

Experiences in Sexual Health Among Women After Hematopoietic Stem Cell Transplantation

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Purpose/Objectives: To explore the experiences in sexual health among women after hematopoietic stem cell transplantation (HSCT).

Research Approach: A qualitative phenomenologic approach was used to explore sexual health after HSCT.

Setting: The leukemia and bone marrow transplantation outpatient clinic at Massachusetts General Hospital in Boston.

Participants: This study included five women aged 18 years or older with a prior diagnosis of leukemia or lymphoma requiring HSCT who were at least three months post-HSCT and were sexually active prior to HSCT. Participants did not experience menopause pre-HSCT and did not show signs of relapsed disease or vaginal graft-versus-host disease.

Methodologic Approach: A semistructured interview was conducted and included one open-ended question regarding sexual health after participants' HSCT and several follow-up questions. The interviews were audio recorded without participant identifiers. Interviews were then transcribed and analyzed. Primary investigators and an expert reviewer analyzed data using content analysis to identify themes from the interviews.

Findings: Six themes emerged from the interviews: (a) relationship changes, (b) significant and concerning physical changes, (c) sense of loss and powerful emotional impact, (d) fatigue, (e) body image, and (f) educational needs.

Conclusions: Findings portray women's experiences in sexual health post-HSCT and demonstrate the emotional and physical consequences that arise from HSCT-related complications. A need exists for greater support and education for women regarding sexual health post-HSCT, as well as improved education among clinicians regarding sexual health complications experienced by this population. Women articulated their desire for same-sex providers to educate them on the sexual health side effects of HSCT.

Interpretation: Sexual health education is needed immediately prior to and following HSCT. Implications for practice include designating time for pre- and post-HSCT education, improving current sexual health education provided by HSCT clinicians, engaging same-sex providers to discuss sexual health with patients, and increasing nurses' expertise in this area.

Sexual dysfunction is one of the most common and persistent long-term complications following hematopoietic stem cell transplantation (HSCT) (Syrjala, Langer, Abrams, Storer, & Martin, 2005). Increased awareness is needed to improve quality of life (QOL) and to manage and alleviate long-term complications of sexual health in HSCT survivors (Heinonen et al., 2001). An estimated overall 44% decrease in QOL occurs after HSCT (Claessens, Beerendonk, & Schattenberg, 2006). Although significant quantitative data exist regarding sexual health among female recipients of HSCT, qualitative data regarding women's experiences are lacking.