



# Kamasutra to Stigma: India's Sexual Duality

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## INTRODUCTION

Decade-long work in psycho-oncology underpins this special issue, and I am honored to serve as Guest Editor for the Indian Journal of Health, Sexuality and Culture and shed some light on this theme.

Across the globe, sexual dysfunction affects up to 90% of female cancer survivors and 40% of males, stemming from various treatment modalities like chemotherapy, surgery, radiation, and hormone therapies that impair sexual intimacy, arousal, and libido during and exist beyond treatment.<sup>[1-3]</sup> For many survivors, these changes persist long after the visible signs of cancer care have ended. Yet, sexuality remains an ignored, neglected, or neglected topic from diagnosis through survivorship.

### Why Sexuality is Neglected in Oncology

Clinicians prioritize survival of the patient and alleviating physical pain, somehow, somehow sidelining profound impacts on mental health, identity, and relationships, including sexual health. While this focus is often necessary in acute care, it leaves little room for conversations that patients themselves may find difficult to initiate. Due to time constraints, provider discomfort, and cultural taboos, oncology consultations rarely or never of oncology consultations include sexual health, even though 92% of clinicians recognize the need.<sup>[2]</sup> Lack of patient awareness and training to address the situation is another factor contributing to non-addressal issues. As a result, many concerns remain unspoken. Patients suffer in silence, and unspoken dysfunction contributes to additional mental health problems such as anxiety, depression, body image discomfort, and interpersonal stress, particularly in gynecological cancers when isolation is exacerbated by reproductive concerns and altered self-perception.

### Mental Health and Broader Impacts

Sexual health is about identity, bodily needs, and overall well-being; it goes beyond physical health. Ignoring mental health and recovery is detrimental to treatment adherence, quality of life, and hopelessness since they are linked. Although limited in number, emerging Indian studies have begun taking baby steps and so far, support similar findings.<sup>[4-8]</sup> These findings reflect what clinicians

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often observe in practice. Relationships and body image may be impacted by overlooked conditions like erectile dysfunction or dyspareunia that emerge after patients stabilize following therapy.

Despite India's long-standing intellectual legacy on sexuality, reflected in texts such as the *Kamasutra*, public acceptance and awareness of sexual health, particularly among people living with chronic illnesses like cancer, remain limited. *This contrast between historical openness and present-day silence is striking.* The stigma surrounding "taboo" topics like *Sambandh* (intimate connection) is perpetuated by this cultural dissonance, which worsens outcomes for single survivors, contributes to non-communication within families, survivors and contributes to non-communication within families and partner abandonment rates of 15 to 20%.<sup>[9]</sup>

### **Training and Standardized Assessments: The Solution**

Healthcare professionals should receive hands-on training through workshops using the Ex-PLISSIT model or institution-developed frameworks to improve comfort and communication around sexual health among cancer patients. Routine use of approved/validated tools at diagnosis, during treatment, and in survivorship can facilitate early identification and timely intervention.<sup>[10]</sup>

### **Diversity, Equity, Accessibility, and Inclusion (DEAI)**

Cancer care must acknowledge diverse identities and locally prevalent malignancies, including gynecological cancer. An equity-oriented approach enables healthcare professionals to meet varied patient needs, while accessibility is enhanced through telehealth services and information in regional languages. Partners can be appropriately involved through ethically inclusive practices.<sup>[2]</sup> In the integrated care model, discussions about sexuality are initiated by normalizing common concerns, followed by brief explanations of treatment-related effects and practical guidance such as pelvic floor therapy, lubricants, and referral to sex therapy when indicated. Through multidisciplinary efforts,

intimacy is positioned as an important aspect of recovery and survivorship.

This issue addresses cancer and sexuality, highlighting current evidence while identifying existing gaps and needs in this area. Let us destigmatize sexuality for resilient recoveries.

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