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ORIGINAL ARTICLE

Spousal sexual life issues after gynecological cancer: a qualitative study

Samaneh Alinejad Mofrad[1] · Ahmad Nasiri[1] · Gholam Hossein Mahmoudi Rad[1] · Fatemeh Homaei Shandiz[2]

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Abstract

Purpose Sexual life is a multidimensional issue that can be affected negatively after gynecological cancer. The aim of this study was to reveal what sexuality life difficulties Iranian women with gynecological cancers experience.

Methods A qualitative approach was conducted through face-to-face semi-structured interviews with 16 Iranian women with gynecological cancer and then analyzed with conventional content analysis.

Results Three themes emerged from the data: (1) participant's struggle to maintain the sexual monopoly of the husband, (2) deterioration of intimacy, and (3) unpleasant bed-life experiences. Most women are ashamed to talk about their sexual relationships problems, and on the other hand, nurses and physicians ignore to talk about their sexual problems, so these women are alone in the face of this problem.

Conclusion Although women with gynecological cancer experience sexual problems such as reluctant to have sex and lack of enjoyment, they struggle to maintain sexual life with their husbands. These women do not have enough support. They believe that sexuality is a shameful issue, and they are reluctant to ask questions about it. Health professionals need to talk about the possibility of sexual problems due to changes in their bodies caused by cancer. These women need to be encouraged to talk about these problems, with consideration to their religious and cultural differences.

Keywords Gynecological cancer · Sexual life · Qualitative study · Muslim · Nursing

Introduction

Gynecological cancer is the fourth malignancy in women worldwide [1]. According to the United States Association of Cancer, 109,000 new cases of gynecological cancer were diagnosed in 2019 [1]. It shows that gynecological cancer is an important threat to the women's health [1]. One of the most important issues of gynecological cancer is its negative effects on sexuality [2]. Because of the multicomplex mental and physical complications of gynecological cancer, sexuality is more affected in these patients than other gynecological diseases such as endometriosis and vaginal prolapse [3–5]. A bio-psychosocial model has described physical, psychological, and social aspects of sexuality concept [6–8]. In women with gynecological cancer, surgical treatment such as hysterectomy can lead to physical changes in these women's body and affect some aspects of their sexual life such as sexual function, sexual self-concept, and sexual relations [2, 9]. In addition, changes in female genital organs such as vaginal stenosis, vaginal dryness [10, 11], scar formation in the vagina, and vaginal atrophy can lead to sexual dysfunction [6, 12, 13]. Psychological aspects of sexuality such as being worry about a decrease in sexual activity due to complications of treatment, fear of cancer recurrence after sexual intercourse, reluctance to sexual activity, and stress of infection following intercourse make unpleasant feelings that can lead to have inappropriate sexual interaction with their partner [6]. The effect of treatments on fertility is another challenging issue for these patients that can be negatively influenced their psychosexual balance [14, 15]. Changing in the husband's point of view is another obstacle to reinitiating sexual and emotional relationships. He may consider his wife as a "patient" or a "child," not as a sexual partner. These changes may lead to

✉ Ahmad Nasiri
Nasiri2006@bums.ac.ir

[1] Department of Nursing and Midwifery, School of Nursing, Birjand University of Medical Sciences, Ghaffari Avenue, Birjand, Iran

[2] Department of Radiotherapy Oncology, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran

an unpleasant sexual relationship [16]. The social aspect of sexuality concept should be considered in specific religious and cultural context of women with gynecological cancer. In this way, Muslim Iranian women believe that having sexual intercourse is their religious duty, and so avoidance of it is considered a sin. Therefore, they obligate themselves to have intercourse in any situation. In addition, sexual relationship has an invisible nature in this culture, and talking about it is a social taboo [17]. So, sexual problems are not diagnosed that can finally lead to instability in marital life [18]. Hence, sexuality should be considered important as other aspects of the process of treatment in these women [8]. In fact, it is important for nurses to talk about sexual issues with these women, according to their cultural and religious beliefs [19]. Although there have been various studies about clinical aspects and treatment of gynecological cancers, few studies have assessed the sexual problems in these women. The result of the present study will be beneficial for nurses' awareness of sexual problems, in Iranian women. In conclusion, the aim of this qualitative study was to explore the experiences of Iranian women with gynecological cancer about their spousal sexual issues. The research questions were (a) "How do women with gynecological cancer perceive changes in their sexual life?", (b) "What problems do these women have in their sexual relations with their husbands?", and (c) "How do these women deal with their sexual problems?".

Methods

Design

The study was carried out as a qualitative study [20]. Face-to-face, open-ended, semi-structured interviews were done [21].

Participants

A qualitative study with a purposive sample of sixteen women with gynecological cancer was conducted. The inclusion criteria included (1) women diagnosed with gynecological cancer for at least 6 months, (2) living with the husband, (3) no metastasis based on the medical files, (4) ability to participate in a face-to-face interview, and (5) ability to speak fluent Persian. The exclusion criteria were lack of willingness to continue the interview. One oncologist identified eligible participants. They were selected in brachytherapy ward in Imam Reza Oncology Radiotherapy Center and Women's Clinic and Cancer Department of Ghaem Hospital of Mashhad city. Then, first researcher contacted face to face with the potential participants when they came for brachytherapy or other treatments, explained the study, and invited them to participate in an in-person interview. After the agreement of candidate, she was briefly informed about the study and the objectives and then signed a letter of consent, and then researcher scheduled a meeting at a time and place where the participant felt comfortable. Seventeen participants were invited for interviews, and one woman declined because of lack of interest. Totally, sixteen women with gynecological cancer participated in the study.

Procedures and data collection

Interviews were carried out in the patients' free time. Quiet interview locations were chosen. The interviews questions were like "Was your sexual life affected after being diagnosed the disease? This question was followed by "If so, what kind of sexual problems did you experience? And in continue researcher asked "How did you deal with your sexual life problems?". The purpose of asking follow-up questions was to clarify relevant aspects of the subject. All interviews were conducted in Persian by the first researcher and audio recorded. The data collection was performed between April 2019 and September 2019. The interviews lasted approximately 40 min (30–60 min). Field notes were written after each interview, and the interviews were transcribed in Persian immediately.

Data analysis

Data analysis was performed along with data gathering. Conventional content analysis according to Lundman and Graneheim's method was used [22]. Coding process was done in Persian. For improving the research quality, two qualitative experts with PhD in nursing regularly reviewed the research progress and provided guidance and suggestions about the research design, data collection, and data analysis. One coder, a PhD candidate in nursing with a qualitative research focus, processed the data at each time point. First, the coder would read the entire transcript of each participant's interview for several times to ensure data immersion and gain a sense of the experiences as a whole. Then, the transcripts were hand-coded line by line independently to identify possible coding units related to the sexual issues experiences of participants, based on the actual words or phrases. Then, the coder consulted about the extracted codes with two qualitative experts. The coding units were condensed according to shared characteristics. Several additional abstract coding units were extracted and clustered into subthemes and themes through an iterative and inductive process. The data were saturated after sixteen interviews with the participants. The encoding process was carried out in MAXQDA 18.

Trustworthiness of the study

To ensure creditability of the study, the author had a long-term engagement with the subjects and established a proper

relationship with the participants. Moreover, the researcher provided encoded interviews to the participants to check if the extracted codes match their experiences. In addition, the codes and concepts were examined by experts of this type studies. Dependability was addressed by selecting a sample of women that had rich experience through sexual life after gynecological cancer. Confirmability was assessed by comparing the results with earlier studies, transferability was done by findings the widest diversity of participants, and also the authors tried to explain all parts of method of study in detail for future researches [23].

Results

Totally sixteen women with gynecological cancer took part in the study. Demographic information are shown in Table 1. The results of conventional content analysis revealed three themes that are described in continue. Table 2 includes quotations pertaining to each theme.

Patient's struggle to maintain the sexual monopoly of the husband

One of the main themes of this study was the women's attempt to maintain and continue sexual intercourse with their husband. In fact, some of them were concern about unmet husband's sexual need because they were not able to have sexual intercourse due to the disease and expressed their feeling by compassion for their husbands. Some of the participants felt that their husbands are in torment because of unmet sexual needs. In addition, they were worried that their spouses would satisfy their sexual needs outside the home. So, they tried to provide their husbands' sexual needs by themselves, not by another woman. Therefore, they wanted to know about the times that were safe for them to have sexual intercourse. Some patients also tried to think of other ways of sexual relationships such as anal and oral sex and also touching and massaging the sensitive parts of their husbands' bodies. Although, they believed that anal sex is forbidden in Islamic religious, they had to do it for satisfying their husbands' need.

Deterioration of intimacy

The second theme found in this study was deterioration of intimacy. Obviously, participants were in deeply unpleasant physical and mental situations such as concern about their sexual life, fear of death due to the disease, and concern for the future of their children life. So, they could not exhibit and experience the pleasant intimacy in their marital life after cancer. Also, side effects of chemotherapy and other therapies on the appearance of patient's body were important factors that led to husband's avoidance of expressing intimacy. In addition, the process of cancer treatment was a tedious and stressful experience for the couple and makes them irritable and dissociable, so they were not interested in showing their

Table 1 Demographic and clinical characteristics of the participants ($n = 16$)

ID code	Age (years)	Occupation	Type of genital cancer	No. of child	Time elapsed from diagnosis the cancer (years)	Current treatment	Husband's occupation	Husband's age
P1	68	Housekeeper	Cervix	1	**5**	Hysterectomy	Employed	70
P2	63	Housekeeper	Cervix	4	**2**	Follow-up	Farmer	68
P3	65	Teacher	Cervix	3	**2**	B.T	Military	75
P4	48	Housekeeper	Uterus	3	**1**	B.T	Businessman	56
P5	43	Housekeeper	Uterus	4	**2**	B.T	Unemployed	53
P6	69	Housekeeper	Uterus	6	**1**	B.T	Military	77
P7	55	Housekeeper	Ovary	4	**2**	Follow-up	Driver	69
P8	43	Housekeeper	Cervix	4	**3**	Follow-up	Farmer	59
P9	45	Housekeeper	Uterus	6	**3**	Follow-up	Employed	58
P10	41	Housekeeper	Uterus	2	**3**	B.T	Military	45
P11	52	Teacher	Cervix	3	**1**	B.T	Teacher	62
P12	64	Housekeeper	Uterus	6	**10**	Follow-up	Employed	70
P13	72	Housekeeper	Cervix	6	**5**	Follow-up	Farmer	76
P14	23	Housekeeper	Ovary	2	**1**	Follow-up	Manual worker	25
P15	44	Teacher	Ovary	3	**2**	Follow-up	Teacher	52
P16	48	Housekeeper	Uterus	6	**3**	Follow-up	Farmer	50

B.T brachytherapy

Table 2 Relevant quotations for each subtheme

Themes	Subthemes	Quotations
Patient's struggle to maintain the sexual monopoly of the husband	Concern about unmet husband's sexual need	"….Although I was banned from sexual intercourse from the physician, But I continued it, until I bled severely once or twice. When I told the doctor, she told me that it was a big mistake. But you know, my husband is a man and has sexual needs. Still, we didn't have sexual relations during the over the past month and now he (husband) has realized that This situation will continue. I feel compassion for him.." (participant No.9)
		"My husband never force me to have sexual intercourse… now, It's been 6 months past from our last sexual intercourse... It was not like this before… I do not know why he does not say anything (does not want sexual relations) … I really worried that he may be in a relationship with other women or have entered a short-term marriage (Sigha)." (P7)
		"My husband bothered me a lot, during our past marital life ... he was continually looking for prostitutes ... he was looking for this woman ... that woman ...He had given up from this bad habit for a while ... but now since I got sick and We cannot have sexual intercourse anymore, I'm worried he'll go to relationships with prostitutes again ... "…" (P8)
	Trying to meet husband's sexual need without the help of any other woman	"Now I have to ask the doctor how can I have sexual relations during my disease? ... Anyway, my husband is 45 years old and not very old (he has a lot of sexual needs) …" (P11)
		"We have never had an anal sexual relationships in our marital life… However, after I was banned from vaginal intercourse during the disease … therefore, I let my husband to have an anal sex only to meet his sexual need…." (P9)
		"After the disease and due to the restrictions in our sexual intercourse … I am trying to satisfy my husband sexual needs by other ways such as oral and anal sex" (P12)
Deterioration of intimacy	Husband's refusal to express affection	"Before cancer, my husband would caressed me every morning when I woke up. But after that, he does not anymore do that!" (P20)
		"Everything has changed in his behavior since I have been sick… I think there is no affection between us… he has forgotten me… he does not think about me and not important for him how I feel. he blames me for the disease and all the problems… I think he wishes I would die sooner… My husband has left me now, while I need him the most. … He is as cold as an iceberg" (P13)
		"My husband and I are became emotionally distant after the cancer started ... but the worst part was when the doctor asked my husband for permission to remove my uterus.. ... he thinks that if I have my uterus removed, I will no longer be a woman ... That's why he does not caress me at all ... and he does not sleep next to me ... ..." (p17)
		"I think he has the right not to sleep with me or even look at me… I have loss a lot of my hairs after the chemotherapy… and my eyebrows are lost… my feet ache… I look like an old woman… I cannot walk properly… I look terrible… …" (p8)
		"After chemotherapy, my body smells of sweat a lot, and although I go to the bathroom a lot, my husband complains that my body smells of sweat yet ... ...so, he refuses to sleep next to me ... or even touch me"(p7)
	Patient's avoidance from caressing and kissing	"....I am very preoccupied, so that I feel a sense of resentment when he comes near me. It has been six months since the last time I slept next to him. I try to sleep beside kids so, he cannot sleep with me … I cannot stand it…" (P17)
		".....Now, I tell him not to sleep near me. ... We are sleeping separately, he does not say anything ... I shout if he want to sleep beside me ... ... he scares ... and does not say anything …" (P14)
	Husband's pitiful intimacy	"Before the disease, My husband was not an emotional person. We did not kiss each other and we did not have constant sexual intercourse… However, after the diagnosis, I think he tries to show that he loves me, but there is no real love in his behavior.… he is changed,… in the past he would not even hear what was I saying… I do not know, ..probably he feels pity on me and He tries to be kind to me" (P19)
		"...I do not know why my husband is trying to caress me a lot after diagnosed the disease ... but I do not think it's normal ... I feel he's

Table 2 (continued)

Themes	Subthemes	Quotations
		pretending to love me ... it wasn't like that before. He did not listen to me at all when I spoke before... But now.... I do not know ... .. I do not like this situation at all and I do not feel good." (P3)
	Persuade herself to allow his husband for short-term marriage	"…Therefore, I decided to find a temporary (Sigha) wife for my husband. It was important for me to find a modesty woman. Finally, I found a woman and they had a short-term marriage for one night. In the morning, I gave an extra money to her to make sure that she would be available next time…" (P20)
		".... I've tried to find a temporary woman for my husband for three times ... but no one has accepted ... but I'm not disappointed ... ... our problem is that when it's not possible for me to have sexual relations, my husband is upset and shouts ... he tell me that everyone has a wife, and also I have a wife too!! ...Then he complain from this situation every day.. please pray for me to find a temporary woman for him, Then I will be relieved of this situation for a while…" (P14)
Unpleasant bed-life experiences	Anxiety before and during sexual intercourse	"I feel that my vagina is closed through the treatments, and there is no cure for it…my husband feels pain when he wants to have internal sex… then he could not have successful intercourse and therefore he becomes upset… and starts to complain… this situation is so stressful for me and it becomes an unpleasant sexual experience …." (P13)
		"It [vagina] has become darker and ugly after the chemotherapy and radiotherapy…my husband does not say anything during the intercourse, but I can see it in his eyes that he does not like it… I am very concerned about it, and I do not like to have sexual relationships with him." (P20)
		"Have an internal sex has become more painful for me. It was good at the beginning, but now it's painful …In fact I feel pain before the intercourse and during it ....I only wish that it is over soon." (P15)
		"I'm very worried about my uterine health during intercourse... I'm telling my husband constantly that, "look, I'm sick" ... I'm very sick.. He's doing his job (internal sex), but I'm worried that I'll get worse again.." (P11)
	Running away from intercourse	"After hysterectomy, I feel no sexual arousal… whenever my husband want to take me to the bedroom, I shout ... I have no feeling for this…when he wants to have an intercourse, I become very angry …"(P18)
		"...I scare my husband from sexual intercourse when he wants,.. I tell him that the drug that doctor has put in my vagina is poisonous. …I hope God will forgive me ..." (P17)
	Feeling sexually assault during intercourse	"....I have to have sexual intercourse with my husband… Although I hate it… Specially with this situation (cancer). However, I have no choice, If I reject it, He will not give me money for my treatment process. I do not have any choice ...." (P19)
		".....I have to do it (sexual intercourse) …But I do not feel any pleasure and only my husband enjoys from it… There is nothing in it for me. I hate it (sexual intercourse); I feel that I have a sexual relations with a stranger man…" (P18)
		"....My husband does not understand me at all ... A few days ago he forced me to have sexual intercourse, I told him I wasn't feeling well ... but he said that "this is your problem" .... I have to have sexual relation with my husband ... It is not important for him that I am satisfied from sexual intercourse or not"…"(P17)

affection such as caressing and kissing to each other. Some participants mentioned that hysterectomy was another cause of decrease in their husbands' level of intimacy. In fact, the husband thought that if his wife has no uterus, she will no longer be a real woman. On the other hand, some husbands tried to show more affection to their wives, but patients felt sense of pity in sudden changes of their husbands' behaviors and bothered from this artificial affection. Finally, when women understood that their husbands were in the pressure of unmet sexual needs and their marital life was in danger of deterioration, they persuaded themselves to allow their husbands for short-term marriage. Therefore, they better could control their spouses' sexual behavior.

Unpleasant bed-life experiences

The third theme was unpleasant bed-life experiences. It means that the participants did not have a proper feeling during their intercourse. Anxiety was reported as one of these unpleasant experiences. Patients' concern about the husbands' reaction to unpleasant appearance changes in their genital system during intercourse, and concerns about cancer recurrence after vaginal sex were most important issues related to anxiety. Therefore, some patients exhibited an aggressive response to their husbands' request for having sexual intercourse. Feeling of sexually assault during intercourse was reported as another unpleasant bed-life experience. The reason was that some of the patients were forced to participate in sexual intercourse.

Discussion

These findings showed the experiences of the sexual issues of Iranian women with gynecological cancers. As the participants noted, it was not just the sexual activities that were affected by the disease, but also the intimate relationships between couples were affected as well. Anderson et al. (2020) showed that, since gynecological cancers directly affect the female sexual organs, some of participants felt that they have lost their womanhood after losing their ovaries, cervix, and uterus, and this causes emotional and sexual problems in their marital life [24]. Hence, the first theme of our study was "participant's struggle to maintain the sexual monopoly of the husband." In fact, after the disease, women were concerned about the way the sexual needs of their husbands would be met; so they were trying to cover these needs inside the home. Roudi et al. reported the experiences of sexual interactions in Iranian women after menopausal surgery. Their participants were concerned about their husbands' relationships with other women as they were not able to fulfill their sexual needs [25]. It is notable that some sexual behaviors, such as the freedom to choose sexual partner or partners, are different in the various cultures [26]. For example, it is legally among Shias to have temporary marriage. In fact, men are allowed to have another wife, especially when the first wife is not able to meet their marital responsibilities. But because of cultural obstacles, temporary marriage is still unacceptable in most of people in Iranian society [27]. As the results showed, Participants resisted to their husband's remarriage. Therefore, they tried to find more information about alternative ways of sexual relationships (non-vaginal intercourses) to meet their husbands' sexual needs. On the other hand, anal and oral sex were stressful challenges for the participants. Gilbert et al. (2010) mentioned the alternative ways of sexual intercourse after cancer like playing with partner's sex organ and using a vibrator. But the most important point is that such behaviors were not a main part of the couples' sexual intercourse before the disease [28]. Janghorban et al. (2015) studied the silence in sexual relationship in Iranian women and concluded that talking about sexual issues was a taboo even in married couples. In fact, most of couples in Iran do not talk to each other about their sexual needs and sexual fantasies and feel ashamed for talking about that subjects, because they believe that these behaviors are not religiously acceptable [17]. Deterioration of intimacy was another finding of this study. As the disease got worse, participants felt that their husbands were not as interested to them as they had been in the past. So, because of mental and spiritual tiredness of the disease, some women were reluctant to respond to their husbands' affection [28]; on the other hand, the levels of expressing intimacy were decreased in husbands because of the pressure of burden and fatigue [29], high levels of distress, anxiety, and unpleasant feelings such as loneliness, miserable, insecurity, and life crisis [30]. Therefore they failed to show their intimacy as they had been in the past. Also Gilbert et al. (2010) reported about a decrease levels of intimacy in couples after the diagnosis of cancer [28]. Hysterectomy was another subject that led to the reluctance of sexuality and therefore intimacy in husbands. So, many of the husbands had a problem with it. This had a negative effect on the intimate relationships in the couples. Shirinkam et al. (2018) examined sexual experiences in women after hysterectomy and reported a decrease in husband's intimacy due to bad feelings after the surgery [31]. It is showed that another factor that caused to lack of intimacy in these patients and their partners is the fear of lack or decrease in fertility that is much more painful than cancer itself for them. So, fertility preservation has a fundamental importance for these women and can improve their quality of life [14, 15]. The findings also highlighted the compassionate intimacy from the husbands. Nasiri et al. reported the compassionate intimacy from men after diagnosing breast cancer in their wives [27, 32]. Another finding of this study was the unpleasant experiences during sexual intercourses in couples after gynecological cancer due to the physical and mental side effects of cancer and its treatments. As mentioned previously, unmet sexual needs arise specially in the partner of patient because of reduction in couples' emotional relationships due to the new situation. So, husbands experience contradictory feelings, such as concern about the health of their spouse, need for the sexual relationships, and the accompanying sense of sin, which can drive the couples apart and lead to conflicts. Sexual concerns of the husbands include decreased libido, feelings of being unwanted, and fear of restarting sexual activity and sense of lonely in the sexual relationship [29, 30]. In addition, the studies in Iran have shown that because of social and cultural barriers, most couples do not talk about their problems in sexual relationships, and so these problems are not recognized and remain untreated and finally lead to conflict between couples [27, 32, 33]. Another unpleasant experience in sexual relationships of the participants with gynecological cancer was anxiety during intercourses.

Some of the participants were suffered from the side effects of chemotherapy and radiotherapy such as vaginismus and vaginal dryness. In some cases, these problems were not resolved using lubricant gels and lotions. So, the intercourse is interrupted, and husbands begin to complain about the problem. All of these problems can cause stress and anxiety in the participant. If the problem appears again in the next intercourses, the participant begins to feel anxious and would not have any desire for sexual relationships. Other studies in the field of cancer and disorders in sexual intercourses reported vaginismus and its effects on creating disorders in sexual intercourses [27, 34]. Another finding of this study was avoiding from sexual intercourse. The aggressive and nervous reactions by women to any sexual request from their husband, neglecting the spouses' sexual needs and refusing to sleep with husband in the same bed, were the problems reported by the participants. Trying to scare husband from sexual intercourse was one of the ways to dissuade him from internal sex. For instance, some participants scared their husbands from special medicine or device in their vagina and said that it might hurt him if they have sexual intercourse. Shirinkam et al. (2018) also reported avoidance of sexual intercourse from women with cancers [31]. Errihani et al. (2010) studied the sexual relationships in Moroccan women after diagnosis the cancer and reported that the participants tried to find excuses and ways to run away from having sexual intercourse with their husbands [35]. Ak (2020) reported that Muslim women especially in Asian countries do not have the right to have sexual desire because it is an ashamed issue for them and their cultures. It seems that this feeling of reluctance to have sexual relations will be exacerbated in these women during diseases such as gynecological cancers [18]. Another finding was feeling sexual assault during sexual intercourse with their husbands. Some women reported that their husbands forced them to have sexual intercourse without considering their mental and physical condition. Lack of other financial supports was reported from some patients as a reason for accepting their husbands' request for sexual relationships. Forcing them to have sexual relations was as disgusting as a sexual assault. Women only agreed to do these relationships in order to maintain their marital life. In addition, participants believed that they never forget the sexual assault by their husbands. Some studies also reported that the participants agreed to do these sexual relationships only to protect their marriage [36–39]. Despite all the problems of gynecological cancers for the participants, most of them tried to keep their sexual relationship with their husbands and forgot about their own matters. In fact, the concepts of sexual relationships are varying in different cultures. In some context, sexuality is viewed as an expression of love, devotion, and intimacy, while in some other cultures, sexuality is viewed as a source of pleasure. However, in some Muslim countries such as Iran, the meaning of sexual relations is reproduction and marital duty. Therefore, sexual dysfunction in these cultures leads to different problems [26]. Del Pup et al. suggested that the health professionals should pay more attention to the sexual issues of their participants and support them to solve concerns in this subject with considering their religious and culture beliefs [38].

Limitations

Despite all attempts to have the widest diversity in the sample group, the results represent the sexual life of a few married women with gynecological cancers. It is notable that the results highlight specific aspects of sexual problems of the patients.

Conclusion

Physical problems such as vaginal stenosis lead to fear of sexual intercourse in women with gynecological cancers. Some women forced themselves to continue their sexual intercourse because they think it is required by religious rules. Patients are not aware of the effects of gynecological cancer on their sexual relationships, because in Muslim context, sexuality seems to be a taboo, so women may avoid asking questions about their sexual problems, and it can finally lead to the end of marital life in these women.

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethics approval Ethical confirmation was issued by the Ethics Committee of Birjand University of Medical Sciences (Ethical Code: IR.BUMS.REC.1397.363).

References

1. Siegel RL, Miller KD, Jemal A (2019) Cancer statistics, 2019. CA Cancer J Clin 69(1):7–34
2. Cleary V, Hegarty J (2011) Understanding sexuality in women with gynaecological cancer. Eur J Oncol Nurs 15(1):38–45
3. Abbott-Anderson K, Kwekkeboom KL (2012) A systematic review of sexual concerns reported by gynecological cancer survivors. Gynecol Oncol 124(3):477–489
4. La Rosa VL, De Franciscis P, Barra F, Schiattarella A, Tropea A, Tesarik J, Shah M, Kahramanoglu I, Ponta M, Ferrero S (2019) Sexuality in women with endometriosis: a critical narrative review. Minerva Med

5. Vitale SG, Laganà AS, Noventa M, Giampaolino P, Zizolfi B, Butticè S, La Rosa VL, Gullo G, Rossetti D (2018) Transvaginal bilateral sacrospinous fixation after second recurrence of vaginal vault prolapse: efficacy and impact on quality of life and sexuality. Biomed Res Int 2018, 2018, 1, 6
6. Reis N, Beji NK, Coskun A (2010) Quality of life and sexual functioning in gynecological cancer patients: results from quantitative and qualitative data. Eur J Oncol Nurs 14(2):137–146
7. Tierney DK Sexuality: a quality-of-life issue for cancer survivors. In: Seminars in oncology nursing, 2008. vol 2. Elsevier, pp 71–79
8. Wilmoth MC (2007) Sexuality: a critical component of quality of life in chronic disease. Nurs Clin N Am 42(4):507–514
9. Stead ML, Fallowfield L, Selby P, Brown JM (2007) Psychosexual function and impact of gynaecological cancer. Best Practice & Research Clinical Obstetrics & Gynaecology 21(2):309–320
10. Amsterdam A, Krychman ML (2006) Sexual dysfunction in patients with gynecologic neoplasms: a retrospective pilot study. J Sex Med 3(4):646–649
11. McCallum M, Lefebvre M, Jolicoeur L, Maheu C, Lebel S (2012) Sexual health and gynecological cancer: conceptualizing patient needs and overcoming barriers to seeking and accessing services. J Psychosom Obstet Gynecol 33(3):135–142
12. Akkuzu G, Ayhan A (2013) Sexual functions of Turkish women with gynecologic cancer during the chemotherapy process. Asian Pac J Cancer Prev 14(6):3561–3564
13. Jeppesen MM, Mogensen O, Dehn P, Jensen PT (2015) Needs and priorities of women with endometrial and cervical cancer. J Psychosom Obstet Gynecol 36(3):122–132
14. La Rosa VL, Garzon S, Gullo G, Fichera M, Sisti G, Gallo P, Riemma G, Schiattarella A (2020) Fertility preservation in women affected by gynaecological cancer: the importance of an integrated gynaecological and psychological approach ecancermedicalscience:14
15. La Rosa VL, Shah M, Kahramanoglu I, Cerentini TM, Ciebiera M, Lin L-T, Dirnfeld M, Minona P, Tesarik J (2020) Quality of life and fertility preservation counseling for women with gynecological cancer: an integrated psychological and clinical perspective. J Psychosom Obstet Gynecol 41(2):86–92
16. Beesley VL, Alemayehu C, Webb PM (2019) A systematic literature review of trials of survivorship interventions for women with gynaecological cancer and their caregivers. European journal of cancer care 28(3):e13057
17. Janghorban R, Latifnejad Roudsari R, Taghipour A, Abbasi M, Lottes I (2015) The shadow of silence on the sexual rights of married Iranian women. Biomed Res Int 2015, 2015, 1, 11
18. Ak PS, Günüsen NP, Türkcü SG, Özkan S (2020) Sexuality in Muslim women with gynecological cancer. Cancer Nurs 43(1): E47–E53
19. Howsepian BA, Merluzzi TV (2009) Religious beliefs, social support, self-efficacy and adjustment to cancer. Psycho-Oncology: Journal of the Psychological, Social and Behavioral Dimensions of Cancer 18(10):1069–1079
20. Hennink M, Hutter I, Bailey A (2020) Qualitative research methods. SAGE Publications Limited
21. Price B (2002) Laddered questions and qualitative data research interviews. J Adv Nurs 37(3):273–281
22. Graneheim UH, Lundman B (2004) Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Educ Today 24(2):105–112
23. Lincoln YS (2007) Naturalistic Inquiry. In: Naturalistic inquiry. The Blackwell encyclopedia of sociology
24. Abbott-Anderson K, Young PK, Eggenberger SK (2020) Adjusting to sex and intimacy: gynecological cancer survivors share about their partner relationships. Journal of women & aging 32(3):329–348
25. Abadi OSRR, Cheraghi MA, Tirgari B, Nayeri ND, Rayyani M (2018) Feeling an invisible wall: the experience of Iranian women's marital relationship after surgical menopause: a qualitative content analysis study. Journal of Sex & Marital Therapy 44(7):627–640
26. Heinemann J, Atallah S, Rosenbaum T (2016) The impact of culture and ethnicity on sexuality and sexual function. Curr Sex Health Rep 8(3):144–150
27. Nasiri A, Taleghani F, Irajpour A (2012) Men's sexual issues after breast cancer in their wives: a qualitative study. Cancer Nurs 35(3): 236–244
28. Gilbert E, Ussher JM, Perz J (2010) Renegotiating sexuality and intimacy in the context of cancer: the experiences of carers. Arch Sex Behav 39(4):998–1009
29. Gilbert E, Ussher JM, Hawkins Y (2009) Accounts of disruptions to sexuality following cancer: the perspective of informal carers who are partners of a person with cancer. Health 13(5):523–541
30. Iżycki D, Woźniak K, Iżycka N (2016) Consequences of gynecological cancer in patients and their partners from the sexual and psychological perspective. Przeglad menopauzalny= menopause review 15 (2):112
31. Shirinkam F, Jannat-Alipoor Z, Shirinkam Chavari R, Ghaffari F (2018) Sexuality after hysterectomy: a qualitative study on women's sexual experience after hysterectomy. International Journal of Women's Health and Reproduction Sciences 6(1):27–35
32. Nasiri A, Taleghani F, Irajpour A (2016) Adjustment process in I ranian men to their wives' breast cancer. European journal of cancer care 25(2):307–317
33. Majidi A, Ghiasvand R, Hadji M, Nahvijou A, Mousavi A-S, Pakgohar M, Khodakarami N, Abedini M, Hashemi FA, Farzami MR (2016) Priority setting for improvement of cervical cancer prevention in Iran. Int J Health Policy Manag 5(4):225
34. Brédart A, Dolbeault S, Savignoni A, Besancenet C, This P, Giami A, Michaels S, Flahault C, Falcou MC, Asselain B (2011) Prevalence and associated factors of sexual problems after early-stage breast cancer treatment: results of a French exploratory survey. Psycho-Oncology 20(8):841–850
35. Errihani H, Elghissassi I, Mellas N, Belbaraka R, Messmoudi M, Kaikani W (2010) Impact of cancer on sexuality: how is the Moroccan patient affected? Sexologies 19(2):92–98
36. Abbott-Anderson K (2015) Sexual concerns of gynecological cancer survivors: development of the sexual concerns questionnaire-gynecological cancer. The University of Wisconsin-Madison
37. Bober S, Kingsberg S, Faubion S (2019) Sexual function after cancer: paying the price of survivorship. Climacteric 22(6):558–564
38. Del Pup L, Nappi R, Biglia N (2017) Sexual dysfunction in gynecologic cancer patient. WCRJ 4(1):e835
39. Gilbert E, Perz J, Ussher JM (2016) Talking about sex with health professionals: the experience of people with cancer and their partners. European journal of cancer care 25(2):280–293