

RESEARCH/ARAŞTIRMA

Perceptions of Fertility and Coping Strategies Among Cancer Patients: A Qualitative StudyDöndü YETKİN¹, Pınar SERÇEKÜŞ²¹ Karaman Training and Research Hospital, Nursing Department, Obstetric and Gynecological Nursing Karaman, Türkiye. **ORCID:** 0009-0005-1075-5137² Pamukkale University Faculty of Health Sciences, Nursing Department, Obstetric and Gynecological Nursing Denizli, Türkiye. **ORCID:** 0000-0002-9326-3453**ABSTRACT**

Objective: Patients undergoing cancer treatment are concerned about its negative fertility effects, frequently feeling unsupported by healthcare staff. Understanding patients' feelings and perspectives toward fertility is considered important for planning their care. Therefore, this study aimed to explore the feelings and perspectives of cancer patients regarding fertility.

Material and Methods: The study included thirteen participants who had been diagnosed with cancer at least one year prior, were not in the terminal stage, were over 18 years of age, and had at least a primary school education. The study utilized a descriptive qualitative approach. The researcher employed a face-to-face interview strategy to collect data, using a semi-structured interview form. Data were analyzed through content analysis.

Results: Four main themes emerged from the data: Emotions experienced, prioritizing recovery, desire to have a child, and coping. The majority of patients stated that having children is their top desire, although they still want to recover. The patients' feelings of anxiety, fear, grief, and humiliation around their impacted fertility and the likelihood that they would not be able to conceive were found to be present. Patients coped with their condition through support from family members, relatives, and healthcare professionals; the use of personal coping strategies; positive thinking; reliance on religion; and fertility-preserving treatments.

Conclusion: Patients expressed concern regarding the effects of cancer treatments on fertility. It is crucial to provide patients diagnosed with cancer with information about the potential impact of the disease and its treatments on fertility, as well as available fertility-preserving options.

Keywords: Cancer, fertility, fertility preservation, qualitative research.

Kanser Hastalarının Fertiliteye Yönelik Algıları ve Baş Etme Stratejileri: Kalitatif Araştırma**ÖZET**

Amaç: Kanser ve beraberinde uygulanan tedaviler bireylerin fertilitasını etkileyebilmektedir. Bu nedenle hastalar doğurganlıklarının etkilenmesine yönelik endişeler yaşamakta, buna karşılık sağlık profesyonellerinden yeterince destek görememektedir. Kanser hastalarının fertiliteye yönelik duygu ve düşüncelerinin farkında olunmasının hastaların bakımını planlamada önem taşıdığı düşünülmektedir. Bu araştırmanın amacı kanser hastalarının fertiliteye yönelik algılarının ve baş etmelerinin incelenmesidir.

Gereç ve Yöntem: Araştırma, tanımlayıcı kalitatif bir çalışmadır. Araştırmaya en az bir yıl önce kanser tanısı almış, terminal dönemde olmayan, en az ilköğretim mezunu, 18 yaş üstü 13 katılımcı alınmıştır. Araştırmada veriler yarı-yapılandırılmış görüşme formu kullanılarak araştırmacı tarafından yüz yüze derinlemesine görüşme tekniği ile toplanmıştır. Araştırmada içerik analizi kullanılmıştır.

Bulgular: Veriler dört ana tema altında toplanmıştır: Yaşanan duygular, önceliğin iyileşme olması, çocuk sahibi olma isteği ve baş etme. Hastaların çoğu önceliklerinin iyileşme olduğunu belirtse de çocuk sahibi olmayı istemektedir. Hastaların doğurganlıklarının olumsuz etkilenmesine bağlı endişe, korku, üzüntü ve utanma gibi duygular yaşadıkları saptanmıştır. Hastalar, aile üyeleri, yakınları ve sağlık personelinin desteği; kendi baş etme davranışları; pozitif düşünce; dine yönelme; ve fertilitate koruyucu tedaviler aracılığıyla durumlarıyla başa çıkmışlardır.

Sonuç: Hastalar kanser tedavilerinin fertilitate üzerindeki etkilerine yönelik endişeler yaşamıştır. Kanser tanısı alan hastalara, kanser ve beraberinde uygulanan tedavilerin fertilitate etkileri ve fertilitate koruyucu tedavilere yönelik bilgi verilmesi gereklidir.

Anahtar Kelimeler: Doğurganlık, fertilitenin korunması, kanser, nitel araştırma.

1. Introduction

Cancer is a growing health problem (1). One of the factors related to health status that affects fertility is cancer and factors related to the treatment process applied to cancer (2). Methods such as conservative surgery, chemotherapy, radiotherapy, and allogeneic bone marrow transplantation applied for cancer treatment negatively affect women's fertility (3). Therefore,

cancer is one of the most important reasons encountered in patients applying for fertility preservation (4).

Previous studies have demonstrated that cancer patients wish to have children and express concerns regarding potential adverse effects on their fertility (5–11). Armuand et al. (12) reported that post-treatment infertility is perceived as a significant issue among patients, with infertility often associated with feelings of

Geliş Tarihi/Received: 10.06.2025, Kabul Tarihi/Accepted: 11.12.2025

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The article has not been presented at any scientific event.

sadness and distress. Gorman et al. (11) stated that concerns about fertility in cancer patients are associated with depressive symptoms and low quality of life. In two studies, it was found that women have more concerns about fertility than men (12,13). Ussher and Perz (13) stated that childless patients are more anxious than patients who have children. Social support is important for cancer patients (14,15). Studies have shown that support from family, friends, close circle and partner positively affects cancer patients' coping (15,16,17). Ghaemi et al. (14) emphasized that the social support patients receive from their family and health professionals is important in increasing their quality of life; therefore, in order to help patients in the best way, the support received from family and health professionals should be developed and strengthened. On the other hand, some studies conducted on cancer patients have shown that although cancer patients seek information about fertility, they do not receive enough information about their fertility status, fertility preservation options, etc. (11,18,19). A study conducted in Turkish culture showed that the frequency with which nurses gave information to patients about fertility preservation was very low (20). Nevertheless, healthcare professionals play a crucial role in providing information and counselling regarding the impact of cancer on fertility (3). Understanding the feelings and perspectives of cancer patients concerning fertility is considered essential for effective care planning. Despite this, no research addressing this issue has yet been conducted in our country.

This study aims to determine the perceptions and coping methods of cancer patients regarding fertility.

2. Material and Method

2.1. Research Type and Sample of the Research

This study was a descriptive qualitative type of research. Qualitative research is concerned with how people interpret their lives, how they construct their worlds, and how they give meaning to their experiences. In other words, qualitative research aims to understand how people understand their lives and experiences (21).

The study utilized purposive sampling (21). The sample consisted of 13 patients who attended the Oncology Outpatient Clinic of a university hospital in western Turkey between September 2018 and June 2019. Participants were over 18 years of age, had at least a primary school education, had been diagnosed with cancer at least one year prior, were not in the terminal stage, and volunteered to take part in the study. The sample size was determined in accordance with qualitative research principles, by continuing interviews until data saturation was reached, that is, until no new information emerged (22). The participants were 13 in total, 6 male and 7 female.

2.2. Data Collection Forms

Two forms were used to collect data in the study:

2.2.1. Personal Information Form

The personal information form collected data on patients' age, education level, gender, marital status, employment status, economic status, as well as socio-demographic and disease-related characteristics such as diagnosis, stage, and treatment method.

2.2.2. Guide Interview Form for Patients Diagnosed with Cancer

It is a semi-structured form prepared in line with the literature (8,11) for patients diagnosed with cancer. The form was presented to three experts for their opinions. Two of the experts are faculty members in the field of Obstetrics and Gynecology Nursing, and the other is a faculty member in the field of Psychiatric Nursing. The form was developed based on expert opinions and consisted of three main questions: (1) How has cancer affected your fertility? (2) How do you feel about the effects of cancer on your fertility? (3) How do you cope with the effects of cancer on your fertility? In addition to these questions, the researcher asked the participants additional open-ended questions on the subject when necessary to ensure that the interview continued.

2.3. Pilot Study

A pilot study was conducted with four patients before data collection. The pilot interviews were reviewed by a faculty member from the Department of Psychiatry, who provided feedback on the interview techniques and questions. Following this evaluation, no modifications were considered necessary for the interview form.

2.4. Research Data Collection

Data were collected using the individual in-depth interview technique, which is one of the qualitative research methods. Individual in-depth interviews are an effective method for obtaining information about individuals' experiences, opinions, attitudes, feelings and beliefs (23). The interviews were conducted by the same researcher (DY), who had completed a course in qualitative research, in a quiet setting at the outpatient clinic. The interviews lasted a minimum of 15 and a maximum of 45 minutes. Each participant was interviewed once by the researcher. The interviews were recorded on a voice recorder. The data on the voice recorder was stored securely by the researchers.

2.5. Analysis of Research Data

Content analysis, following the approach outlined by Graneheim and Lundman, was employed to analyze the data (24). The transcription of the data was done by the researcher. The transcription of the data was processed and interpreted by two researchers independently of each other in line with the content analysis stages, consisting of coding the data, finding the themes, organizing and defining the data according to the themes and codes, and interpreting the findings, and turned into a report (23, 24).

2.6. Study Rigor

2.6.1. Credibility (Internal Validity): To ensure credibility, participants were encouraged to speak freely at the beginning of each interview. Interviews began only when participants appeared comfortable and willing to share their experiences. Member checking was performed by sharing preliminary themes with several participants to confirm the accuracy and resonance of interpretations. Additionally, participants' perspectives were supported with direct quotations to strengthen credibility.

2.6.2. Dependability (Consistency): For dependability, all

interviews were conducted by the same researcher (DY) to maintain consistency. Two researchers independently coded and analyzed the data, and discrepancies were resolved by consensus. An audit trail documenting all analytic decisions, codebook versions, and reflections was maintained to ensure the study's reliability over time.

2.6.3. Confirmability (Neutrality): All analytic steps and decision points were recorded to make the process transparent and auditable.

2.6.4. Transferability (External Validity): Purposive sampling was used to include participants with diverse backgrounds and experiences relevant to the study's aims. Thick descriptions of the study setting, context, and participant characteristics were provided to allow readers to judge the applicability of findings to other contexts.

2.6.5. Researcher Expertise and Oversight: The supervising researcher (PS) had substantial expertise and experience in qualitative research, and all members of the research team had completed formal training in qualitative methodology. This expertise contributed to the methodological rigor of the study at every stage.

2.7. Ethical Aspects of the Research

This research was conducted in accordance with the principles of the Declaration of Helsinki. Permission for the study was obtained from the Non-Interventional Clinical Research Ethics Committee of Pamukkale University (ethics committee approval date and number: 17/01/2018 – 601 16787- 020/ 4299). In order for the study to be conducted in the Oncology Outpatient Clinic of the relevant university hospital, institutional permission was obtained from the Health Research and Application Center Directorate of the university hospital.

Before the interviews, the participants were informed verbally and in writing about the study. It was explained that the interviews would be recorded on a voice recorder, that participation in the study was voluntary, that they could end the interview and withdraw from the study at any time, and that their names would be kept confidential. Verbal and written consents were obtained from all participants.

3. Results

3.1. Characteristics of Participants

The number of patients participating in the study is 13, 6 of whom are male and 7 are female. The patients are between the ages of 18-38, and the average age is 29.4. The majority of the patients (9 people) are single, and 4 are married. None of the patients are working. When their educational status is examined, there are 8 high school, 3 university and 2 primary school graduates. All patients participating in the study stated their income status as income-expenditure equal (medium). Social security coverage was present for all patients.

When the characteristics of the patients related to their diseases are examined, it is seen that all patients (13 people) received chemotherapy treatment, almost half (7 people) received surgical treatment in addition to chemotherapy, 3 patients received radiotherapy in addition to chemotherapy, and 1 patient received chemotherapy, radiotherapy and surgical treatment together. 4 of the patients were diagnosed with Breast CA (cancer), 3 with Leukemia, and 2 with Bone CA. The others are patients

diagnosed with Brain CA, Lung CA, Testis CA, and Uterus CA. Four of the patients stated that their disease was in Stage I, three in Stage II, and six patients stated that they did not know the stage of their disease. Three of the four patients who had FPT (Fertility Preserving Treatment) had sperm preservation, and one had oocyte preservation. The majority of the patients (9 people) stated that they received sufficient information from healthcare personnel about the effects of cancer treatments on fertility and fertility-preserving treatments, while the others (4 people) stated that their knowledge was insufficient.

3.2. Themes

The data of the study were collected under four main themes: Emotions experienced, prioritizing recovery, desire to have a child, and coping (Table 1).

Table 1. Themes and categories identified in the study

Main Themes	Categories	Key Findings
Emotions experienced	- Anxiety and fear of infertility - Sadness and emotional distress - Shame and self-consciousness	Participants experienced intense emotions such as anxiety, sadness, and fear due to the possible loss of fertility. Some female participants also expressed feelings of shame linked to femininity and motherhood.
Prioritizing recovery	- Health over fertility - Acceptance of illness	Most participants reported that recovery from cancer was their primary goal, and fertility was seen as a secondary concern. Some expressed acceptance of infertility as a consequence of treatment.
Desire to have a child	- Parenthood as a life goal - Symbolic meaning of having a child	Despite prioritizing survival, participants expressed a strong desire for future parenthood and described having children as a meaningful life achievement.
Coping	- Social support from family, friends, and healthcare staff - Religious and spiritual coping - Positive thinking and gratitude - Fertility preservation as reassurance	Participants coped by seeking emotional and informational support, engaging in positive thinking, relying on faith, and, for some, undergoing fertility preservation procedures that reduced anxiety and facilitated coping.

3.2.1. Emotions Experienced

Participants reported experiencing anxiety, fear, sadness, and shame concerning the potential impact of their treatment on fertility.

"I have this in the back of my mind... Whether I can have children..." (Participant 2, 26 years old, male, single, no children, no sperm preservation)

"At first I was scared when I found out... What if I have a problem like infertility... After that I slowly got used to it. Everyone is scared." (Participant 10, 18 years old, male, single, no children, sperm preservation)

"I would be sad if I didn't freeze my eggs. Because my betrothed wants children... Then I would be sad. The fact that he wants to have children and I can't because of my health. I would be affected." (Participant 5, 37 years old, female, single, no children, oocyte preservation)

"I felt very, very bad. I mean... I think this is the worst thing that can happen to a woman..." (Participant 6, 38 years old, female, single, has 1 child, no oocyte preservation)

"I mean, I've gained a lot of weight lately, everyone attributes it to pregnancy. They asked me if I was pregnant? I was really affected, I was very upset (crying)." (Participant 7, 31 years old, female, married, has 2 children, no oocyte preservation)

3.2.2. Prioritizing Recovery

The majority of participants (n = 8) indicated that their primary concern was recovery, with fertility considered a secondary priority.

"Even if you don't have fertility, I mean you can go and adopt a child, I don't know, you can try different methods, but the first thing that matters is getting rid of the disease..." (Participant 1, 25 years old, male, single, no children, sperm preservation)

"Getting better should be primary, fertility should be secondary. Because how much benefit can you be to your children in this situation? For example, my father was sick when I was young. Seeing him like that definitely ruins your psychology (cries). Therefore, fertility is secondary (cries)." (Participant 10, 18 years old, male, single, no children, sperm preservation)

3.2.3. Desire to Have a Child

Some participants noted that having a child is a unique and rewarding experience and expressed a desire to have children in the future.

"Everyone wants to have a child, to have a voice in their home... Of course, I really want to be a father. I have a dream. For example, my father's name is Mustafa. When I have a son, I want to give him this name. I had my sperm frozen for this..." (Participant 9, 26 years old, male, single, no children, sperm preservation)

"Everyone wants to start a family, to have a child. In other words, they want it to be someone from their own flesh and blood. In other words, everyone wants to be happy." (Participant 10, 18 years old, male, single, no children, sperm preservation)

3.2.4. Coping

Participants stated that they coped with the disease by engaging in activities like travelling, walking, shopping, and spending time with friends and family.

"I also like to go outside and get some air, clear my head, talk to people who are good for me, and buy things. Then I think of people who have no children by saying I have two children and I am grateful." (Participant 7, 31 years old, female, married, has 2 children, no oocyte preservation)

Some participants reported receiving support from both their social circles and healthcare professionals, noting that this support facilitated coping with the impact of their disease on fertility.

"I was leaving the hospital and going out with my friends. No matter how bad I was, they were good for me.... Maybe they are the best medicine for this disease..." (Participant 10, 18 years old, male, single, no children, sperm preservation)

The majority of participants (n = 9) reported that they had been informed by healthcare professionals about the effects of their treatment on fertility and about fertility preservation interventions. Conversely, four participants stated that they

lacked sufficient knowledge and wished to obtain information from the staff and be guided to experts. Almost half of the patients noted that relying on religion helped them cope, viewing the disease and treatment as acts of God, seeing cancer as a test, and considering their experiences as part of their fate.

"I think everything is a test in this life... I accept it and say this is from God. God who gives the trouble also gives the cure and the solution. When you look at it positively from this perspective, surrender..." (Participant 5, 37 years old, female, single, no children, oocyte preservation)

Some participants stated that thinking positively helps them recover more quickly and cope with the disease more easily.

"I try to look at life positively and energetically... The more I am like this, the quicker I will recover..." (Participant 4, 31 years old, male, single, no children, no sperm preservation)

Having a child prior to the diagnosis was associated with reduced anxiety and sadness concerning the impact of cancer and its treatments on fertility. Some participants reported undergoing FPT in response to the risk of infertility and indicated that having FPT facilitated coping with the disease process.

"For example, if I get married in the future, my risk of having children is very low. Because of this illness, my sperm count has dropped a lot, so they said. That's why I had sperm freezing done once. To be sure, so that it wouldn't be affected by my illness, I had sperm freezing done once more. In other words, I had it done twice. In that sense, there is no question mark in my mind now. Whether I will have children or not." (Participant 9, 26 years old, male, single, no children, sperm preservation)

4. Discussion

In this study, it was determined that cancer patients experienced anxiety and sadness regarding the potential impact of their disease and treatment on fertility, as well as fear of infertility and the inability to have children. Findings from two qualitative studies similarly revealed that cancer patients experienced anxiety about having or not having children and about the effects of treatment on fertility (10, 25). Gorman et al. (11) reported that fertility-related concerns were significant for many cancer patients and were associated with distress, depressive symptoms, and lower quality of life. In a qualitative study involving young cancer patients and their parents, Ellis et al. (26) found that patients expressed concerns about fertility. Another study indicated that patients experienced fertility-related concerns after cancer, with women reporting higher levels of stress than men (8). Ruggeri et al. (6) noted that 64% of breast cancer patients reported concerns about fertility, while Ruddy et al. (27) found that younger patients, those without children, and those receiving chemotherapy experienced greater fertility-related concerns. These findings, together with the results of the present study, highlight that fertility-related anxiety is a pervasive emotional issue among cancer patients and may be influenced not only by biological factors but also by gender roles and sociocultural expectations surrounding parenthood.

In this study, it was found that although patients expressed concerns about fertility, their primary priority was to regain their health. Consistent with other studies, cancer patients generally prioritize their health, with fertility considered secondary (25, 28, 29, 30). Nevertheless, it is well established that the majority of cancer patients desire to have children in the future (6, 7). In the

present study, participants also reported considering future parenthood and expressed a desire for more information regarding the effects of treatment on fertility. Previous research has shown that while cancer patients seek information about fertility, they often do not receive sufficient guidance regarding their fertility status or fertility preservation options (11, 18, 19). Therefore, it is crucial for healthcare professionals to inform patients about the potential impact of treatments on fertility and to provide information on fertility preservation measures before initiating cancer treatment. However, in this study, it was observed that some patients did not receive adequate information from healthcare professionals and wished to obtain guidance from their treating physicians and to be referred to specialists. This suggests that although patients initially focus on survival, fertility remains an important underlying concern, indicating a need for systematic and proactive fertility counselling within oncology care.

In this study, it was determined that the most important sources of social support for cancer patients were their friends, family or partners, and that they also received support from health professionals, which made it easier for them to cope with the effects of their illness on fertility. Breuer et al. (31) concluded in their qualitative study that cancer patients received social support from at least two people (family, friends and/or partners). It was found that this type of support mostly included moral support and less informational support. Similarly, Rebecca et al. (17) found in their qualitative study that cancer patients received social support from their family, friends and close circle. Crawshaw et al. (25) showed in their qualitative study that young patients cope more easily with the effects of the illness on fertility as parental support increases. These findings underscore that social and emotional support not only mitigates psychological distress but also enhances patients' ability to process fertility-related information and make informed decisions. Thus, interventions that strengthen family communication and involve partners in fertility-related counselling may further enhance patients' coping capacity.

Studies in the literature have shown that religious beliefs and religious activities are important for cancer patients to cope with during their illness (15, 16). Similarly, in this study, it was determined that some patients believed that cancer was a fate and came from God, and that they saw the disease and their experiences related to the disease as a test. In this study, it was also found that some cancer patients developed a positive perspective on the disease, and that they believed that they could recover more quickly in this way. In the study conducted by Nazam et al (32), it was observed that some patients had positive attitudes, such as hope and belief in recovery, which made it easier to cope with the disease. In another qualitative study, it was found that some patients developed a positive perspective on the disease, and that believing in oneself and the desire to fight against cancer were important in coping with the disease (33). These results demonstrate that spirituality and positive thinking play a significant adaptive role, helping patients reinterpret illness as a meaningful experience and thereby reinforcing emotional resilience.

Corney and Swinglehurst (10) reported that women experienced significant anxiety regarding fertility in their qualitative study of childless breast cancer patients. Similarly, Ussher and Perz (13) found that individuals without children were more anxious about post-cancer infertility, which contributed to a lower quality of life.

In the present study, it was observed that patients who already had children exhibited less anxiety concerning the effects of treatment on fertility. Therefore, healthcare professionals must provide information on fertility preservation to patients who do not have children. This finding indicates that parental status acts as a protective factor against fertility-related distress, highlighting the importance of targeted counselling and emotional support for childless individuals facing cancer treatment.

This study found that fertility preservation treatments make coping easier. Assi et al. (34) reported that fertility preservation treatment is a valuable process for cancer patients. They found that patients experienced a sense of reassurance during oncological treatment as a result of undergoing fertility preservation, which in turn positively contributed to their quality of life. Hoeg et al. (35) stated in their qualitative study that fertility preservation treatment in women eliminates anxiety about fertility and allows patients to concentrate on cancer treatments and recovery. These studies show that encouraging patients who have concerns about fertility to use fertility preservation treatments is important in significantly reducing anxiety. Taken together, these findings indicate that fertility preservation not only provides biological security but also psychological relief, reinforcing its role as an integral component of holistic cancer care.

4.1. Limitations of the Study

This study has several limitations. First, some participants reported not receiving sufficient information from healthcare professionals regarding the effects of cancer treatment on fertility. This lack of information may have limited their ability to fully express their feelings and thoughts during the interviews. Second, as with all qualitative studies, the findings are based on the subjective experiences of a small group of participants and therefore cannot be generalized to all cancer patients. Third, the study sample was drawn from a single hospital in western Turkey, which may limit the transferability of the findings to other settings or cultural contexts. Fourth, data were collected through self-report interviews, and participants' responses may have been influenced by recall bias or social desirability. Finally, peer debriefing could not be conducted due to time and resource constraints, which may have reduced opportunities for external validation of the analytic process.

5. Conclusion and Recommendations

This study revealed that although cancer patients primarily focus on recovery, many also wish to have children in the future and experience anxiety, sadness, fear, and shame related to the possibility of infertility. The findings emphasize that fertility concerns are not only biological but also deeply psychological and social, shaped by cultural and emotional contexts. Support from family members, friends, and healthcare professionals, as well as positive thinking, faith, and fertility preservation treatments, play important roles in helping patients cope with these challenges.

Based on these findings, it is recommended that healthcare professionals—particularly oncology nurses—routinely assess fertility-related concerns and provide early, individualized counselling to patients before initiating cancer treatment. Comprehensive fertility counselling should include clear information on fertility preservation options and emotional

support tailored to the patient's needs. Training programs should be developed to strengthen nurses' communication and counselling skills regarding fertility.

Furthermore, psychosocial support interventions that incorporate cultural and religious values should be integrated into cancer care to enhance patients' coping capacity. Future studies are recommended to explore the long-term psychological and social effects of fertility concerns, to compare different cancer types and treatment modalities, and to evaluate the effectiveness of educational and counselling interventions in reducing fertility-related distress.

6. Contribution to the Field

This study contributes to the limited literature on fertility and cancer by revealing how patients perceive and cope with fertility-related concerns. It emphasizes that fertility is not only a medical issue but also a psychological and social one influenced by cultural and emotional factors. The findings highlight the importance of providing early and comprehensive fertility counselling to cancer patients and can guide healthcare professionals—especially oncology nurses—in integrating fertility-related discussions into holistic cancer care. The study also offers a framework for developing culturally sensitive support programs and paves the way for future research in this underexplored area.

Acknowledgements

None.

Conflict of Interest

There is no conflict of interest with any person and/or institution.

Authorship Contribution

Concept: PS, DY; Design: PS, DY; Supervision: PS; Funding: None; Materials: None; Data Collection/Processing: DY; Analysis/Interpretation: PS, DY; Literature Review: PS, DY; Manuscript Writing: DY; Critical Review: PS

Funding

No budget support was received for the research.

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