrophic damage if she has irregular discharges that are both painful and bloody. Because of this, it is difficult for the great majority of participants to engage in sexual behavior. The severe mental pressure that a lot of people were putting themselves through, according to their own accounts, was the exact cause of their low or nonexistent sexual desire. Some of the respondents said that their general unhappiness with sexual relationships could be traced back to the acute pain and bleeding that they endured during

sexual encounters. As a result, the number of sexual encounters that they had with their partners was restricted.

These patients are assisted in dealing with the physical and psychological side effects of cancer treatment that affect their sexual function by receiving continuous counseling from healthcare professionals such as the oncologist, nurses, and counselors. According to the findings of an earlier study conducted by Chee Kuan (2022), it is imperative that gynecologic cancer patients be informed about the potential negative effects of the treatment they are receiving. A crucial part of cancer supportive care is the provision of sexual healthcare services, such as counseling and clinical therapy for sexual dysfunction. These services may include sexual dysfunction counseling and clinical therapy. A number of coping methods, such as reframing sexual activity as a duty, reprioritizing sexual activity, utilizing sexual aids, participating in other sorts of intimacy, and engaging in other types of closeness, were also suggested.

4.3. Implications for Practice

For many women who have gynecologic cancer, life after cancer treatment includes learning to cope and serious long-term sexual problems (Bodurka and Sun, 2006). Cancer can significantly alter a person's sexuality (Mütsch *et al.*, 2019). The results of this study will help oncology nurses better understand ways to address the sexual problems of their patients following the myriad of events following their diagnosis and treatment of their gynecologic cancers. In addition, with the aid of this study, oncology nurses will be better able to provide comprehensive care for patients' sexual well-being, which they will understand to be a crucial part of their general health. Nurses will likewise be able to recognize their patients treat holistically and place a high priority on sexual wellness. This enables nurses to provide these women with gynecologic cancers with comprehensive sexual health treatment and support. Nurses can help their patients prepare for the physical changes that are likely to occur during the disease and its treatment, as well as the difficult or negative emotions that may also arise. In addition, nurses may provide them guidance or recommend them to an allied health specialist who can assist them in coping with the circumstance thus maintaining an intimate relationship.

4.4. Limitations and Recommendations

The results of this qualitative synthesis unequivocally showed that women diagnosed with and treated for gynecologic cancers suffer from sexual dysfunctions. However, each of these patients has individualized needs in terms of overall health and in sexual health. From the findings of this study, the researchers make the following recommendations for further research such as exploration of interventions for post-treatment sexual functioning and the management thereof, supply of better information regarding expected outcomes to promote patients' acceptance of their condition and boost their coping mechanisms and provision of support from the healthcare team for patients with gynecologic cancer. There is a scope of opportunity for research regarding this topic that is yet to be explored. The researchers recommend further investigation, particularly on how nurses and other members of the healthcare team address the sexual wellness of patients being treated for other types of cancer and in general.

5. Conclusions

This qualitative synthesis provides insight that many women who have been diagnosed and treated with gynecologic cancer suffer from sexual dysfunctions. The researchers have identified that women with cancers in the gynecological form experience inhibited desires and libido, vaginal dryness, curbed orgasms and dyspareunia. During sex, many of these women experience pain and frustration with how they now respond to their husbands or partners in comparison to when they were cancer-free.

Changes in the women's quality of life in the sexual aspect due to their disease takes a toll not just on the physical but in other facets as well. They become anxious and distressed on how their malady will affect their bodies and how they will move on to sexually connect with their husbands or partners during the venereal act despite their condition. In that regard, they also agonize over their femininity, and question if or how the cancer attributes to being less of a woman. They yield to self-image issues and capitulate to a decline of confidence.

Another matter in question is the effectiveness of communication between the patients and the members of the healthcare team. Many patients anticipate discussions not just of the disease and its expected outcomes but also of its repercussions on their sexual health and wellness. This qualitative synthesis finds that there is a big room for improvement in this aspect. The participants believe that better provision of information from doctors and nurses will benefit patients such as them to make determined efforts in dealing with the effects of their condition and allow them to cope accordingly.

Interventions for gynecological cancers and its effect on the abatement of carnal eroticism come in many forms. Treatment of sexual dysfunction includes behavioral, psychological, medical, surgical, complementary and alternative medicine, and physical interventions. Furthermore, this study finds that the key to enforcing these interventions is for nurses and members of the healthcare team to ascertain that patients receive the pertinent information they need. A strong support system must also be secured for these patients in order for them to gradually and progressively improve their sexual quality of life after treatment.

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Conflicts of Interest: nil

Appendix A. Supplemental Materials.

Table A1. Included Studies using CASP (2018) on Qualitative Studies

SEXUAL FUNCTIONING OF PATIENTS WITH GYNECOLOGIC CANCERS : A QUALITATIVE SYNTHESIS												
Primary Author, Year And Country	Was there a clear statement of the aims of the	Is the qualitative methodology appropriate?	Was the research design appropriate to address the aims of the	Was the recruitment strategy appropriate to the aims of the	Was the data collected in a way that addressed the	Has the relationship between researcher and participants been adequate	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorously?	Is there a clear statement of findings?	How valuable is the research?	Points	Total %

	research		research ?	research ?	research issue?	ly considered?						
Habte et al. (2021) Ethiopia [14]	1	1	1	1	1	1	1	1	1	1	10	100 %
Jefferies & Clifford (2011) United Kingdom [15]	1	1	1	1	1	1	1	1	1	1	10	100 %
Fischer et al. (2019) Canada [16]	1	1	1	1	1	1	1	1	1	1	10	100 %
Pitcher et al. (2020) Western Cape, South Africa [17]	1	1	1	1	1	0	1	1	1	1	9	90 %
Chow et al. (2021) Hongkong [18]	1	1	1	1	1	1	1	1	1	1	10	100 %
Osei Appiah et al. (2021) Ghana [19]	1	1	1	1	1	1	1	1	1	1	10	100 %
Vermeer et al. (2016) Netherlands [20]	1	1	1	1	1	1	1	1	1	1	10	100 %
Afiyanti et al. (2020) Indonesia [21]	1	1	1	1	1	1	1	1	1	1	10	100 %
Ye et al. (2018) China [22]	1	1	1	1	1	1	1	1	1	1	10	100 %

Bowes et al. (2014) United Kingdom [23]	1	1	1	1	1	1	1	1	1	1	1	10	100%
Stead et al. (2013) United Kingdom [24]	1	1	1	1	1	1	1	1	1	1	1	10	100%
Ntinga & Maree (2015) South Africa [25]	1	1	1	1	1	1	1	1	1	1	1	10	100%
Levkovich et al. (2022) Canada [26]	1	1	1	1	1	1	1	1	1	1	1	10	100%
Pinar et al. (2015) Turkey [27]	1	1	1	1	1	1	1	1	1	1	1	10	100%
Tsai et al. (2017) Taiwan [28]	1	1	1	1	1	1	1	1	1	1	1	10	100%
Howell et al. (2003) Canada [29]	1	1	1	1	1	1	1	1	1	1	1	10	100%
Rodriguez et al. (2011) Spain [30]	1	1	1	1	1	1	1	1	1	1	1	10	100%
Kuan (2022) Malaysia [31]	1	1	1	1	1	1	1	1	1	1	1	10	100%
Wilmoth et al. (2011) USA [32]	1	1	1	1	1	1	1	1	1	1	1	10	100%

Note: Get the total score then divide it by 11 (total number of items) then multiply it by 100 to get the percentage. Articles with a total score of 85-100% will be included in the list.

For Example: Article #1 total score is 9 divide it by 11 x 100 = 81%. The main 10 items were scored 'yes'= 1, 'no' = 0.5, 'not met'= (-1) and 'not applicable' = 0 whereas the additional prompts were used to facilitate summarizing the main strengths, limitations and concerns of each study.

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