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EXPLORING BODY IMAGE AND SEXUAL FUNCTIONING AMONG PROSTATE CANCER SURVIVORS: A QUALITATIVE STUDY IN A PRIVATE TEACHING HOSPITAL, OYO STATE, NIGERIA

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ABSTRACT

Background: Prostate cancer treatment affects body image, masculinity, and sexual functioning. Although these experiences are well documented in Western settings, evidence from African populations remains limited.

Aim: To explore perceptions of body image and sexual functioning among prostate cancer survivors at a private teaching hospital in Oyo State, Nigeria.

Methods: This qualitative phenomenological study, guided by a constructivist paradigm, involved 13 prostate cancer survivors recruited through purposive sampling. Data were collected using semi-structured, in-depth interviews until experiential richness was achieved and analysed using Colaizzi's phenomenological method.

Results: Five themes emerged regarding body image: bodily awareness (physical decline, bodily aging), emotional adaptation (psychological shock, adaptive coping), self-reconstruction (resilient confidence, self-care prioritizing), social and family support, and body as a symbol of survival. Five themes also emerged for sexual functioning: sexual dysfunction (declining sexual function, fatigue during intimacy), emotional sexual adjustment (masculine identity transformation, emotional distress), emotional intimacy development (non-physical intimacy), partner support, and health-focused acceptance (self-care and well-being). Survivors described an initial period of physical and emotional distress, followed by adaptation through faith, family support, resilience, and the redefinition of masculinity and intimacy.

Conclusion: Prostate cancer survivorship involves significant physical, emotional, and relational adjustment. These findings highlight the need for culturally sensitive, holistic oncology nursing interventions that address body image, sexual functioning, and psychosocial well-being during survivorship.

Keywords: Body image; Nigeria; Phenomenology; Prostate cancer; Sexual functioning; Survivorship.

INTRODUCTION

Prostate cancer is one of the most prevalent malignancies among men globally and a major contributor to cancer-related morbidity and mortality.[1] Although advances in early detection and treatment have improved survival, many survivors experience persistent physical and psychosocial challenges. Among the most distressing are changes in body image and sexual functioning, which adversely affect self-esteem, intimate relationships, quality of life, emotional well-being, and social identity.[2-5]

Evidence, largely from Western countries, shows that radical prostatectomy, radiotherapy, and hormonal therapy can profoundly alter men's perceptions of masculinity, sexual capability, and bodily integrity. Survivors frequently report emasculation, loss of control, diminished confidence, and disrupted intimacy, while partner support facilitates psychological adjustment.[2-6] However, evidence from African settings remains limited, restricting understanding of how cultural beliefs and gender norms influence survivorship experiences.[7-9]

In many African societies, including Nigeria, masculinity is closely associated with physical strength, sexual performance, and the ability to provide for one's family.[10] Consequently, prostate cancer and its treatment may impose substantial psychological and social burdens.[8] Sexual dysfunction may threaten masculine identity, social status, and marital relationships,[11] while cultural taboos surrounding sexuality and emotional vulnerability discourage open communication and limit psychosocial support.[12] These sociocultural factors shape how survivors interpret bodily changes, negotiate intimacy, and reconstruct their identities following treatment.[13]

Despite increasing interest in prostate cancer survivorship, qualitative evidence from sub-Saharan Africa remains scarce. Nigerian studies have focused primarily on epidemiology, awareness, and screening rather than post-treatment survivorship.[14,15] Likewise, systematic reviews indicate that African prostate cancer research has largely emphasized clinical and screening issues, with limited attention to psychosocial survivorship.[16-18] This evidence gap limits the development of culturally appropriate, patient-centred oncology nursing interventions that address the psychosocial dimensions of recovery.[19]

Guided by a constructivist paradigm,[20] this study adopted a phenomenological approach to explore how prostate cancer survivors understood and interpreted changes in body image and sexual functioning following treatment. Phenomenology is particularly suited to exploring the meanings individuals attach to lived experiences.[21] The study examined the subjective reconstruction of identity, self-worth, and intimacy within a sociocultural context that places high value on masculinity and social roles.[2,23] Therefore, this study explored perceptions of body image and experiences of sexual functioning among prostate cancer survivors in a private teaching hospital in Oyo State, Nigeria.

MATERIALS AND METHODS

Research Paradigm, Methodology and Design

This study was situated within a constructivist paradigm and employed a phenomenological methodology to explore the lived experiences of prostate cancer survivors regarding body image and sexual functioning following treatment. The constructivist paradigm assumes that reality is socially constructed and that individuals develop meanings through their experiences and interactions. Phenomenology was appropriate because the study sought to understand how survivors interpreted changes in their bodies, sexuality, and sense of self within their sociocultural context. Data were generated through in-depth interviews.

Study Setting

The study was conducted at Bowen University Teaching Hospital (BUTH), Ogbomoso, a private faith-based teaching hospital in Oyo State, southwestern Nigeria. The hospital is affiliated with Bowen University and provides medical, surgical, and oncology services to patients from Oyo State and neighbouring regions. BUTH was selected because of its established oncology services and access to prostate cancer survivors with diverse sociodemographic and treatment experiences.

Participants and Sampling Strategy

The target population comprised men diagnosed with and treated for prostate cancer at the study setting. Purposive sampling was used to recruit participants who could provide rich accounts of their experiences of body image and sexual functioning after treatment. Eligible participants were adult males who had completed prostate cancer treatment at least three months before the interview, were clinically stable, and were willing to provide informed consent. Men who were critically ill, cognitively impaired, diagnosed with severe psychiatric conditions, or unwilling to participate were excluded.

Data collection and analysis occurred concurrently and continued until no substantially new insights emerged. Thirteen participants aged 68–74 years were interviewed, a sample size considered adequate for obtaining rich descriptions of lived experiences in phenomenological research.

Instrument and Pilot Testing

Data were collected using a researcher-developed semi-structured interview guide informed by existing literature and expert consultation. The guide explored: socio-demographic characteristics, experiences and perceptions of body image, and experiences of sexual functioning and intimacy after treatment. Open-ended questions encouraged participants to describe their experiences in their own words, while probes elicited deeper reflections and clarification.

The guide was piloted among two prostate cancer survivors receiving care at another tertiary health facility. The pilot assessed the clarity, relevance, cultural appropriateness, and sequencing of the questions, and informed minor revisions to improve comprehensibility and sensitivity.

Data Collection Procedure

Ethical approval was obtained from the Bowen University Teaching Hospital Research Ethics Committee, Ogbomoso, Nigeria (Approval No. BUTH/REC-2658). Participants were recruited through the oncology outpatient unit, where eligible men were approached individually. The study purpose, voluntary nature, and confidentiality procedures were explained before written informed consent was obtained.

Face-to-face, in-depth interviews were conducted in a private room within the hospital by the first and second authors, who were trained in qualitative interviewing. Interviews lasted approximately 30–45 minutes and were audio-recorded with participants' permission. Field notes captured non-verbal cues and contextual factors. Interviews were conducted in English or Yoruba, depending on participants' preference, and took place over six weeks until thematic saturation was achieved.

Data Analysis

Audio recordings were transcribed verbatim and anonymized. Data were analysed using Colaizzi's phenomenological method, which involved: reading and re-reading transcripts; extracting significant statements related to body image and sexual functioning; formulating meanings; organizing meanings into theme clusters; developing an exhaustive description; identifying the fundamental structure of participants' experiences; and validating findings with participants to ensure that interpretations reflected their experiences. The analysis was iterative and reflexive, allowing continuous engagement with the data and emerging meanings.[24]

Trustworthiness

Rigor was established using Lincoln and Guba's criteria of credibility, transferability, dependability, and confirmability (25). Credibility was enhanced through prolonged engagement, triangulation of interview narratives with field notes, and member checking. In line with Colaizzi's approach, participants reviewed summaries of the findings to confirm that interpretations

reflected their lived experiences. Transferability was supported through rich descriptions of the setting, participant characteristics, and research context. Dependability was ensured through detailed documentation of data collection, analytic decisions, and an audit trail. Confirmability was strengthened through reflexive journaling, peer debriefing, and documentation of the analytical process to ensure that findings were grounded in participants' accounts.

Ethical Considerations

The study was guided by respect for persons, beneficence, and non-maleficence. Ethical approval was obtained from the Bowen University Teaching Hospital Research Ethics Committee (Approval No. BUTH/REC-2658). Participants were informed of the study purpose, voluntary participation, and their right to withdraw at any time without consequences. Written informed consent was obtained before data collection. Pseudonyms protected participants' identities, data were stored securely, and participants who experienced emotional discomfort during interviews were offered appropriate support and referral where necessary.

RESULTS

Participant Characteristics

From Table 1, a total of 13 prostate cancer survivors participated in the study. Participants' ages ranged from 68 to 74 years, with a mean age of 71 years. The majority were married (n = 12, 92.3%) and had limited formal education, either no formal schooling or primary education (n = 8, 61.5%). Over half of the participants (n = 7, 53.8%) were retired from occupations such as farming, teaching, or civil service, while others were still engaged in informal work such as tailoring, driving, or mechanics.

Table 1: Socio-demographic Characteristics of Participants (N = 13)

S/N	Age	Marital Status	Educational Level	Employment Status	Religion
P1	70	Married	No formal education	Mechanic	Christian
P2	72	Married	Secondary education	Driver	Muslim
P3	69	Married	Primary education	Retired welder	Muslim
P4	69	Married	No formal education	Farmer	Christian
P5	73	Married	No formal education	Farmer	Christian
P6	70	Married	Primary education	Tailor	Christian
P7	72	Married	Secondary education	Retired civil servant	Muslim
P8	68	Married	Primary education	Driver	Muslim
P9	74	Married	No formal education	Farmer	Christian
P10	71	Divorced	Secondary education	Retired civil servant	Muslim
P11	70	Married	Secondary education	Tailor	Christian
P12	72	Married	Primary education	Farmer	Traditionalist
P13	68	Married	Secondary education	Retired teacher	Christian

Perception of Body Image among Prostate Cancer Survivors

From Table 2, five major themes emerged: Bodily Awareness, Emotional Adaptation, Self-Reconstruction, Social and Family Support, and Body as a Symbol of Survival. These themes describe participants' progression from physical decline and emotional distress to acceptance, resilience, and renewed self-worth.

Table 2: Perception of Body Image among Prostate Cancer Survivors

Theme	Subthemes
1. Bodily Awareness	1.1 Physical Decline 1.2 Bodily Aging
2. Emotional Adaptation	2.1 Psychological Shock 2.2 Adaptive Coping
3. Self-Reconstruction	3.1 Resilient Confidence 3.2 Self-Care Prioritizing
4. Social and Family Support	-
5. Body as a Symbol of Survival	-

Theme 1: Bodily Awareness

This theme describes participants' awareness of the physical changes following prostate cancer treatment. Survivors reported weakness, fatigue, and reduced agility, but many gradually accepted these changes as part of recovery and adaptation.

Subtheme 1.1: Physical Decline

Participants described reduced strength and stamina, making routine activities more difficult. Although these changes initially caused frustration, many adjusted their expectations and daily routines.

"During treatment, I felt weaker and could not do much work." (P1, 70, mechanic, Christian)
"After treatment, my body feels slower and weaker." (P2, 72, driver, Muslim)
"I get tired more quickly now, unlike before." (P4, 69, farmer, Christian)
"Sometimes, I feel my body isn't keeping up anymore." (P12, 72, farmer, Traditionalist)
"My energy dropped; I now rest often." (P6, 70, tailor, Christian)

Subtheme 1.2: Bodily Aging

Many participants viewed these physical changes as part of ageing rather than solely the effects of cancer. This perspective promoted acceptance and gratitude for longevity.

"At this age, I don't expect to be as strong as before." (P3, 69, retired welder, Muslim)
"I see these changes as part of growing old." (P8, 68, driver, Muslim)
"My body has done well to carry me this far." (P13, 68, retired teacher, Christian)
"Even if I feel weak, I remind myself that I've lived long." (P5, 73, farmer, Christian)

Theme 2: Emotional Adaptation

This theme reflects participants' emotional transition from fear and uncertainty after diagnosis to acceptance, often supported by faith and family.

Subtheme 2.1: Psychological Shock

Receiving a diagnosis of prostate cancer evoked disbelief, fear, confusion, and helplessness, with many initially associating cancer with death.

"When I was told it was prostate cancer, I was shocked and scared." (P2, 72, driver, Muslim)
"Hearing 'cancer' made me think I was dying." (P1, 70, mechanic, Christian)
"I felt my body had betrayed me somehow." (P7, 72, retired civil servant, Muslim)
"At first, I wondered why this had to happen to me." (P6, 70, tailor, Christian)
"I was confused; I didn't know what to expect." (P5, 73, farmer, Christian)

Subtheme 2.2: Adaptive Coping

Over time, participants described adapting through faith, gratitude, self-compassion, and support from loved ones, enabling them to accept their circumstances.

"I've learned to live with my body's limits and be patient with myself." (P4, 69, farmer, Christian)
"I stopped blaming my body and started taking care of it." (P3, 69, retired welder, Muslim)
"I don't feel bad anymore; I just thank God for life." (P9, 74, farmer, Christian)
"I now appreciate small improvements and focus on peace." (P12, 72, farmer, Traditionalist)
"I've learned to be calm and content." (P8, 68, driver, Muslim)

Theme 3: Self-Reconstruction

This theme illustrates how participants rebuilt their sense of self by redefining strength and prioritising self-care.

Subtheme 3.1: Resilient Confidence

Participants gradually redefined confidence, viewing survival and resilience rather than physical strength as indicators of personal worth.

"I'm proud that I survived this illness." (P11, 70, tailor, Christian)
"I may be weak, but I'm still alive." (P2, 72, driver, Muslim)
"Confidence now comes from being alive, not from strength." (P6, 70, tailor, Christian)
"I no longer see weakness as failure." (P10, 71, retired civil servant, Muslim)
"Each new day is proof of strength." (P9, 74, farmer, Christian)

Subtheme 3.2: Self-Care Prioritizing

Participants emphasised rest, good nutrition, patience, and emotional well-being as essential aspects of recovery and self-respect.

"I focus on resting, eating well, and staying peaceful." (P3, 69, retired welder, Muslim)
"My body deserves care for all it's been through." (P5, 73, farmer, Christian)
"Healing takes time; I've learned patience." (P8, 68, driver, Muslim)
"I don't worry about how I look anymore." (P1, 70, mechanic, Christian)
"I try to live each day calmly and gratefully." (P7, 72, retired civil servant, Muslim)

Theme 4: Social and Family Support
Participants consistently identified family support as central to their adjustment. Encouragement from spouses and relatives promoted acceptance, preserved self-esteem, and strengthened emotional well-being.

"*My wife and children always encourage me." (P4, 69, farmer, Christian)*
"They never made me feel less of a person." (P1, 70, mechanic, Christian)
"When I feel weak, they remind me that I'm still valued." (P11, 70, tailor, Christian)
"Having family around keeps my mind at peace." (P8, 68, driver, Muslim)

Theme 5: Body as a Symbol of Survival
Participants ultimately viewed their bodies as symbols of endurance and survival. Physical changes were no longer seen primarily as losses but as reminders of resilience, gratitude, and continued life.

"This body has been through a lot and still stands." (P3, 69, retired welder, Muslim)
"My body tells a story of survival." (P10, 71, retired civil servant, Muslim)
"I see my scars as marks of strength." (P7, 72, retired civil servant, Muslim)
"I survived, that's all that matters." (P5, 73, farmer, Christian)

Sexual Functioning Among Prostate Cancer Survivors
Five themes emerged regarding participants' experiences of sexual functioning following prostate cancer treatment: Sexual Dysfunction, Emotional Sexual Adjustment, Emotional Intimacy Development, Partner Support, and Health-Focused Acceptance (Table 3). Together, these themes illustrate participants' progression from treatment-related sexual impairment and emotional distress to acceptance, emotional intimacy, and prioritization of health and well-being.

Table 3: Sexual Functioning Among Prostate Cancer Survivors

Theme	Subthemes
1. Sexual Dysfunction	1.1 Declining Sexual Function 1.2 Fatigue During Intimacy
2. Emotional Sexual Adjustment	2.1 Masculine Identity Transformation 2.2 Emotional Distress
3. Emotional Intimacy Development	3.1 Non-Physical Intimacy
4. Partner Support	–
5. Health-Focused Acceptance	5.1 Self-Care and Well-Being

Theme 1: Sexual Dysfunction

This theme captures the immediate impact of treatment on participants' sexual functioning. Survivors commonly described reduced sexual desire, erectile difficulties, and fatigue during intimacy. Although these changes initially caused frustration and embarrassment, many gradually accepted them as part of ageing and recovery.

Subtheme 1.1: Declining Sexual Function

Participants described a noticeable reduction in sexual desire and function after treatment. Although this resulted in sadness and frustration, many eventually shifted their focus from sexual performance to companionship and overall health.

"After treatment, I don't feel the same desire anymore." (P6, 70, tailor, Christian)
"Physically, things don't respond as they used to." (P4, 69, farmer, Christian)
"That part of life has changed a lot." (P9, 74, farmer, Christian)
"Sex is not a major concern for me now." (P3, 69, retired welder, Muslim)
"The desire faded after the illness." (P7, 72, retired civil servant, Muslim)

Subtheme 1.2: Fatigue During Intimacy

Participants also identified physical fatigue as a major limitation to sexual activity. Many reported becoming exhausted quickly, resulting in frustration and avoidance of intimacy.

"Even after a short period of intimacy, I feel completely drained and need to rest." (P12, 72, farmer, Traditionalist)
"My body tires so quickly that I cannot continue like I used to before treatment." (P6, 70, tailor, Christian)
"I get exhausted after just a few minutes, which makes intimacy frustrating for both of us." (P9, 74, farmer, Christian)
"I have to pause several times because I cannot sustain physical activity during intimacy." (P4, 69, farmer, Christian)

Theme 2: Emotional Sexual Adjustment

This theme reflects participants' psychological responses to sexual changes. Although many initially viewed sexual dysfunction as a threat to masculinity and self-worth, they gradually redefined masculinity in terms of responsibility, care, and emotional connection.

Subtheme 2.1: Masculine Identity Transformation

Loss of sexual function initially challenged participants' sense of masculinity. Over time, however, many reconstructed their identities by placing greater value on responsibility, companionship, and emotional support than on sexual performance.

"At first, I felt less of a man." (P1, 70, mechanic, Christian)
"I used to think being a man meant performance." (P5, 73, farmer, Christian)
"Now I see masculinity as care and responsibility." (P8, 68, driver, Muslim)
"It doesn't bother me anymore; life has other values." (P9, 74, farmer, Christian)
"Masculinity is not only in sex." (P13, 68, retired teacher, Christian)

Subtheme 2.2: Emotional Distress

Despite adapting over time, participants continued to experience sadness, anxiety, and disappointment, particularly when sexual expectations could not be met.

"Sometimes I feel too weak to even try; the fatigue is overwhelming." (P3, 69, retired welder, Muslim)
"My energy drops so fast that I avoid initiating intimacy, fearing I won't keep up." (P7, 72, retired civil servant, Muslim)
"I get exhausted after a few minutes, which makes intimacy frustrating." (P9, 74, farmer, Christian)
"It makes me feel bad when I can't perform as before." (P10, 71, retired civil servant, Muslim)

Theme 3: Emotional Intimacy Development

Participants described a gradual shift from physical intimacy to emotional closeness. Conversation, companionship, empathy, and mutual understanding became more meaningful than sexual activity.

Subtheme 3.1: Non-Physical Intimacy

Many participants reported that emotional connection had strengthened despite reduced sexual activity, with shared experiences replacing sexual performance as the foundation of intimacy.
"Now intimacy means talking, caring, and laughing together." (P4, 69, farmer, Christian)
"We show love in other ways, not through sex." (P10, 71, retired civil servant, Muslim)
"Closeness now is about understanding." (P8, 68, driver, Muslim)
"What matters is the bond, not performance." (P3, 69, retired welder, Muslim)
"At our age, peace and understanding are more important." (P1, 70, mechanic, Christian)

Theme 4: Partner Support

Partner support was central to participants' adjustment. Spouses provided reassurance, patience, and understanding, enabling survivors to communicate openly about treatment-related sexual changes and strengthening their relationships.

"My wife never made me feel guilty." (P7, 72, retired civil servant, Muslim)
"She tells me this isn't anyone's fault." (P6, 70, tailor, Christian)
"We laugh and talk about it instead of worrying." (P13, 68, retired teacher, Christian)
"She reminds me love goes beyond sex." (P9, 74, farmer, Christian)

Theme 5: Health-Focused Acceptance

Participants ultimately prioritised health, emotional well-being, and meaningful relationships over restoring previous sexual function. They described adopting self-care practices and accepting treatment-related changes as part of survivorship.

Subtheme 5.1: Self-Care and Well-Being

Participants emphasised rest, proper nutrition, stress reduction, and emotional well-being as important coping strategies that improved their quality of life despite persistent sexual limitations.

"*I focus on resting and eating well so I have enough energy for daily life and intimacy." (P3, 69, retired welder, Muslim)*
"Taking care of my health has become more important than just trying to perform sexually." (P8, 68, driver, Muslim)
"Looking after myself helps me enjoy my relationship more, even if sex isn't the same." (P4, 69, farmer, Christian)
"I prioritize my well-being and peace of mind, which makes me feel stronger and more positive." (P7, 72, retired civil servant, Muslim)

Participants also described reaching a broader level of acceptance in which health, longevity, and emotional stability became more important than sexual performance.

"At this stage, health matters more than sex." (P3, 69, retired welder, Muslim)
"I'm more concerned about staying healthy." (P10, 71, retired civil servant, Muslim)
"Peace of mind is my priority now." (P7, 72, retired civil servant, Muslim)
"Being alive is more important than being active sexually." (P11, 70, tailor, Christian)

DISCUSSION

The participants were predominantly older, married men with low educational attainment and modest socioeconomic status, consistent with previous reports showing that prostate cancer primarily affects older men.[26,27] Overall, survivors described a gradual process of adaptation in which physical and emotional disruption evolved into acceptance, resilience,

and a redefined sense of identity. Changes in body image and sexual functioning extended beyond treatment effects, influencing perceptions of masculinity, intimacy, and self-worth.

Participants experienced reduced strength, slower movement, and persistent fatigue that affected daily functioning and independence. Similar findings have shown that physical fatigue and functional limitations adversely influence body image and emotional well-being among prostate cancer survivors.[2,3,28] Many interpreted these changes as part of normal ageing, facilitating acceptance and emotional stability. This finding supports previous studies reporting that older survivors often integrate illness-related changes into their understanding of ageing, thereby preserving a positive sense of self.[2,29,30]

Shock, fear, and concerns about mortality were common following diagnosis, reflecting the profound psychological impact of prostate cancer, particularly in settings where cancer is strongly associated with death.[31-34] Over time, faith, gratitude, and family support promoted emotional recovery, resilience, and acceptance, consistent with evidence highlighting spirituality and family relationships as important coping resources among African cancer survivors.[35-38]

Participants gradually reconstructed their identities by redefining strength in terms of endurance, resilience, and survival rather than physical performance. Similar changes in masculine identity have been reported among prostate cancer survivors, with resilience and emotional maturity replacing traditional notions of masculinity.[2,6,39] Likewise, participants prioritised rest, nutrition, and self-care to maintain physical and emotional well-being, supporting evidence that self-management behaviours enhance adaptation and quality of life.[30,40]

Family support, particularly from spouses, contributed significantly to emotional adjustment by reinforcing self-worth and reducing psychological distress. These findings agree with studies demonstrating that supportive relationships improve resilience, emotional well-being, and quality of life among prostate cancer survivors.[11,41,42] Participants also reinterpreted their bodies as symbols of survival rather than loss, reflecting positive reconstruction of body image and identity following treatment, as reported in previous studies.[42,43]

Sexual functioning was substantially affected by treatment, with participants reporting reduced sexual desire, erectile difficulties, diminished performance, and fatigue during intimacy. These findings are consistent with previous reports identifying sexual dysfunction as one of the most common consequences of prostate cancer treatment and a major determinant of psychological and relational well-being (44,45). Fatigue further limited sexual activity and confidence, supporting earlier findings that cancer-related fatigue negatively affects intimacy and sexual satisfaction.[3,46,47]

Although diminished sexual function initially challenged participants' perceptions of masculinity, many gradually redefined manhood in terms of responsibility, care, and emotional connection rather than sexual performance. Similar transformations have

been described among prostate cancer survivors who renegotiate traditional gender roles to preserve dignity and self-worth after treatment.[11,23,48] Nevertheless, frustration, anxiety, and concerns about disappointing partners persisted, highlighting the emotional burden associated with treatment-related sexual dysfunction.[42,44,49]

Participants also described a shift from sexual intimacy to companionship, communication, and mutual understanding, indicating that emotional closeness became central to sustaining intimate relationships. Similar findings show that open communication and shared emotional support strengthen relationship satisfaction during survivorship.[42,50] Likewise, survivors increasingly prioritised health, emotional balance, and self-care over restoring previous levels of sexual function, reflecting health-focused coping strategies associated with resilience and improved quality of life.[43,51,52] Spousal understanding and open communication further supported adjustment by reducing emotional distress and strengthening relationship resilience, consistent with previous reports.[31,50,53]

Overall, prostate cancer survivorship was characterised by physical, emotional, and relational adaptation. Survivors reconstructed body image, masculinity, and intimacy through acceptance, spirituality, family support, and health-focused coping. These findings underscore the importance of holistic survivorship care that integrates psychosocial support, sexual counselling, partner involvement, and culturally sensitive nursing interventions to promote long-term well-being among prostate cancer survivors.

CONCLUSION

This phenomenological study showed that prostate cancer survivors experience significant changes in body image and sexual functioning that extend beyond the physical effects of treatment. Survivors described a process of emotional adjustment, reconstruction of masculine identity, evolving intimacy, and acceptance of bodily changes. Faith, family support, and personal resilience facilitated adaptation and recovery. These findings provide culturally relevant insights into survivorship among Nigerian men and highlight the need for holistic, person-centred oncology care that addresses the physical, psychological, sexual, and relational dimensions of recovery.

Recommendations

Oncology nurses should integrate psychosocial and sexual health support into survivorship care for men treated for prostate cancer. Educational interventions addressing body image, masculinity, and emotional well-being should form part of routine follow-up care, while family-centred counselling should be encouraged to strengthen spousal communication and support. Oncology teams should also receive training in culturally sensitive communication to enhance patient engagement. Further mixed-methods studies across diverse African settings are recommended to broaden understanding of survivorship experiences.

Limitations

This study was conducted in a single private teaching hospital, which may limit the transferability of the findings to other settings. Although appropriate for phenomenological research, the relatively small sample may not

reflect the full range of experiences among prostate cancer survivors in Nigeria. In addition, participants' self-reported accounts may have been influenced by recall bias and sociocultural sensitivities surrounding discussions of sexuality and masculinity. Nevertheless, the study provides valuable insights into survivors' lived experiences and contributes evidence to support culturally responsive, person-centred oncology care.

Declarations

Conflict of Interest

The authors declare no conflicts of interest. There were no financial, personal, or institutional influences on the design, data collection, analysis, or reporting of this study.

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