

# Sexuality and Cancer in an Indian Context – A Sacred Disruption

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## Abstract

This narrative review explores sexuality and intimacy after cancer among Indian women and integrates clinical literature with culturally grounded reflections. Drawing on oncology, sexual health research, and feminist perspectives, the paper examines how cancer treatment disrupts bodily identity, desire, and relational intimacy. It highlights the silences surrounding female sexuality in India and reframes post-cancer sensuality as a process of reclamation rather than loss. The review argues for trauma-informed, culturally sensitive approaches to sexual health conversations in oncology care.

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## INTRODUCTION

She does not lose her womanhood when she loses her breasts. She did not become less sensual when her womb was removed. Yet, in the silence that follows a cancer diagnosis, something sacred shifts within her body, within her mirror, and within her memories. In India, where womanhood is entwined with sacrifice and modesty, and where sensuality often blooms in private gardens behind closed doors, a woman touched by cancer finds herself relearning the language of her own desire. She must reclaim, reimagine, and sometimes reinvent her sensuality to remember herself. Beyond its physiological impact, cancer profoundly alters a woman's sense of identity, embodiment, and sexual self-concept. Mastectomy is not just a surgery; it is a severing of memory, symmetry, and sometimes self-worth. In a society that rarely speaks openly of breasts unless they are hidden behind pleats or whispered about in hushed curiosity, how does a woman mourn her lost curves and celebrate her body as a temple? How does she wear her scars not as shame but as sacred scriptures lines etched by pain but softened by survival? In Indian homes where words like 'nipple' or 'clitoris' are still taboo, how does she begin a conversation with herself about pleasure after pain?<sup>[1]</sup>

## DISCUSSION

This essay is not an autopsy of illness but an invocation of wholeness. It is a candle lit in a dark room of silence that surrounds the Indian woman's body, especially when touched by cancer. We do not speak enough of the loneliness of a woman undergoing chemotherapy or the quiet ache of watching her hair fall in strands like the shedding of stories. We do not honor the courage it takes to look at a scarred chest and still see beauty. We do not listen closely enough to what she has to teach us: that sensuality is not erased by illness, it is redefined by it.<sup>[2]</sup>

Let us not mistake healing for forgetting. Indian women are not new to resilience; they wear it like a second skin. However, when the skin is marked by radiation burns or when intimacy becomes a battlefield of fear and fatigue, harder questions must be asked. This piece is a small, trembling attempt to listen to what women have said and what they have never been allowed to say about their bodies, sex, shame, and quiet, dignified rediscovery of desire. Here, we do not speak of breasts merely as objects of male gaze or motherhood, but as metaphors of selfhood, often amputated, yet never abandoned.<sup>[3]</sup>

Sexuality after cancer, in an Indian context, becomes a pilgrimage rather than a loss. It becomes the rediscovery of a nipple's memory, a womb's echo, and a kiss on a chest where no breast remains, but where fire still flickers. It becomes the holy act of wearing a sari again, not for presentation but for presence, of touching one's own scar not with apology but with affection. However, this was not a clinical study. However, this was not a protest. This is a slow unfolding, sacred unclasp of what it means to be a woman, sensual, whole, and wounded all at once in a country that is only learning how to listen.<sup>[4]</sup>

However, theory alone cannot cradle a woman's body back into wholeness. To speak of sexuality after cancer in India is to speak not just in abstractions or social critique it is to kneel beside real lives, scars, and silences. Sometimes it is not enough to write about her; one must have sat with her. Touched her truth without flinching. Witnessed not only the rituals of treatment, but also the rituals of tenderness that follow. To understand what cancer does to a woman's sensuality, one must leave the clinic and

enter the quietest corners of her room, where the bra lies empty, where the mirror hesitates, and where memory and muscle still tremble in the dark. It is from this space of sacred witnesses that I now write.<sup>[5]</sup> I have not loved a woman's body merely as a symbol; I sat beside it in its shattering. I have held the silence of breasts removed, the rupture of wombs emptied, the raw pinkness of healing scars that pulse not with shame, but with music too ancient for pity. To be intimate with a woman who has walked through cancer is not just touching her body; it is to touch her survival, to listen to the symphony of a skin that remembers both chemotherapy and caresses. In India, where a woman's body is too often seen as a vessel for duty childbirth, obedience, and service it is even more revolutionary when she reclaims it for her own pleasure after the illness has tried to erase it. The Indian context does not allow women to talk to their breasts without invoking motherhood or modesty. However, what is the woman who must lose a breast to save her life? What of the woman who wakes in a hospital bed and looks down to see an absence where once there was shape, softness, and symmetry? She is not a lesser woman. She is a phoenix. Despite surgical loss, survivors often report a strengthened internal sense of resilience and selfhood. Cancer does not strip her femininity; it reveals its bedrock. In a land where mangalsutras are more sacred than mammograms, nipples are blurred in cinema but leered in the streets, she must create a new language to speak of her own desire. A private vocabulary. A secret script.<sup>[6]</sup>

And so, she touches herself not in shame but in reawakening. Masturbation, for many women post-cancer, is not the indulgence it is so often dismissed as ritual, rehabilitation, and resistance. Self-touch functioned both as a therapeutic practice and a means of emotional reconnection. She learns the new topography of her body, tracing scar tissues, such as rivers of resilience. She presses gently, where chemo left numbness and radiation-scalded sensation into silence. Over time, her touch became a form of communication. She asks: "Can you feel this?" Sometimes, her body answers with yes tender, delayed, but honest.<sup>[7]</sup>

Indian women are rarely taught that their genitals deserve their joy. The clitoris is not part of the

school syllabi or marital instruction. However, for a woman healing from cancer, especially gynecological cancers such as cervical, ovarian, or vulvar, masturbation becomes more than pleasure; it becomes physical therapy. Gentle stimulation increases blood flow to the vaginal tissues, prevents atrophy caused by hormonal disruption, and soothes dryness or tightness. When estrogen cannot be restored, sacred choreography of self-touch can occur. The pelvic floor responds not only to kegels but also to kindness. Her own kindness.<sup>[8]</sup>

However, the conversation must go further than the self. Cancer survivors, especially in India, report fear of being “undesirable” after treatment. A woman who once swayed in sarees hesitates to undrape herself even in front of her mirror. The ports where the chemo dripped still scarred their chest. The steroids had bloated her face. His pubic hair had not returned. However, when a partner approaches reverence instead of rush, for many survivors, intimacy shifts from goal-oriented sexual activity to relational presence and emotional safety. Her body softened to ensure safety. Foreplay, in the context of a woman recovering from cancer, is not fore-anything. It is the thing itself. Holding hands, kissing the shoulder that bore the IV needle, stroking the hip where the hospital gowns once clung it is holy. It says: “I see you, not as broken, but as re-born.” The Indian husband, conditioned to believe sex ends with ejaculation, must unlearn urgency. He had to learn how to kiss a mastectomy scar without flinching. How to press his lips onto the pelvic bone without expectation. How to circle her navel like a sacred yantra and feel the trembling energy of her survival pulse against his breath?<sup>[9]</sup>

Consider the story of R., a 38-year-old survivor of cervical cancer from Hyderabad. After a hysterectomy, the patient believed that her sexual life was over. Her family told her so. Her mother whispered that she had to focus on praying. She stopped touching her husband. However, one evening alone, she lit a diya in front of the mirror. She stood naked and traced her belly using oil. She touched herself, not to climax but to reconnect. Slowly, the sensation returned not just physically but emotionally. She cried not from grief but from grace. That night, she wrote in her journal: “My body is not a battlefield. It is a temple with battle scars.”<sup>[9]</sup>

For many Indian women, silence has been the scar that cancer leaves behind. Doctors often do not speak of sex during treatment. Husbands do not ask if they are hurt. Daughters were taught to avert their gaze. However, sexuality does not end with a diagnosis. It shifts, yes. It humbles. It challenges. But it endures. However, even for a single breast. Even in a surgically stitched vulva. Even in the faintest, nipples rise to music, memory, or wind. Therefore, in the quiet aftermath of surgeries and chemotherapies, in the stillness that follows the storm of survival, what remains is not just a changed body, but a body that yearns to be understood differently. It asks for tenderness, not pity. For presence, not performance. The conversation around post-cancer sexuality must shift from silence to softness and from shame to sovereignty. What begins as a tentative rediscovery of touch soon deepens into something more enduring: a new language of love, spoken not through perfection but through patience. Here, intimacy entirely becomes something else.<sup>[10]</sup>

Intimacy after cancer has become a type of listening. It is no longer the pursuit of pleasure alone but the act of attunement to breath, to pain, to permission. For many Indian women, asking for touch is radical. To say, “I want,” without shame, after years of conditioning that taught her to endure rather than express, is an act of reclamation. For her partner, true love lies not in rescuing her but in respecting her pace. This means reading her silences, not as rejection but as sacred pauses. This means understanding that arousal may begin not in the body but in trust rebuilt, in the safety of a gaze that lingers without demand.<sup>[11]</sup>

This journey was not linear. There are days when a mirror feels like an adversary. When a woman stares at her own reflection and sees only the absence of hair, of breasts, of the womb—that once made her feel essential. There are days when she recoils from her lover’s hand, unsure if he touches her from desire or duty. However, healing often arrives in fragments in the warmth of a shower when she dares to look down, in the way she folds a saree over her scar without flinching, and in the quiet pride of choosing a blouse not to hide but to honor what remains. These are not grand gestures but intimate victories.<sup>[12]</sup>

Let us not underestimate the power of language in this unfolding. Words matter. When a doctor tells

a woman that she will “never be the same,” let us also teach her the words that say, “but you will still be whole.” When a husband asks, “Will it hurt?” let him also ask, “What feels good now?” Let every whisper that once shames her body be replaced with mantras of reverence. In post-cancer intimacy, pleasure is not just physical; it is philosophical. It is political. It is poetry that arises from the ashes. It is a woman in India, placing sindoors in her hair not for tradition but because she chooses to return to herself.<sup>[13]</sup>

What are lesbian women? What of those whose partners are women, whose pleasures are written in curves and cupped in whispers? Their recovery was sacred. When one woman touches another after cancer, it is not imitation it is an invocation. Hands that know breasts as galaxies, not just glands, offer healing, and no textbook can describe them. The woman who kneels before another woman’s pelvic pain does so not with pity but with poetry. She knows. She listens. She kisses not to arouse but to affirm: “You are still here. You are still whole.” The Indian lexicon rarely accommodates this sensuality. However, it exists in temples, in Tantric texts, in quiet bedrooms where a woman lifts her kurta and lets her fingers roam her belly for the first time in months. This too is sacred. This too is shakti.<sup>[14]</sup>

And perhaps that is the essence of it all: sexuality after cancer is not about returning to what was. This is about discovering what is now. A woman’s sensuality is not defined by the presence of both breasts or the elasticity of the vaginal wall. This is defined by her relationship with the self. With her aliveness. With her audacity to feel, even when feeling hurt. When she lies back, eyes closed, hands on heart, and lets the memory of old moans rise again not for a man, not for a partner, but for herself that is healing.<sup>[15]</sup>

This is not only biology. This is resurrection. So, to the Indian woman who has walked the path of cancer, I say this: Your body is not betrayed. It is not ruined. It is not over. It is simply rewritten. In that rewriting, you may discover new stanzas of pleasure. May your nipples rise again not for the gaze of others but for your own mirror. May your thighs part again not in duty but in dance. And when you next touch your breast whether one or two you may feel not loss, but language. The language of survival. The language of you.

## CONCLUSION

Sexuality after cancer in the Indian context cannot be understood solely through biomedical outcomes. It is shaped by silence, gendered expectations, relational dynamics, and deeply ingrained cultural taboos. This review underscores the need to recognize post-cancer sexuality as an evolving, embodied process rather than a deficit. Integrating clinical care with compassionate dialogue, partner involvement, and culturally attuned counseling can restore not only sexual function but also dignity and selfhood. Addressing intimacy after cancer is therefore not ancillary to survivorship it is central to holistic healing.

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