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## A confidential taboo under the shadow of Turkish culture for gynecological cancer patients: Sexuality

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### Abstract

This study was written as a review to discuss gender as a social taboo in women with gynecological cancer. The articles about culture, sexuality and gynecological cancer were retrieved from electronic databases: Pubmed, Google Scholar, EBSCOHOST, Scopus and Reference Series Turkey. Because of most of the people are conservative, talking on sexuality becomes a taboo not only for patients, but also for nurse in Turkey. Gynecological cancer diagnosis has an important impact on sexuality which is one of the basic human needs and crucial for the quality of life. Vaginal dryness and orgasm problems are the most common sexual troubles for gynecological cancer patients. Due to shame and social norms; patients may avoid talking about their sexual problems with nurse. Nurse should be aware for sexual care needs of gynecological cancer patients and have to encourage them for talking about their sexual life.

Keywords: Gynecological cancers; sexuality; culture; sexual taboo.

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## 1. Introduction

Sexuality is defined by social rules, value judgments and taboo, is a private life with biological, psychological and social aspects (Henson, 2002). Sexual attitudes and behaviors are determined by close environment, culture and social structure, traditions, religious beliefs and moral attitudes (Bozdemir & Ozcan, 2011; Avcı & Beji, 2011). Culture determines how people should live themselves sexuality. As in many societies of the world in our country, sexuality is seen as a taboo relating to shame, deterioration of virginity, sexual intercourse before marriage prohibited and sin (Civil & Yildiz, 2010). Turkey is a country where sexuality is not spoken within the family. In this society, sexuality is seen as shameful and sinful and becomes increasingly conservative (Oskay et al., 2014). While the view that sexuality is a taboo in Turkey continues, sexuality and sexual life are considered to be a human right and legal regulations on sexuality are being made (Bozdemir & Ozcan, 2011). However, the internalization of negative messages about sexuality in Turkey limits their ability to establish a healthy sexual life (Kaya & Aslan, 2013). This study was written as a review to discuss gender as a social taboo in women with gynecological cancer.

## 2. Method

This study was conducted as a review. The articles about culture, sexuality and gynecological cancer were retrieved from electronic databases: Pubmed, Google Scholar, EBSCOHOST, Scopus and Reference Series Turkey.

## 3. Results

The diagnosis of gynecological cancer is traumatic for women. Disease and disease-related treatments are not only threatening life, but also it affects the sexual health of these patients. Because gynecological cancers and treatments affect four dimensions of sexual health such as body image, femininity role function, sexual functions and fertility. For many women, sexuality refers to complex feelings that include the external appearance, the feeling of femininity, the ability to deliver children, and the ability to sustain sexual functions (Reis, 2003). Due to see that life suddenly enters the risk, to cope with many problematic issues and to make life worthy, women with cancer are more emotional. In this process, the woman may escape from sexuality or feel unwanted (Akyolcu, 2008; Terzioglu & Alan, 2015). Woman may be worried that her partner will abandon her, lose her sexual attractiveness, or be left alone. Also woman's husband may be sexually distanced from his wife due to think cancer infectious. If the woman with gynecological cancer is single, women can live in worry about reproductive ability, work and social security will be lost (Yilmaz et al., 2010).

Gynecological cancer and accompanying treatments cause significant health problems affecting negatively women's sexual functions and health (Reis, 2003). Body image, self-esteem and sexual health are often negatively affected due to surgical changes occur in patients who undergo surgical intervention (Pinar, 2010). Women who are receiving radiotherapy usually complain of vaginal sensation and inability to orgasm capacity, vaginal dryness, decreased vaginal elasticity, sexual desire and dyspare union (Goldfarb et al, 2013). Sexual health is negatively affected due to nausea, vomiting, hormonal imbalances, insomnia, fatigue, intense fear and anxiety caused by chemotherapy (Pinar, 2010).

Sexuality is an important indicator for cancer patients' quality of life (Goker et al., 2011; Fouladi et al., 2013). However, patients couldn't help about sexual problems that are caused by cancer and its treatment, or healthcare professionals in oncology departments accept these problems as caused by cancer treatment, believe problems about sexuality are natural, and refuse to talk about the effect of treatment on sexuality with their patients (Blagbrough, 2010; Olsson et al., 2012). In addition, sexuality in our country is a matter that is ignored in cancer as well as in women in all stages of development. The perceived sexuality as a taboo prevents women from expressing their complaints and getting help (Bilgec et al., 2016). The most important reason for ignoring sexuality is the lack of routine sexual counseling in the oncology departments. Also another reason is the belief that the

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patient may become ashamed and the nurses' self-evaluation that they have insufficient skills and education to counsel in this subject. In a study with patients receiving cancer treatment; It was determined that 83.4% of the patients had sexual problems, 74.8% of them did not share the sexual problems they experienced, and 94% could not express their sexual problems in a comfortable manner (Pinar et al., 2010).

Sexuality is a subject that is avoided not only for the individual but also for the nurses who care for them. The fact that sexuality is perceived as a taboo is one of the most important obstacles to the communication between the nurse and the patient because of the feeling of discomfort and embarrassment in talking about the sexuality (Haboubiand & Lincoln 2002). Nurses were found to have a feeling of discomfort and insecurity in different studies in order to identify the obstacles in front of the nurses' evaluation of their patients and sexuality (Golbasi & Evcili, 2013). In a qualitative study to investigate the sexual problems of women with gynecological cancer in Turkey; it has been found that women's body images, sexual functions, wisdom and motherhood ability are negatively influenced. In addition, all participants reported that they wanted information from health professionals (preferably women) and that they could share their problems with nurse (Reis et al., 2010).

#### **4. Conclusion**

Sexuality continues to be a problem ignored by health professionals in Turkey. However, if the existing disease is life-threatening, the evaluation of the sexuality and sexual life of the patient should be considered as part of the holistic palliative care. Sexuality does not mean the right of only healthy, young and beautiful people. Even terminal patients may have the right and the need to have a sexual intercourse with their partner in the last moments of life. Nurses who play a key role in the healthcare team, have significant responsibilities in identifying the physical and psychological problems caused by cancer diagnosis and treatment and helping individuals with sexual problems. Because women with gynecological cancers are haunted and embarrassed to asked about sexuality, women may not feel comfortable. So close relationship with woman should be established, fear and misunderstandings must be removed, woman should be allowed to explain her feelings about privacy, clear and sensitive discussion environment should be provided for the woman about sexual feelings. In addition, nurses should consider the individual and cultural differences of the woman during sexuality counseling.

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