

# Wives' Perceptions of Husbands with Erectile Dysfunction in Indonesia: The Fulfilment Pattern of the Wife's Sexual Partner Who Experiences Erectile Dysfunction due to Diabetes Mellitus

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## ABSTRACT

This study aims to reveal women's perceptions and experiences regarding sexual perceptions and to understand the barriers and challenges when facing problems in experiencing erectile dysfunction due to diabetes mellitus. Generally, women want romantic relationship activities, so they feel pain when they experience erectile dysfunction. The study was conducted at the Public Health Center in Surabaya with a purposive sampling method on 21 women whose husbands had sexual problems due to complications of diabetes mellitus. The interview became the most dominant instrument and the results were interpreted by phenomenological analysis. The results of this study indicate that deficiencies in meeting sexual needs due to erectile dysfunction can be followed up by always responding and maintaining patterns of fulfilling sexual needs that support each other physically, psychologically and socially and understand each other between partners.

**Keywords:** Perception, Wife, Husband, Erectile Dysfunction.

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## INTRODUCTION

Sexual dysfunction associated with diabetes mellitus that occurs in men significantly complicates the fulfilment of their partner's sexual needs [1], [2]. In the complication stage, diabetes mellitus puts serious pressure on sexual arousal and sexual intercourse [3]. The phenomenon of sexual dysfunction generally includes the domain of desire, frequency of sexual intercourse and satisfaction [4], [5], so that there is a feeling of fear of failure in intercourse [6], although both of them can still adjust to each other during intimate intercourse activities [7]. Sexual dysfunction is more pronounced in men with diabetes mellitus than women [8], and it is described as three times as occurring as erectile dysfunction than non-diabetics [1]. Sexual dysfunction is always associated with failure in sexual behaviour and recognition syndrome that arises as a result of loss of sexual attractiveness [9], and chronic diabetes mellitus has a very significant role in the incidence of sexual dysfunction due to its complications [10].

Decreased levels of testosterone also contribute to the role of sexual dysfunction, resulting in erectile dysfunction and hypoactive sexual libido caused by reduced sexual desire and erection quality, especially night erections [11], [12]. It was an unpleasant experience, because he was not sure about sexual activities that are mutually satisfying [7].

The wife has a very important role and responsibility in increasing the sexual arousal of the husband who has erectile dysfunction in maintaining the intimacy of the relationship [13], [14]. This effort is an important part of the psychosocial problem in the household that requires serious attention from mental nurses to improve household harmony through psychological therapy [15], [17].

Interpersonal, self-confidence and psychological factors greatly influence sexual dysfunction [18]–[20]. Some wives sometimes do not realize their partner's problems [21],

however, some wives are able to accept their husband's condition and suggest communicating their complaints [22]. This gap is probably due to the lack of openness between partners in fulfilling sexual needs [23].

The openness of sexuality problems to their partners makes it possible to maintain intimate relationships in maintaining domestic harmony [24], thereby increasing sexual arousal for husbands who suffer from sexual dysfunction [23]. The openness of the wife in sexuality issues can increase the self-confidence of husbands who suffer from sexual disorders (Assarzadeh, Khalesi, & Jafarzadeh-Kenarsari, 2019). In addition, the high self-confidence of husbands with sexual dysfunction will improve the quality of sexual relations between partners [26]. On the other hand, the attitude of wives towards sexual dysfunction problems in couples with diabetes mellitus significantly contributes to erectile dysfunction [27], so Kizilay *et al* (2017) recommends that mutual support and understanding between partners is very important to reduce sexual problems among partners who suffer from it. sexual disturbance.

The positive attitude of the wife is still not enough to ensure that the partner can rise from sexual arousal and erectile capacity [28]. The benefit of the wife's support is only felt when the husband experiences prolonged suffering due to sexual dysfunction [29]. Thus, husbands who experience erectile dysfunction are more likely to experience depression during their illness, and this is very likely to occur sexual problems between partners [30], [31].

An atmosphere of intimacy in the relationship can create warmth in the household [32], [33], and the wife plays an important role in ensuring that the husband's sexual arousal can arouse [34]. Based on the description above, this study aims to explore women's perceptions and experiences regarding sexual desire and to understand the

obstacles and challenges when facing husbands experiencing erectile dysfunction due to diabetes mellitus.

#### RESEARCH METHODS

The qualitative phenomenological approach was chosen to explore the wife's experience in dealing with the risk of severity as a meaningful experience [35], [36], and a consolidated criterion for tracing qualitative research, the COREQ strategy was used to report this study [37]. Reflections on important themes that describe the phenomena that occur in families are explored and through writing, researchers connect between categories and are oriented to the events experienced and pay attention to the balance of research themes by looking at each part as a whole. Furthermore, through the inductive approach method, a thematic analysis is carried out as described by [38]. Participants were recruited through purposive sampling technique, age characteristics, educational level, number of old children, marriage and history of partner DM were considered in sampling. A diverse and representative sample that reflects the population of wives and husbands suffering from sexual dysfunction due to diabetes mellitus was taken to obtain meaningful perceptions and experiences. Individual criteria in this study have been determined, namely (1) wife and partner experiencing sexual dysfunction due to complications of Diabetes mellitus, (2) wife and husband who have lived together for more than 5 years. Data saturation was used to determine the number of samples, and data saturation was achieved at the 20th interview, because no new information had emerged [39].

Researchers conducted in-depth face-to-face interviews with women (wives) in a semi-structured manner with the hope of obtaining complete data. Interviews were conducted individually in the hope of gaining a deeper understanding of the experiences that correspond to what I am researching [40]. The interview guide is used to remind researchers of the topic and ensure that all main topics are discussed, including discussion of the interaction of women (wives) during coexistence with husbands suffering from sexual dysfunction. The results of individual interviews were transcribed and confronted with nonverbal responses through field notes for data analysis and review to improve data accuracy [39].

All interviews were transcribed verbatim, labelled with the participant code. The interviewer simultaneously transcribes all data, allowing for consistent reflection and exploration of new ideas. Data analysis used the Interpretative Phenomenology Analysis approach [41]. Follows data analysis guidelines from [38]. Interview transcripts and field notes were read carefully and repeatedly in order to find emerging themes by reading sentences in detail, then categorizing important words that were related to each other through a selective approach.

Researchers read the text as a whole and try to understand the meaning in its entirety and develop key words and concepts through dialogue with the text. Along with this concern, researchers maintain openness through reflecting on various interpretations to monitor assumptions and bias through the triangulation process with participants [39].

Researchers seek to gain understanding and engagement with texts related to the phenomenon under study. Each analysed sentence is confronted with the data in the note field. These themes are then reconstructed into descriptions of experiences experienced by women (wives) with their husbands suffering from sexual dysfunction [42]. The validity of this study was evaluated using the concepts of

credibility, confirmability, dependability and transferability.

#### LITERATURE REVIEW

This section describes a study whose research material identifies complications related to sexual desire due to diabetes mellitus, which interferes with romantic intimate relationships. The study of Gandhi dan Dagur (2016) explains that the effects of stress and immunodeficiency due to diabetes mellitus can affect nerve function, the occurrence of macroangiopathy and microangiopathy, thus becoming the main cause of erectile dysfunction, ejaculatory dysfunction and hypogonadism [3]. Meanwhile, another study's Braffet *et al* (2016), concludes that the autonomic neuropathy that always accompanies diabetes mellitus in men greatly affects the ability of penile erection, ejaculation and orgasm, so that sexual dysfunction experienced by men has an effect on quality of life. and their psychological condition. According to him, only communication and psychological intervention can help increase sexual arousal [43].

Another study, from Wessels *et al* (2018), explains that the burden on men and women due to complications results in sexual dysfunction. which is influenced by diabetes mellitus, which has decreased sexuality by 42% in women and 45% in men and in men experiencing a decrease in sexual desire by 40% [44]. Furthermore, research conducted by Conaglen & Conaglen (2008), has identified the importance of knowledge for women regarding erectile dysfunction experienced by men and the importance of women's roles as life partners to understand and understand difficulty couples experiencing erectile dysfunction, so it is necessary to involve yourself in supporting the partner to get up and be optimistic in increasing sexual satisfaction.

Meanwhile, research by Nelson (2006) on The Impact of Male Sexual Dysfunction on the Female Partner emphasizes the involvement of women in giving attention to supporting husbands who experience sexual dysfunction in order to improve their quality of life. Thus, erectile dysfunction experienced by husbands also affects the sexual problems of female partners and increases their mental stress.

#### RESEARCH RESULT

##### **Women generally seek normal husbands who do not experience sexual dysfunction.**

In general, the participants argued that all women would not choose partners who have sexual dysfunction problems in an effort to fulfil the demands of their sexual desires. One informant emphasized this point, while another participant highlighted the difficulty in identifying her partner's sexual ability, as follows:

"Sex is a basic need, such as clothing (clothing), food (food) and shelter (house). Suffering greatly when this need (sexuality) is not met. Enough for me to make a living ... very romantic, yes ... very difficult to accept when I think about wanting to have an intimate relationship. I just realized when my partner was unable to maintain an erection before my orgasm. P. 15. "How can I know that my partner has diabetes mellitus and has sexual dysfunction, because there are already 2 children as a result of my intimate relationship with my father (husband). At that time, I was normal, but now... I am experiencing mental suffering a lot" P.21

Sexual dysfunction is a complication of Diabetes Mellitus. Participants expressed the belief that suffering from diabetes mellitus was at risk of experiencing sexual dysfunction, and the wife always paid attention to the

possibility of interference in the fulfilment of sexual needs, as follows:

"I know people with diabetes mellitus have a tendency to experience impotence, the fact is that my husband currently has diabetes mellitus, and so far, I have never had a satisfying intimate relationship" P.6

"My husband is just being romantic to me, calling dear, paying more attention to me, and only being able to bring his genitals closer to my intimate parts, that's what my husband can do right now ... others No" P.10

Today, women have the right to choose and be chosen in determining a partner, including efforts to meet the demands of sexual needs. Participants stated that in the interest of household harmony, it is better to maintain the integrity of the household, while others argued: "I could just seek inner satisfaction by cheating. But my child is grown and needs serious attention from his parents. I have to get rid of my personal interests for the future of my child. So, children are number one" P.20 "I feel that meeting sexual needs does not have to have sex, although sometimes I also need it, but I also have to understand that my husband has sexual dysfunction. I can't escape from reality". P.17

"When do I have to survive? Waiting and waiting indefinitely. Meanwhile I really need an intimate relationship. I was forced to do that (cheating), even though I had to face the risks I would accept" P22.

"I was forced to ask for a divorce because I was young, and my husband is also impotent. I did this because I wanted to have children". P.4.

#### **Some accept the risks that must be lived after there is a marriage bond.**

The informants have a more dominant feeling of "belonging" than their personal interests to maintain domestic harmony, so they remain focused on trying to improve the quality of their sexual desires. Some of the participants said:

"... I formed my household out of love ... I have to accept what it is and that's my sacred promise". P 21.

"There is nothing to blame in my household, my husband is my choice ... I have promised myself not to betray. Moreover, I already have a child. P.13.

"... I think that meeting sexual needs does not have to be intimate" P.10.

"Sometimes I switch to other activities that are more useful, it can drive away my desire to have sex ... I have to save my household, I must not win alone, while my husband continues to struggle to improve his sexual abilities, I hope this is a delayed success." 4

Some participants also shared their feelings and supported each other not to discuss sexual dysfunction issues. Here is the disclosure:

"I have to support my husband to get up and not regret what has happened... what I need is my husband's confidence. I hope my husband does not feel inferior to me, and I hope my husband will get excited". P. 17

"My husband's problem is mine too. I agree with my husband to build a household until his death, what I think is not why my husband has sexual dysfunction, but how to make him get up and get back to normal "P.12. However, there were participants who refused to accept situations like this, but in the end gave up because they felt it was useless. Participants expressed their complaints:

"Sometimes I regret it, my libido is very strong... I have to endure it, when my sexual desire increases... but I know, my husband has lost his strength. Sometimes I just want to rebel, but I think it's useless, may God give me inner strength and remain faithful to my husband "P.11

#### **Having the art of responding in understanding a partner's habits.**

The participants conveyed the husband's habits of how to convey his desire after fostering a household for a long time, they could identify that the husband wanted to have sex at that time, following the informant's statement:

"In the past my husband, if he wanted to express his sexual desire, simply asked, "Are you tired today?" ... I know that, my husband wants to have sex with me, and... to both feel satisfied. Now my husband doesn't talk much about his sex drive, he just keeps quiet and I know that my husband was impotent. P.9. As time goes by, many wives complain and become frustrated, because of the mismatch between expectations and reality, so they feel shocked and guilty. Several participants shared their distrust and misery to be able to arouse their husbands' passion. Like some of the admissions below:

"If I could, then I wanted to be in a relationship like when I was newlyweds. Now I find it very difficult to get pleasure from sex. I have to find a new style to satisfy my partner". P. 18. "I should have done this a long time ago when I first learned that my husband has impotence, so that it doesn't get worse like now" P.20. Based on the distress they experience, participants share experiences about arousing their partner's passion, despite experiencing some difficulties, such as the following expression: "I have done a lot to arouse my husband's passion, starting from making herbs so that they are strong, I use fragrances when sleeping together, my bed is neatly arranged, until I rub his genitals, and that's not enough to make sexual arousal. my husband went back to how he was, so I had to consult the midwife". P. 16

"When sleeping together, I take off all my clothes, and I just cover the blanket, and I pull her hand to hold my intimate parts, it's still not enough to make my husband get an erection". P.13. "Now when his sexual desire arises, he only holds my intimate parts and exposes his genitals, I know that, and ... until I feel satisfied". P.7. In this situation, participants described the need for emotional support to help manage sexual dysfunction experienced by their husbands. Like this confession: "Sometimes I have to leave my children at home and go out alone in the car holding their genitals while my husband is holding the steering wheel, although sometimes I worry that my husband is not concentrating on driving the car" P.18.

"If every week I always take a morning walk with my husband, and sometimes I hold his hand and then I squeeze his fingers. At that time my husband said, fortunately I have a wife like you who knows how my husband feels" P.5.

"During the free time, I took the time to watch a film with a romantic theme, in which a wife who faithfully accompanies her husband when experiencing prolonged sadness" P.14

#### **It's a pity for the family to refuse to separate.**

Diabetes mellitus that is carried by a partner, is a hereditary disease, anyone cannot refuse, maybe only avoid it through a lifestyle. The following are some of the participants sharing their experiences about husbands with diabetes mellitus:

"I know that my husband is suffering from impotence, just recently..., never complained before, and even lust... until I..., when he went to the doctor, it turned out that my husband had diabetes mellitus, and it does have a history from his grandfather. What do you want to say, now you have to adjust your husband's diet according to the doctor's advice? P.2.

However, some informants prefer to keep their household and emotional integrity number one, so they refuse to

separate. Here's the admission: "Sometimes I regret having a husband who has impotence, which is a hassle for me ..., but far from being separated, the integrity of the household is number one, because it is known that impotence after having children"

"What is the point of me building a household that is 15 years old, but in the end I parted, suppose I wanted to separate, I have already filed for divorce 5 years ago, I am old, and now I think about children, after all they (husband) father children ". P. 16. "I cannot live without my husband, whoever he is and whatever he is, he is the father of my child" P.13. "I used to build my household with great difficulty. Whatever happens we are still together, after all the father (husband) is old and his energy is not the same as before" P.10.

#### **Must learn to accept reality**

The obstacle in fulfilling a wife's intimate needs is when the partner is unable to meet sexual needs due to sexual dysfunction caused by the disease. The following are some of the informants' statements: "This is the reality I have to live with, I live with a husband who has impotence, I don't know what to do." P.6.

"It feels hard to say what is on my mind, when I need to (have sex), my partner doesn't get up (erect), sometimes I struggle, protest because this is part of my right to earn my inner life, but I'm angry there is no answer. P.16 Participants expressed concern about being unfamiliar with the current situation but were able to infer what sexual fulfilment means. The following is an excerpt from the interview:

"This is a tough test that I have to go through, I have to learn a lot to deal with this situation, and in the end I conclude that meeting sexual needs does not have to have sex, there are still other efforts that can express sexual desire". P.8.

Therefore, several participants emphasized a religious approach, so that they are not trapped by a situation of concern. Like the following admission:

"This situation that I was in was a test from God, I believe God has other plans for me, and that plan is definitely for my good, but I don't know what God's will is right now. ... Let me live it sincerely". P.19.

#### **DISCUSSION OF RESEARCH RESULTS**

This study aims to understand women's assessments and experiences with partners suffering from sexual dysfunction due to Diabetes mellitus. Although some participants accepted the reduced duration of intercourse activity due to the partner suffering from sexual dysfunction. However, this was done on the grounds of compulsion, thus encouraging some wives to do actions that could disturb the tranquillity of the household. In line with other studies, it has identified that intercourse quality is used as a measure to assess relationship desire [46], and sexual relationship satisfaction [47].

Other findings also indicate that the psychosocial impact caused by the reduced number of intercourse activities, encourages the wife to leave her partner, and this is additional evidence of the wife's behaviour when the quality assurance of intercourse is disturbed [48], [49]. This finding is in line with the results of the study which indicated that participants cheated and asked for a divorce due to their husbands not fulfilling their sexual need for sex. However, several studies have focused on women's perceptions regarding husbands suffering from sexual dysfunction, having sex is not a priority in meeting sexual needs for other chronic diseases [50], and there are still those that can balance their demands for meeting sexual

needs [45]. Apart from the benefits of all this, this research has found the acquisition of new habits by wives in increasing their husband's sexual arousal in order to get an erection and to have sex with him by pulling his husband's hand to hold his intimate parts, making powerful herbal medicine, using fragrance, and rubbing his cock.

In addition, they also invite for walks, holding hands tightly, which can bring about major changes in sexual desire through verbal and non-verbal communication in an effort to maintain the integrity of the household which was previously considered difficult and only resulted in difficult responses due to sexual dysfunction.

In order to respond to the negative impact of the wife's experience regarding sexual dysfunction experienced by her partner, the nurse should discuss with the wife the previous habits that support the husband's passion, then help them to assess the impact and the benefits and discuss the actions taken. in supporting husbands who are currently experiencing sexual dysfunction [15], [51], [53]. This study, like other studies, has discussed sexual problems with other chronic diseases, that the sexual dysfunction experienced by the partner leads the wife to understand them and change their attitude and think that now her husband needs serious attention in improving the quality of his sexuality [54], [56].

This research has identified that the wife always hopes to be able to have sex with her partner as part of her inner demands for support, even though her husband is in an erectile dysfunction. In line with this study, several other studies indicate that having sex is an inner support that is always demanded by the wife as part of the expression to love each other [57], [58], but not by wives who are old in marriage and many children [59].

The ability of sexual activity that a husband can do with sexual dysfunction based on the results of this study is only limited to holding the wife's intimate part and showing her genitals. This ability is sufficient to illustrate how strong the husband's desire to have sex with his wife in conditions of erectile dysfunction [56]. This is an unexpected condition, but experienced by a wife whose husband experiences sexual dysfunction that must be anticipated, and in several studies have discussed the positive consequences received by the wife through positive self-acceptance [60].

In the mental nursing perspective, nurses must be present to build effective communication between partners, and discuss problems faced by couples in the context of roles, functions and developmental tasks in the family in the context of meeting sexual needs. Through the mental application of "community health nursing" in the management of psychosocial problems related to the fulfilment of sexual needs, both partners will show openness, mutual understanding, mutual acceptance, increased self-esteem and self-confidence, as well as increasing preventive behaviour [61], [62].

An interesting finding of this study is that wives do not care about their sexual needs on the grounds that they already have children, because of sacred promises, and feel that they have succeeded in building a household through a long struggle. The results of this study are also in line with their way of looking for psychological well-being because of emotional ties through high self-acceptance, although preceded by rebellious reactions, the household is still intact. However, some studies do not support their attitudes and perceptions tend to be negative towards husbands with sexual dysfunction [54], [63], and even divorce is an option [64].

In stark contrast to the problem of sexual dysfunction with other chronic diseases of psychological well-being, they show tremendous support to their husbands through cognitive reconstruction due to problems with sexual disorders [65]. In addition, we found that wives want to show loyalty to their husbands in relation to their obligations to fulfil their husbands sexual needs by leaving their clothes open and pulling their husbands' hands to hold their intimate parts while sleeping together.

In this sense, the wife is in the shadow of the husband's erectile dysfunction [66], [67], which is as strong as the erectile dysfunction due to pelvic trauma [68], [69] and according to this study, in the presence of the husband experiencing sexual dysfunction, the wife is sued to carry out effective communication [70].

However, living with a husband who suffers from sexual disorders, feels very different by couples who have not had children [71], and is very much felt by young couples in this study, and based on the results of the research findings, this feeling will increase suffering for the wife [72], and also lowers the husband's self-esteem because he thinks he cannot provide a satisfying spiritual sustenance [73], [74]. Although various attempts have been made by wives in increasing the sex drive of their husbands, it is very important to improve life control through high self-acceptance as in previous research reports [19]. It is very important to incorporate this concept into intervention strategies in mental nursing to overcome psychosocial problems in the household [75]–[77]. This is because the dimensions of the relationship between nurses and patients and families are needed in the context of handling psychosocial problems related to sexuality to connect the conditions experienced with emotional responses and seek constructive problem solutions [78], [79].

## CONCLUSION

This study is in the context of the wife's perception and experience to improve understanding of family life in maintaining harmonious sexual relations between partners due to the husband with diabetes mellitus suffering from sexual dysfunction. This action becomes a core element in promoting the anticipation of the incidence of erectile dysfunction in diabetes mellitus patients who are oriented towards meeting sexual needs. This is to improve the ability of interaction patterns and provide mutual support both physically, psychologically and socially to married couples. This strategy aims to increase wife's awareness in supporting husbands who experience sexual dysfunction in maintaining the integrity of the household.

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