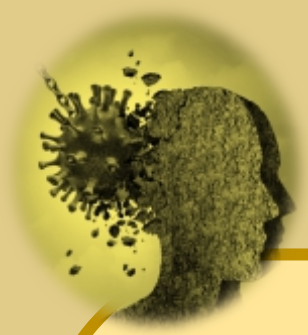

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ORIGINAL ARTICLE

Sexual Openness and Sexual Dysfunction in Indian Women: A Qualitative Approach

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ABSTRACT

Introduction: With regard to sexual divergences, man and woman are different in terms of its openness. Citing continued sexual dominance by male partners and traditional mindset of the Indian society, women barely express their sexual needs (or relationship demands) influencing the overall functioning of the women's health. So, the present study aims to explore the sexual openness in Indian women via qualitative approach.

Methodology: Qualitative analysis and purposive sampling was used. 5 healthy females (age range of 35-44 years) who were able to establish a relationship and express her sexual life experiences accompanying their husband (having sexual dysfunction) were included. Focused qualitative assessment via interview was conducted. Subjects were asked to narrate their experiences in four major headings:*Participants knowledge of sexuality; sexual relationship between the couple; impact of illness on her and her desire for the sexual relationship.*

Results: Qualitative semi-structured interviews were conducted with guiding questions depending upon the written narratives of the participant.Findings of this exploratory study demonstrate that the participants were under significant stress because of their husbands' sexual problems.

Conclusion: Our qualitative study concludes that sexual issues are prevalent in spouses of males with sexual dysfunction andneeds empathetic evaluation for sexual openness.

Keywords: Sexuality, openness, relationship, society

INTRODUCTION

A healthy and satisfying sex life is an important component of overall wellbeing for a woman. Multiple studies have shown a strong positive association between sexual function and health-related quality of life (1, 2).The World Health Organization (3) defines overall sexual health as "a state of physical, emotional, mental and social well-being in relationship to sexuality; it is not merely the absence of disease, dysfunction or infirmary. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."

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On historical analysis of the status of women in India, the role of her is far away of what she desires and everything seems imposed. Husband and wife, though, contributing to the maintenance of the family,have a clear division of labour based on sex. The sex roles of a person consist of the behaviour that is socially defined and expected of that person because of his or her role as a male or female. In India's male-dominated tradition, the paradigms in myths, rituals, doctrines, and symbols are masculine [4].

Public awareness of male sexual dysfunction has dramatically increased over the past years and changing cultural attitudes fuelled by publicity campaigns. The overall outcome of men with sexual dysfunction depends a lot on participation in treatment of their partners/ spouses. However, psychosexual functioning of female spouses has received scant attention as if it is taboo for a female to open herself up in-terms of sexual relationship. Despite this growing attention, the impact of these disorders on the female partner is not well understood [5]. Women in India are still under the table when it comes to sexual openness. So, the aim of the present study is to explore the sexual openness in Indian women via narrative review.

METHODOLOGY

Subjects

In the current study, qualitative analysis and purposive sampling was used. The participants in this study included 5 females accompanying their husband who were consulting psychosexual and marital clinic of GMCH-32, Chandigarh. The Inclusion criteria were: being married females (any age), willing to consent to participate, being able to establish a relationship and express her sexual life experiences. The exclusion criteria included: any severe medical and psychiatric morbidity [General Health Questionnaire (GHQ-12 <3)].

Procedure

Data collection consisted of a focused qualitative assessment and interview. The female participants (wives of males having sexual dysfunction consulting the marital psychosexual clinic of GMCH-32, Chandigarh) were screened out with the help of General Health Questionnaire (GHQ-12). And were subsequently selected for the qualitative study. Out of 5 participants 1 data was collected via email as the participant was not living in Chandigarh but had consulted in GMCH-32 before. The socio-demographic details were detailed followed by noting of their written narratives. They were told to write their experiences in four major headings: *Participants knowledge of sexuality; sexual relationshipbetween the couple; impact of illness on her and her desire for the sexual relationship.*Duration of the assessment varied from 90-120 min, depending on the participants' interest. The assessment has been completed in one or two sittings.Qualitative semi-structured interviews were conducted with guiding questions depending upon the written narratives of the participant. Then the narration was analysed with the help of qualitative analysis.

Data Analysis

Female participants were given four *open ended themes*. The written sample and qualitative interview (in terms of guided questions from the written sample) were transcribed verbatim.

RESULTS

Socio-demographic characteristics of the participants

A total of five healthy females (wives of patients with sexual dysfunction) participated in the study within the age range of 35-44 years. All the participants were from urban background. Of 5 females 2 were post graduates, 2 graduates and 1 was high school passed. All the participants were married with total duration ranging from 7-21 years of marriage. Of 5 participants; 3 couples were coming from nuclear family and 2 from extended family and all participants were from middle socio-economic status.

Themes

The four broad themes in which the study findings are presented include participant's knowledge of sexuality; sexual relationship between the couple; impact of illness on her; and her desire for the sexual relationship.

a. *Her knowledge of sexuality*

Initially the knowledge of sexuality has been explored

among the female participants.They have been asked to write about what they feel about the term sexuality. Following statements have been taken from the participants.

1. *Sexuality means making your partner happy. Ye ladies ke liye abhi bhi mushkil hai zahir karna. Bahot saare mann mein sawal aate hai ki kya shochenge mere bare mein. Khud ke mann mein bhi kai baar aata hai ki mai aisi nahi hu. Mere mann mein aise galat khayal nahi aane chahiye. Aisa nahi hai ki ladies ko initiate nahi karna chahiye bus pata nahi aisa kya hai mann main jo rokta hai. Aisa nahi hai ki iski vajah se mujhe koi problem aati hai per main khush hu (Mrs. R).*
2. *I feel shy, unable to confront what I want. I believe man should initiate rather than a female. Though sometimes I do initiate but that becomes very difficult. I sometime feel I should not have initiated (Mrs. A).*
3. *Sexual relationship is an integral part between a husband and a wife. It strengthens the relationship and creates happiness. It requires consent of both the partners. Healthy sexual relationship does not put burden and gives wing to life (Mrs. S.).*
4. *Ye zindgi ke liye bahot zaruri aur ahem hissa hai. Per jitna ek aadmi iise zahirr kar sakta hai utna ek aurat nahi (Mrs. J).*
5. *Sexual relationship is not that important but it is more important of how much we share our responsibility (Mrs. D).*

b. *Sexual relationship between the couple*

1. *Sexual satisfaction of husband is very important. Isse unka mann khush rehta hai aur humari pariwarik zingdgi bhi khush rehti hai. Unko pasand nahi aata hai jab mai koi aisi jeez karu shararik sambhand ke duaraan jo mai chahti hu. Per shaadi ke itne samay ke baad mujhe ab aadat ho gae hai. Ab koi pareshanni nahi aati (Mrs. S.).*
2. *We had a very good sexual relationship before his illness. He almost always initiated but I hardly did. It is difficult to express the desire. I usually hide my expression and prefer to have sexual contact in the darkness. I hardly had orgasm in the day time. (Mrs. R)*
3. *We have a very limited sexual contact. For my husband, it is very important but for me sexual contact should be limited and should not be everything. Because of this reason we frequently had fights. (Mrs. D).*
4. *We share a very good sexual relationship. I am very shy in nature but I like when he initiates. (Mrs. A).*
5. *Meri zindgi ka ye ek ahhem hissa hai. Mai bhi bahot baar shuruwaat karti hu kuyuki mera maanana hai ki pade likhe hone ke baad agar hum ye na smajhe ki hume kya chiye to phirr jeevan ka kya fayada. Mere pati bhi insmein mujhe samjhne mein mera sahyog karte hai. (Mrs. J).*

c. *Impact of illness on her*

1. *Our sexual relationship was very healthy before his illness (ED). We used to enjoy and cuddle each other. Our family was a happy family but now he becomes irritable on trivial issues. I wanted to share his feeling of pain but he does not share. Suppose if I try to ask, he does not say anything and goes to sleep by saying I'm tired and does not explain further. I don't initiate after that (though I always wanted...). Sometimes I feel like have extra-marital affair because I am a human being and also have a desire but my conscience does not allow me to do so (Mrs. S.).*
2. *Ye tension mai apne aap ke alwa aur kisis se bhi share nahi kar sakti, na hi apni behan se aur na hi apni maa aur friends se. Akhir kya batau, ye koi kehne waali baat thode hi hai. He denies that it is a psychological problem and says "doctors ko nahi pata, kya mai ye jaan ke ker raha hu. We always end up fighting". I always ask him to share what he is feeling but he hardly does by saying nahi kuch nahi. He now remains irritable and that makes me more irritable (Mrs. A).*
3. *Inki beemari ka meri zindgi pe bahot jada asar hua hai. Kaafi dukhi aur akela mehsoos karti hu. Oer main haar nahi maani aur inke illaz ki koshish ki aur inhe motivate bhi kia hai maine. Per bahot baar mujhe khaalipan lagta hai (Mrs. J).*
4. *It is very frustrating for me. I am unable to focus on my household activities and other family responsibilities. I feel as if I am ill. Because of his problem I am also suffering (Mrs. R).*
5. *Ismein koi do rai ani hai ki inki bimari ka humari shaadishuda zindgi pe bahot asar hua hai. Ab to umare beech mein jo rishte bannte the vo bhi nahi hota. Iski vajah se kai baar mera maann udaas rehta hai per mai apne aap ko samjha kar baaki kaamo mein apna mann laga leti hu (Mrs. D)*

* Dissatisfaction from life (from all the participants).

d. *Her desire*

1. *Hope he can share what he feels. It has been told by the doctor that we have to work together to overcome the problem but he does not follow by saying ye practice hum kab tak karenge. Mujhe laqgta nahi hai ki mai thik ho paunga. Vo ye nahi samjhne ki koshish kar rahe hai ki maim kya chahti hu aur mai bol bhi nahi paaati hu. Mann mein khayaal dusra sambandh banane ka bhi karta hai (Mrs. S.).*
2. *Mai batana chahti hu ki mai kya chahti hu per ye bahot mushkil hai. Aisa nahi hai ki mujhse roka jata hai bus ander se ye awaj nai aati ki mera bhi bolna zaruri hai. Bus mai ye chahti hu ki ye pehle jaise ho jaaye aur jiasa ye karte the waisa hi kare. Jo bhi ye karte hai mujhe acha lagta hai (Mrs. A).*
3. In order to talk, I require a space and time. We are most of the time surrounded by our kids and also with in-laws. This also creates frustration in me. Many a times i feel i don't have life and space to express or be free. I can't tell this to my husband also as indirectly whenever I tried to say he becomes angry by saying they are my parents *(Mrs. R).*
4. I want to go out alone with him where no one is there to bother or disturb us *((Mrs. J.).*
5. *We share a good bond. Hum khush rahe aur apni responsibilities ko ace e nibaye aur pooja path mein apna dyaan laaye. (Mrs. D).*

DISCUSSION

This study set out to explore the level of sexual openness in Indian women. The important findings from the study were in terms of what understanding they have by the term sexuality; what kind of relationship they share with their spouse; impact of illness on her and her desire as a female.Findings of this exploratory study demonstrate that the participants were under significant stress because of their husbands' sexual problems.

On her knowledge of the sexuality: All the participants knowledge were coloured by the environmental factor, where the sexuality means pleasing the male partner and their satisfaction. Knowledge of sexuality in India is mainly affected by various psycho-social factors. Psychological components like performance anxiety, depression; social factors like upbringing, cultural norms and expectations have an important role. Also other confounding factors are quality of current and past relations and financial stressors [6, 7]. Exploring literature, in a developing country like India, modern Hindu cultures even today contain a general disapproval of the erotic aspect of married life, a disapproval that cannot be disregarded as a mere medieval relic. Many Hindu women, especially those in a higher caste, do not even have a name for their genitals. Though the perception of modern Indian women is transforming, many of them still consider the sexual activity a duty, an experience to be submitted to, often from a fear of abuse [8].

Sexual relationship between the couple: Almost all the participants share healthy sexual relation with the partner except one participant where the religious values and sharing responsibilities was more important than having frequent sexual contact. However, all the statements of the female participants about healthy sexual relation were before the illness of the partner, which has affected their life significantly. Multiple factors contribute to the quality of sexual relationship between the couple and there are number of variables that are correlated to sexual satisfaction [9, 10, 11]. These factors may include personal experiences like how often one reaches orgasm during sex, the experience of the sexual partner like how consistently a partner has an erection during sex, or relationship related aspects of sexuality like how often a couple has sex or how openly sexual matters are discussed [9,12].

Impact of illness: Illness has a significant impact onto the healthy spouses' mental health.They feel more frustrated when their spouses don't share what they feel. And also when wives don't come up with what they want by hiding their emotions. They stated that despite not having any illness they suffer more than their spouses. Spouses of men with erectile dysfunction (ED) have significantly lower levels of marital (and sexual) satisfaction, poor quality of life and higher levels of psychiatric symptoms than controls [13]. Derogatis and colleagues [14] were the first ones to report that female partners of men with a sexual dysfunction had lower sex drive and more restricted sexual activity, as compared to women whose partner did not report sexual dysfunction. Similarly in these circumstances, lower sexual arousal, lubrication and orgasm frequency has also been reported [15].

Her desire: All the participants desired to live a healthy

sexual life. However, they didn't come up with what they actually want.Studies reported that sexual satisfaction has been less well studied than sexual function. For most Indian women, sex is primarily about satiating the male desire, towards achievement of the male orgasm. The female orgasm is a mythical concept much like the unicorn. Few men take the effort to pleasure their partners to orgasm – few women dare tell their partners what pleasures them enough to help them climax [5].

Some women may initially report no sexual concerns when first questioned, but if provided with a supportive listening environment, a clearer picture of precipitating and maintaining factors may emerge. For example, one female participant initially reported that her main problem is that she requires longer time during sexual contact. However, on further discussion, she reveals that her male partner is having difficulty maintaining erections, but she is hesitant to discuss what she desires during sexual activity. These issues may be readily amenable to improvement with psycho-educational and psycho-therapeutic interventions or counselling. An important limitation of the study is limited sample size and cross sectional nature of the evaluation.

Future direction

Current study gives us an opportunity to understand how sexual dysfunction affects both the partners.Women might not be talking openly about female sexual desire yet, but they're taking baby steps towards acknowledging that it exists. A holistic, bio-psychosocial approach is necessary to guide research and clinical care regarding women mental health in this area. Therefore, future research should focus on understanding the changes occurring not only in men suffering from sexual dysfunction but also towards their healthy spouses.

CONCLUSION

Our qualitative study concludes that sexual issues are prevalent in spouses of males with sexual dysfunction and needs empathetic evaluation for sexual openness. Holistic management would help in attenuating marital and sexual related problems.

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