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Evaluating the sex lives of women with gynaecological cancer: A qualitative study on nurses' perceptions and experiences

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Abstract

Oncology nurses play a key role in addressing sexual health challenges arising from gynaecological cancer. This study aimed to explore oncology nurses' perceptions and experiences regarding the assessment of sexual problems in women diagnosed with gynaecological cancer. The study was conducted with 12 nurses working in a medical oncology clinic of a research hospital, using a qualitative design with a phenomenological approach. Data were collected through face-to-face semistructured interviews and analysed using the Colaizzi method. Two main categories were derived from the collected data: patient–nurse communication about sexual experiences and barriers faced by nurses in assessing sexual issues. These themes included six subthemes. Nurses reported difficulties initiating conversations about sexuality, feeling inadequate and uncomfortable discussing the topic, and viewed workload as a barrier to providing sexual counselling. This study highlights the obstacles nurses face in integrating sexual health into holistic cancer care *(Afr J Reprod Health 2026; 30 [9]:55-64).*

Keywords : Gynaecological cancer; oncology nurse; qualitative research; sexuality

Résumé

Les infirmières en oncologie jouent un rôle clé dans la prise en charge des défis liés à la santé sexuelle découlant du cancer gynécologique. Cette étude visait à explorer les perceptions et les expériences des infirmières en oncologie concernant l'évaluation des problèmes sexuels chez les femmes diagnostiquées avec un cancer gynécologique. L'étude a été menée auprès de 12 infirmières travaillant dans une clinique d'oncologie médicale d'un hôpital de recherche, en utilisant un modèle qualitatif avec une approche phénoménologique. Les données ont été recueillies par le biais d'entretiens semi-directifs en face à face et analysées selon la méthode de Colaizzi. Deux catégories principales ont été dérivées des données collectées: la communication patient-infirmière sur les expériences sexuelles et les barrières rencontrées par les infirmières dans l'évaluation des questions sexuelles. Ces thèmes comprenaient six sous-thèmes. Les infirmières ont fait état de difficultés à amorcer des conversations sur la sexualité, se sentant inadéquates et mal à l'aise pour aborder le sujet, et ont considéré la charge de travail comme un obstacle à la prestation de conseils sexuels. Cette étude met en évidence les obstacles auxquels les infirmières sont confrontées pour intégrer la santé sexuelle dans les soins oncologiques holistiques *(Afr J Reprod Health 2026; 30 [9]:55-64).*

Mots-clés: Cancer gynécologique; infirmière en oncologie; recherche qualitative; sexualité.

Introduction

Gynaecological cancers affect millions of women across all age groups and have a global incidence that is on the rise.[1,2] According to Global Cancer Observatory (GLOBOCAN) 2022 data, cervical cancer is the fourth-most diagnosed cancer in women worldwide, following breast, colorectal and lung cancers, while uterine corpus cancer ranks sixth. In Türkiye, uterine corpus cancer is the fourth-most prevalent cancer among women after breast, thyroid and colorectal cancers, and ovarian cancer ranks seventh.[2-4] Türkiye Cancer Statistics (2020) reported that gynaecological cancer is the third most frequent type of cancer following breast and gastrointestinal tract cancers. Consistent with this ranking, the incidence frequency is 9.8 per hundred thousand for uterine cancer, 6.1 for ovarian cancer, and 4.0 for cervical cancer.[5] Gynaecological cancers negatively affect women's quality of life by

creating a range of physical, psychological, socioeconomic and sexual issues.[6,7] In particular, gynaecological cancers are associated with higher rates of sexual dysfunction than other diseases, primarily due to their direct involvement with reproductive organs, the distressing symptoms experienced during the disease process, and the adverse effects of treatment modalities.[7,8] In fact, 33% to 100% of women diagnosed with gynaecological cancers have reported experiencing sexual distress and/or dysfunction.[9,10] Specifically in Türkiye, studies indicate that the rate of sexual dysfunction among women with gynaecological cancer ranges from 55% to 80%.[10,11] Sexuality is an essential component of an individual's identity and a fundamental human need that intersects with various aspects of life. Sexuality should also be regarded as an integral part of overall health.[12] Consequently, the sexual health issues arising from the diagnosis and treatment of gynaecological cancers represent a significant concern for healthcare professionals and require a comprehensive, multidimensional approach to care.[13] Despite this need, the literature indicates that women with gynaecological cancer often feel unable to disclose their sexual health concerns to healthcare providers or nurses.[14-16] Supporting this, a study conducted in Türkiye revealed that while 80.3% of women with gynaecological cancer experienced sexual life disturbances, only 12.6% were able to discuss these issues with healthcare personnel.[10] Sexuality is often perceived as a private, sensitive topic by both patients and nurses, which makes it a challenging issue to address openly in a clinical setting.[14]

Oncology nurses, while primarily focused on managing the physiological symptoms associated with cancer diagnosis, prognosis and treatment, may delay or neglect nursing interventions related to sexual health, even though this is a fundamental physiological need.[14] The literature highlights several barriers that hinder discussions about sexuality between oncology nurses and their patients with gynaecological cancer.[15] Although the assessment of patients' sexual health, identification of concerns and provision of sexual counselling are recognised as important components of care in oncology settings, such practices are not routinely implemented.[14] Gynaecological cancers involve a prolonged care process during which nurses play a critical role in ensuring that care is delivered professionally and meets the patients' needs. Oncology nurses have key responsibilities in addressing the sexual health concerns and needs of patients with whom they maintain continuous interaction throughout the diagnosis, treatment and rehabilitation phases. Assessment of sexual health should be initiated as soon as possible, and it should be consistently monitored throughout all stages of the disease.[16] There is no qualitative research in Türkiye describing the perceptions and experiences of oncology nurses on this topic. Therefore, this research isexpected to contribute to the professional lives of oncology nurses and close the existing gap in the literature. Against that background, it is thought that the results of the present study will contribute to oncology nurses by providing suggestions and raising awareness that will enable patients to have comfortable sex lives while experiencing gynaecological cancer by overcoming individual and social barriers to sexuality. The study was designed to explore the perceptions and experiences of oncology nurses regarding the assessment of sexual problems in women diagnosed with gynaecological cancer.

Methods

Design

In this study, a qualitative design with a phenomenological approach was employed to explore and understand the subjective experiences of nurses. This methodology was chosen to explore and better understand individuals' subjective experiences. In this approach, the *phenomenon* refers to the feelings, perceptions, and reactions of participants within a specific life context. Therefore, the primary aim of such research is to reveal the meaning and essence of participants' experiences about a particular phenomenon. The study, conducted in a medical oncology clinic of a research hospital in Ankara, the capital of Türkiye, between January 2022 and June 2023. This institution serves as a major referral centre for gynaecological oncology, providing a high-volume clinical environment. Each session was

comprehensively documented, and data collection involved audio-recorded sessions. Detailed notes were taken on the interview form and the data were described in accordance with COREQ, a qualitative research checklist.[17]

Participants

Participants were selected using a criterion sampling method, a type of purposeful sampling, to ensure they possessed the necessary experience to provide rich and detailed information regarding the research phenomenon. Accordingly, participants meeting the inclusion criteria were interviewed. The inclusion criteria of the participants included: (1) having at least two years of clinical experience in the oncology unit, and (2) volunteering to participate. Of 18 eligible nurses, 12 were included in the study. The sample size was guided by data saturation; recruitment and interviewing were concluded at the 12th participant, as the researchers determined that data saturation had been reached and no new conceptual categories or themes were emerging from the data.

Data collection

Informed consent was obtained from each participant who met the inclusion criteria. Participants were informed that the interviews would be audio-recorded to ensure accurate data collection. Data were gathered using a semistructured form, which was reviewed by three experts in qualitative research and gynaecological cancer nursing care to ensure content validity and clarity. Based on their feedback, minor linguistic modifications were made to ensure cultural appropriateness. Additionally, a pilot interview was conducted with two participants to refine the wording and flow of the questions; the data from these pilot interviews were not included in the final analysis. The interview form consisted of 10 items: six items focused on sociodemographic characteristics (e.g. age, education level, and years of professional experience), while four open-ended questions explored nurses' perceptions and experiences regarding the sexual lives of women with gynaecological cancers (Table 1). To ensure participant confidentiality, face-to-face interviews were conducted in a quiet, private room within the hospital setting. Each session lasted approximately 30–40 minutes, providing a comfortable environment for discussing sensitive topics.

Ethical considerations

Permission to conduct the research was obtained from the relevant institution, along with ethical approval from the Gulhane Research and Training Hospital Non-Invasive Clinical Research Ethics Committee (Approval No. 46418926). Prior to the interviews, all participants provided both oral and written informed consent to participate, and nurses were assured that their anonymity and confidentiality would be maintained throughout the study. Moreover, participants were informed that they could withdraw from the study for any reason at any time without penalty. The identities of the participants were coded as a protective method, using the letter ON (oncology nurse) followed by the number of the interview.

Data analysis and reporting

The data were analysed using Colaizzi's (1978) seven-step phenomenological method.[18] Following each interview, audio recordings were transcribed verbatim. To ensure data immersion, the researchers repeatedly read the transcripts to gain a holistic understanding of the participants' experiences (Step 1). Significant statements pertaining to the phenomenon were extracted (Step 2), and meanings were formulated from these statements (Step 3). These formulated meanings were then organised into subthemes and overarching themes (Step 4). The findings were integrated into a comprehensive, exhaustive description of the phenomenon (Step 5). To enhance the rigour and validity of the study, the final descriptions were shared with selected participants to verify that they accurately reflected their experiences (Step 6), and their feedback was incorporated into the final essence of the phenomenon (Step 7). Additionally, to reduce bias, researchers independently performed the initial coding, and any discrepancies were resolved through discussion and expert consultation.For the quantitative data, analysis was performed using the

Table 1: Questions on the semistructured interview form

1. How do patients with gynaecological cancer express their sexual experiences and related problems?
2. What are the most common sexual problems of patients?
3. As a nurse, how do you evaluate the sex lives of patients?
4. What feelings or perceptions do you experience when discussing sexual concerns with your patients?

SPSS 27.0 (SPSS Inc., Chicago, USA) statistical software package. Number and percentage analyses were employed in the evaluation of these data.

Rigour

This study utilized the four criteria proposed by Lincoln and Guba to ensure validity and reliability in qualitative research: credibility, transferability, dependability and confirmability.[19] One author did not participate in the interviews, which provided a more objective perspective on the data.

Credibility was ensured through long-term interaction with the participants and continuous comparative analysis. In this manner, initial codes were reviewed and compared multiple times; the codes that recurred were analysed and subsequently separated into categories.

Transferability was supported by detailed descriptions of the research process, while confirmability was ensured by using direct quotes from the interviews. The transferability of the research findings was further strengthened by the in-depth interviews. Additionally, for confirmability, the codes and categories were sent to three expert faculty members outside of the research team for their validation. For dependability, all phases of the study were reported in detail.

Results

Of the 12 female participants, the average age was 39.25 years, and the average level of education was postgraduate degree. The nurses had worked professionally for an average of 17.35 years. The average professional experience in a medical oncology clinic was 11.25 years (Table 2). As a result of the data analysis, two categories and six themes were determined. These are shown in Table 3.

Category 1: Patient–nurse communication about sexual experiences from nurses' perspectives

Based on the data collected from the interviews, nurses' perceptions of how patients with gynaecological cancer share their sexual health concerns were categorised into two subthemes.

Theme 1: Patients seeking permission to engage in sexual activity

Five nurses stated that patients often share their sexual experiences and concerns openly without needing much encouragement. However, two participants observed that some patients tended to seek guidance or permission about their sexual activity during treatment and ask questions about how to stay sexually active or whether it would be safe to have intercourse while undergoing treatment.

They usually ask about their fears. It starts with questions like, "Will I be able to go back to my normal life?"—things like, "Can I be with my partner?" "Will that cause any harm?" "Could I get an infection?" In the summer, they even ask, "Can I go swimming?" "Is it safe to get in the sea?" Stuff like that. Basically, they're wondering, "Am I normal?" "Can I live my life like before?" What things are safe to do, and what things might be harmful?" (ON2)

There are people who can talk about it easily, and of course, some who can't. But honestly, I think most of them are willing to talk if the healthcare staff brings it up in an approachable way. When they see that you're okay asking about it, they want to open up more. They have so many questions in their minds. It's just that first step; they need a bit of courage to start talking. And usually, they expect that step to come from the nurses. (ON5)

Table 2: Participant characteristics (n = 12)

Variable	Mean (Std)	
Age	39.25 (±9.90)	
Professional experience, in years	17.35 (±12.64)	
Experience in oncology clinics, in years	11.25 (±9.39)	
Variable	***n***	**%**
Gender		
Man	0	0
Woman	12	100
Level of education		
Associate degree	1	8.3
Graduate degree	4	33.3
Postgraduate degree	7	58.3
Marital status		
Married	2	83.3
Single	10	16.7

Theme 2: Cultural influences on discussing sexuality with patients

All participants agreed that women with gynaecological cancer face significant barriers when it comes to discussing their sexual experiences with healthcare professionals. Seven nurses mentioned that patients often feel embarrassed talking about sexual health, while two mentioned that patients are unsure about whom they should approach with such concerns. Moreover, two participants emphasised the influence of cultural and social values, which can discourage patients from openly expressing sexual issues. Furthermore, two nurses observed that oncology nurses and other healthcare providers frequently overlook sexuality after a cancer diagnosis and rarely initiate conversations or assess patients' sexual well-being. However, six participants noted that patients were more willing to share their concerns when the right conditions were in place—for example, being asked directly by a healthcare professional, being in a private hospital room, and having private, one-on-one conversations.

They can't express it comfortably. I mean, talking about the topic has always been kind of taboo. People who bring it up aren't always seen in a good light. That's how it is in our society, maybe in others, too. It probably changes depending on where you live. Because they're afraid of being judged, people tend to stay quiet about it. (ON6)

Sexuality is a neglected topic. We don't talk about it; we don't ask about it either. I noticed that myself while doing some research. Honestly, I think that patients are willing to talk about it, but maybe we're the ones who are closed off. And because we stay closed, they do, too. (ON5)

Category 2. Barriers nurses face when assessing sexual experiences among women with gynaecological cancer

Based on the data collected from the interviews, nurses' experiences assessing the sexual health of patients with gynaecological cancer were organised into four subthemes.

Theme 1: Uncertainty about how to discuss sexual experiences

Most participants (*n* = 9) described their experiences with assessing the sexual health of patients with gynaecological cancer. However, three nurses mentioned that they initially did not address sexuality but focused primarily on the physical aspects of the patients' condition instead. Moreover, three participants admitted sometimes neglecting conversations about sexuality due to assuming that it was not a priority for patients during treatment.

We don't treat it as a top priority. And the second thing is, I wonder how you are even supposed to approach it. Like with a breast cancer patient, you can say, "Your hair might fall out; be prepared for this or that". But with a patient with gynaecological cancer, you can't just come out and ask, "How's your sex life?" or say, "Here's what's going to happen next". You can't lay it out clearly. I've never even told a patient, "Go see an OB/GYN if you have problems". Maybe that, too, comes down to how we rank our priorities. (ON10)

Maybe it's because I don't see it as a priority in the first place. That's what I'm thinking right now. (ON3)

When we try to take a holistic approach, sexuality is the most essential area that we always overlook. Because sexuality is a basic human need, just like any other part of daily life.

Table 3: Thematic framework created in data analysis

Categories	Themes
1. Patient–Nurse Communication About Sexual Experiences from Nurses' Perspectives	1. Patients Seeking Permission to Engage in Sexual Activity 2. Cultural Influences on Discussing Sexuality with Patients
2. Barriers That Nurses Face When Assessing the Sexual Experiences of Women with Gynaecological Cancer	1. Uncertainty About How to Discuss Sexual Experiences 2. Workload and Environmental Constraints 3. Embarrassment When Discussing Sexuality 4. Nurses' Feelings of Inadequacy in Providing Sexual Counselling

Still, we tend to ignore it, both as nurses and as individuals. And it's not just with patients with gynaecological cancer; it happens with other cancer patients, too. But especially in gynaecological cases, we should be asking about it more. (ON9)

Theme 2: Workload and environmental constraints

Of the nine participants who shared their experiences in evaluating the sexual health of patients with gynaecological cancer, seven noted that high patient volumes and staffing shortages significantly increased their workload, which left little time to address concerns about sexual health. Moreover, four nurses mentioned that environmental factors, including the lack of private rooms, made it challenging to have casual, confidential conversations about sexuality with patients.

We don't ask our patients about it [sexuality] at all. That's the truth. But with the workload and trying to do everything properly and in order, that becomes way more important. You have to be able to handle the basics first before you can get to those extra issues. I'm open to talking about it, but the patient also needs to bring it up, and the right conditions have to be there. Like, I'd need my own room, and the patient wouldn't just come to talk about the topic; they'd chat with me about other things, too. Then I could naturally bring up those topics in conversation. It's not that I'm shy; I just think that the patient might be. Otherwise, I'd even be willing to take on a role dedicated to the topic. (ON6)

We work at such a hectic pace that, honestly, our main goal is to start the patient's treatment and monitor it. There's just not much time to talk about stuff like that [sexuality] because patient turnover is so high. So, it doesn't even come to mind. (ON12)

Theme 3: Embarrassment when discussing sexuality

Most participants (n = 7) shared their experiences with evaluating the sexual health of patients with gynaecological cancer. Four nurses mentioned that cultural factors often make sexuality a taboo subject, while three admitted feeling embarrassed when discussing sexual issues with patients. One participant who viewed sexuality as a private matter mentioned avoiding such conversations altogether. However, two participants observed that discussions about sexuality appeared to increase, possibly because most nurses were women, which may have created a more relaxed environment for patients.

I don't usually ask routinely, and honestly, at first, I was shy about it, too. When it's something that I've never talked about before, I feel hesitant. But while working with women with cancer, I got more comfortable expressing myself on the topic, though that was mostly because of the project, and it didn't continue afterward. That experience raised my awareness. Before, it never really occurred to me to talk about sexuality. Now, I feel much more at ease discussing it. I think the biggest barrier is personal; it's related to our own comfort levels. Sexuality is a basic human need: a fundamental part of life. We know that in theory, but because we didn't grow up in an environment where it was openly talked about, it still feels taboo when we try to apply it. (ON5)

I don't ask because I don't feel comfortable. They [patients] are dealing with things like low platelets, neutropenia and effects of chemo. Also, the patient's age matters; a conversation with a younger patient isn't the same as with an older one. Because sexuality remains a bit of a taboo or private topic, I've never asked directly if they have any questions or concerns about it. (ON3)

Theme 4: Nurses' Feelings of Inadequacy in Providing Sexual Counselling

Four participants expressed feelings of inadequacy when providing sexual counselling to patients with gynaecological cancer. They shared the concern that they lacked sufficient knowledge about sexuality-related issues, were uncertain about how to approach those conversations, and felt a need for additional training. Moreover, one participant noted that sexuality is often overlooked in patient education.

Even we are clueless about the topic [sexuality], so what chance does the patient have? Without really knowing what a patient with gynaecological cancer might go through in their sex life, I can't even ask the right questions. I don't know how to ask. Honestly, you need training for it. For example, I don't even know how patients should protect themselves during sex, so how could I help them? (ON6)

Healthcare staff also lack proper training in it [talking to patients about their sexuality], and because they don't prioritise the topic, their knowledge might be outdated or even lacking. I think that the staff need to be educated better about it. (ON8).

Discussion

In the present study, oncology nurses reported feeling unsure about how to initiate discussions about sexuality, expressed discomfort with talking to patients and perceived their workload as a barrier to providing sexual counselling. The literature highlights that nurses face similar barriers in addressing sexual issues, including heavy workloads, insufficient sexual health education and discomfort with discussing sexuality.[14,15,20,21] Furthermore, the findings show that nurses often lack adequate training and support to address patients' sexual health needs.

Oncology nurses in our study reported that patients seldom prioritise sexuality after being diagnosed with cancer, while healthcare professionals fail to adequately assess and address patients' concerns with their sexual health. Other research has also highlighted that both patients and nurses tend to focus more on physical symptoms, such as fatigue, nausea, vomiting and pain resulting from cancer and its treatments and, consequently, often postpone discussions of sexuality.[10,21] Moreover, Chou et al. introduced the concept of gender blindness, which refers to the neglect of the sexual health needs of older women, women past childbearing age, and unmarried women, all based on the assumption that they are not sexually active.[15] Those findings underscore the importance of recognising that patients with cancer may also require sexual counselling and that sexual problems should not be conceived as an inevitable consequence of cancer treatments. It is suggested that awareness training programmes be organised for patients in remission, their spouses, and healthcare personnel to promote healthy sex lives for patients during their cancer treatment.

As in every field of nursing, effective communication is crucial in oncology nursing. Studies have highlighted the need to enhance nurses' communication skills, particularly when addressing sensitive issues such as sexuality.[20,22] However, in our study, nurses reported uncertainty about how to approach patients' sexual problems and how to initiate conversations regarding sexual health. Thomas et al. found that women with gynaecological cancer often struggle with self-advocacy, particularly in effectively communicating with healthcare professionals and seeking counselling, which highlights the importance of strengthening communication skills among oncology nurses.[23] Effective communication, where healthcare professionals take the initiative to ask personalised, open-ended questions about sexual health, can make women with cancer feel more comfortable. In this context, healthcare professionals should also participate in regular training programmes to improve their communication skills and interactions with patients.

Sexuality can be affected by sociocultural factors. The context in which healthcare professionals work often contributes to such discomfort and embarrassment.[15,21] Some participants in our study emphasised the influence of cultural and social values, which can discourage patients from openly expressing sexual issues. Similarly, Bilgic et al. found that 74.4% of nurses felt uncomfortable with discussing sexuality because they perceive sexuality as a taboo topic in Türkiye.[14] Discussing sexuality remains a source of discomfort and avoidance for both patients and healthcare professionals. Sensitive care should be essential in promoting sexual health of women with gynaecological cancer.Nurses reported being unable to assess the sex lives of patients due to their excessive workloads and inadequate environmental conditions. That finding aligns with the results of studies conducted in other countries, which have highlighted similar barriers, including insufficient staff, limited time and the lack of private spaces to discuss sexual health.[21,22] Creating sexual health brochures or booklets may help nurses use their time more efficiently and support patients who are reluctant to discuss their concerns. Improving clinical environments by ensuring privacy, comfort and adequate staffing is also essential for enabling meaningful conversations about sexuality.

Another significant barrier for nurses in evaluating patients' sex lives is their perceived inadequacy in engaging in such evaluations. Research on the views of healthcare professionals has highlighted that a lack of education on sexual health and insufficient experience are key barriers to discussing sexual concerns with patients.[14,21] In one study, Eid et al. found that oncology nurses had varying levels of knowledge regarding sexual health and noted that gaps in knowledge and limited access to resources in certain areas had led many nurses to feel inadequate when addressing sexual health issues with patients.[20] To enable nurses to address the complex nature of sexual problems and boost their confidence in providing holistic care, it is crucial to organise in-service training and sexual counselling courses. Those programmes would enhance nurses' knowledge about how cancer diagnosis and treatment impact patients' sex lives. The use of structured models and guides (PLISSIT, ALARM, BETTER, etc.) can help to guide the evaluation of patients' sexual health for all oncology nurses.[24]In our study, nurses reported that some patients with gynaecological cancer were comfortable in expressing their sexual problems and asking for permission to engage in sexual activity, whereas others were unable to share those concerns due to embarrassment, cultural values, uncertainty about whom to consult and insufficient questioning by healthcare providers.[20,25] Research on the topic has shown that only a small percentage of patients feel comfortable with sharing their sexual problems with healthcare professionals. For instance, in a study by Delican and Gungormus, 87.4% of patients with gynaecological cancer reported not sharing their sexual problems with healthcare professionals.[10] However, 58.5% of women expressed a desire for information about their sexual problems, and 43.5% preferred to receive such information from a nurse.[26] In a qualitative study conducted with cancer patients in Denmark, it was additionally found that many patients were reluctant to discuss their sexual experiences with healthcare professionals, and the topic was often overlooked in clinical settings. Even among health professionals who were open to discussing sexuality, some reported feeling uncomfortable, which led them to avoid raising the issue.[27] Such findings highlight the belief that cancer patients generally expect healthcare professionals to initiate conversations about sexual health, and those who do want to share their sexual issues may be hesitant due to concerns about how healthcare providers will respond.

Conclusion

As an integral part of holistic, patient- centred care, nurses need to recognise that addressing sexuality can significantly enhance the overall care process. This research has focused on the barriers that nurses face when discussing sexuality with patients and incorporating discussions about sexuality into effective patient care. We hope that our findings will increase nurses' awareness of those challenges. Nurses working in oncology clinics or polyclinics should be mindful of the importance of evaluating the sexual health of patients with gynaecological cancer. By enhancing their knowledge and communication skills, nurses

can provide more effective, holistic care that includes sexual counselling as a key aspect of patient care.

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Conflict of interest

The authors declare no conflicts of interest.

Author contributions

GG and GK conceptualised and designed the study. GK and NO collected, analysed and interpreted the data. GK and GG reviewed and edited the document. All authors have read and approved the final manuscript.

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