

## SEXUAL ADJUSTMENT IN PATIENTS DIABETES MELLITUS

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### ABSTRACT

Diabetes is known to cause medical problems, psychological and sexual. The most common sexual dysfunction in women with diabetes is a decrease in sexual onset .

The purpose of this study to determine sexual adjustment in patients with diabetes mellitus.

The research methodology was qualitative research , with a sample of 10 people suffering from diabetes. Data collection techniques used were interviews.

Results of this study concluded that 9 out of 10 respondents were able to adjust to their sexual problems, except one respondent who experience obstacles to adjustment due to the attitude of her partner who does not support her adjustment effort.

It is concluded that there are nine of ten respondents diabetes mellitus who are able to adjust their sexual problems.

Keywords : sexual adjustment , patients with diabetes mellitus .

### INTRODUCTION

Diabetes mellitus is a group of symptoms that arise in a person caused by the presence of elevated levels of blood glucose due to a progressive decline in insulin secretion motivated by insulin resistance (Suyono in Soegondo, 2009).

In the Diabetes Atlas 2000 (International Diabetes Federation) estimates listed Indonesian population above 20 years amounted to 125 million and assuming the prevalence of DM (Diabetes Mellitus) of 4.6 % , is expected in 2000 amounted to 5.6 million. Based on population growth patterns such as this, it is estimated in the year 2020 there will be some 178 million people aged over 20 years and assuming a 4.6% prevalence of DM will get 8.2 million patients with diabetes (Suyono, in Soegondo, 2009).

Sexual disorder experienced by women as proposed by Enzlin (2002) that diabetes is known to cause medical problems, psychological and sexual. Erectile dysfunction is a problem that can not be denied of diabetes. The most common sexual dysfunction in women with diabetes is a decrease in sexual onset with slow or insufficient lubrication. Women with diabetes also experience a decrease in sexual desire.

Several quantitative studies have previously suggested that there is a relationship between sexual interference against diabetics. The Global Diabetes

Community ( 2012) which states that for men, diabetes can cause damage to the nervous system at any period of time on an ongoing basis, also known as diabetic neuropathy. One aspect of this is potentially damaging diabetic erectile tissue, let it be impossible for a man to achieve or maintain an erection. Nearly 33 % of men with diabetes suffer from erectile dysfunction.

Sexual discussion is still considered taboo by some person or that persons are embarrassed to reveal it. Because of the feeling that makes them less open in conveying their problems relating to the sexual. Though they can tell doctors or experts related that their problems can be resolved quickly, so that this problem does not lead to unhappiness among husbands who suffer from diabetes mellitus to their partner.

This is the reason for researchers to conduct research related phenomena that exist in order to know how sexual adjustment in patients with diabetes mellitus.

### FORMULATION OF THE PROBLEM

Based on the background described, the formulation of the problem in this research is : how sexual adjustment in patients with diabetes mellitus ?

### RESEARCH PURPOSES

This study aims to determine the sexual adjustment in patients with diabetes mellitus.

**BENEFIT OF RESEARCH**

This study is expected to provide significant benefits, both theoretically and practically. The benefits are expected as follows :

1. Through the results of this study are expected to contribute useful information as a reference material for further research
2. From the results of this study are expected to provide the benefits of how the individual faces the sexual adjustment problems in people with diabetes mellitus.

**LITERATURE REVIEW**

**A. Patients with Diabetes Mellitus**

**1. Definition of Diabetes Mellitus**

According to the American Diabetes Association (ADA) in 2005 (in Soegondo, 2009), diabetes mellitus (DM) is a group of metabolic diseases with characteristic hyperglycemia that occurs due to abnormalities in insulin secretion, insulin action or both.

According to David MH (in Ambarwati, 2008), diabetes mellitus is a chronic disease that can not be healed completely, need lifelong treatment, can cause profound psychological change in the sufferer, also on the family and social groups. Individuals who have been exposed to label diabetes mellitus should wear the label lifetime. Patients with diabetes mellitus should always maintain a diet, exercise regularly, do check - ups, and even can be said to have to change the whole pattern of his life. The word of patient itself is defined as persons who suffer hardship, illness, disability and so on (Balai Pustaka, 2001).

Based on some of the above definitions can be concluded that patients with diabetes mellitus are people who suffer from diabetes mellitus, which is a state in which an increase in blood sugar levels due to the limitations of insulin in the body of a person.

**B. Sexual Adjustment**

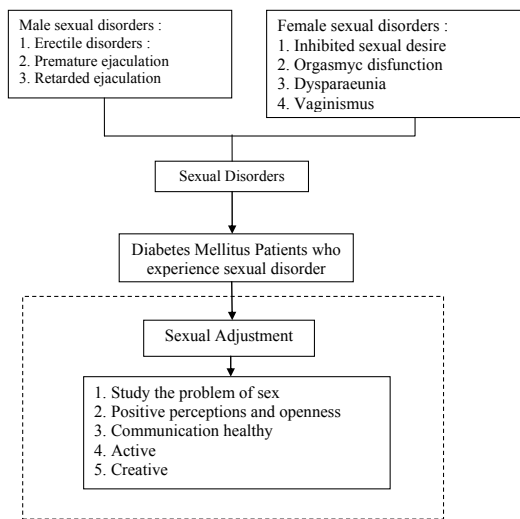
Adjustment according to KBBI (Balai Pustaka, 2001) is a process, a way, act to adjust .

Sexual according to KBBI (Balai Pustaka, 2001) is the case with regard to the copulation between male and female.

Sexual adjustment is the process of adjusting the things pertaining to the case of intercourse between men and women .

Sexual adjustment requires an adjustment of the two personalities balance each other adjust. When men and women are complementary and each made a special contribution in the marriage relationship, each master male and female personality itself. No beauty themselves totally to the love affair ; although there is still self concern. However, usually the egocentric themselves can be held in a win marriage through appropriate self-projection into the marriage relationship. A husband can withstand his feelings of ownership, on the appeal of strong biological, with a common communications support. A wife can satisfy her desire through the worship of their partner. Nevertheless, considering the mutual consent of erotic confirmed as the main motif. A man and woman with mutual consideration before the wedding as the dominant motif is a prerequisite for sexual adjustment (Riaz, 2011).

**C. Framework Theory Research**



**THE RESEARCH METHOD**

**A. Types of Research**

This study used qualitative research methods as a research procedure that produces descriptive data in the form of words written or spoken of the people and behaviors that can be observed. This method is also used to describe and answer on the subject of research and its context.

**B. Samples of Research**

The total sample of this research is 10 people. As for the sample is as follows :

- a. Male or female
- b . Suffering from diabetes mellitus
- c . married
- d . Still active in sexual activity with a partner.

**C. Location of Research**

This study was conducted at Rumah Sakit Medan Baru on November 2012.

**D. Data Collection Technique**

The data collection method used in this study is a structured interview .

**RESULTS AND DISCUSSION**

Patients with diabetes mellitus in this study are 10 people. Patients with diabetes mellitus who are able to perform sexual adjustments are 9 people, while patients with diabetes mellitus who are not able to perform sexual adjustment is 1 person.

**1. Characteristics of Respondents**

Characteristics	Total
<b>Ages</b>	
32 Years Old	1
35 Years Old	1
45 Years Old	1
47 Years Old	2
48 Years Old	2
49 Years Old	1
53 Years Old	1
61 Years Old	1
<b>Total</b>	10
<b>Gender</b>	
Men	5
Women	5
<b>Total</b>	10
<b>Occupation</b>	
Employee	7
Unemployed	3
<b>Total</b>	10

**2. Sexual Adjustment**

NO	Sexual Adjustment	Results
1	Studying the problem of sex	Of the 10 respondents found that respondents who studied sexual problems through the book as much as 3 respondents ; Respondents who studied sexual problems over the Internet as much as 4 respondents ; Respondents who studies sex issues through expert's opinion as much as 4 respondents ; Respondents who studies sex issues through the experience of others as much as 2 respondents ; and respondents who studies sex issues through self experience as much as 1 respondent.
2	Positve perceptions and open	Of the 10 respondents found that respondents who have a positive perception of their sexual problems as much as 9 respondents, whereas that does not have a positive perception of

		their sexual problem as much as 1 respondent. In addition, respondents who are very open to their sexual problems as much as 8 respondents, while respondents were less open to their sexual problems as much as 2 respondents.
3	Healthy communication	Of the 10 respondents found that respondents who have a healthy communication to their husband as much as 8 respondents, while respondents who do not have healthy communication to their husband as much as 2 respondents.
4	Active	Of the 10 respondents found that respondents were active in sexual adjustment with a partner as much as 7 respondents . While 3 respondents have a more active partners in term of sexual adjustment than themselves.
5	Creative	Of the 10 respondents found that all respondents and their husbands would act creatively in their sexual adjustment.

### 3. Discussion

The discussion in this study will be divided into two parts, namely women and men.

#### 1. Sexual Adjustment in Women

- a. Sexual adjustment made by Respondent 1 is studying her sexual problem through books. Respondents 1 also discussed her sexual disorder toward her husband. The first respondent's husband started to make adjustments as well as to her condition. However, this action does not last long. The first respondent's husband became more frequent sexual dictates to Respondent 1. Respondent 1 repeatedly told her husband about her sexual ability, especially when her glucose level became high. However, the husband did not care about her.
- b. Sexual adjustment made by Respondent 2 is studying her sexual problem over the Internet. Respondent 2 discusses with her husband about her sexual disorder. The second respondent's husband make adjustments to his partner's condition by stop having sex for a moment when Respondent 2 feel sick again or having sex when her glucose level became normal. Respondent 2 and her husband also change the sexual atmosphere as well

as sexual behavior to increase Respondent 2's sexual arousal.

- c. Sexual adjustment made by Respondent 4 is studying her sexual problems through the experience of others. From this process, Respondent 4 get solution of her problem by lowering her glucose level to normal. In addition, Respondent 4 also perform sexual adjustment by informing her husband about her sex problem. Despite feeling disappointed and surprised upon learning about sexual disorders suffered by his wife, the fourth respondent's husband helps her by became more active when they have sex. This is done by changing the sexual atmosphere as well as sexual behavior. This action is done in order to make Respondent 4 becomes more passionate when they have sex.
- d. Sexual adjustment made by Respondent 6 is studying her sexual problem through both of her and her husband's experience. From their experience, Respondent 6 knowing that her glucose level must remained in the normal range so that she would be able to orgasm. Respondent 6 also discuss this issue with her husband to reduce the sense of despair and anger over her sexual disorders. Although surprised and confused, her husband still support her to find solutions for her sexual

- problems. Both of Respondent 6 and her husband sought different sexual atmosphere as well as sexual behavior.
- e. Sexual adjustment made by Respondent 7 is studying her sex problem through books, expert's opinion, and the Internet. From the learning process, Respondent 7 and her husband had to maintain their health and Respondent 7 must keep her glucose level to remain normal. Respondent 7 does not open at the beginning of their sexual adjustment. She pretended to orgasm for two months so as not to get caught by her husband that she had an orgasmic dysfunction. Respondent 7 reasoned that she scared and worried if her husband thought she was not normal, and did not accept her conditions. However, Respondent 7 finally decided to tell her husband. After discussing her sexual problems, the husband began to assist her in a way become more active during their intercourse. Different sexual atmosphere and sexual behavior are also done in order to make her achieve orgasm.
2. Sexual Adjustment in Men
    - a. Sexual adjustment made by Respondent 3 is studying his sexual problems through consultation with the expert. Respondent 3 had tried to hide his sexual problems from his wife. However, he began to discuss the issue to his wife two months after he was suffering from diabetes. His wife was worried and suggested him to consult a doctor. In addition to maintaining the health of the body, Respondent 3 and his wife began to change their sexual intercourse by means both of them active during intercourse. They also make changes the style and create a relaxed atmosphere during intercourse.
    - b. Sexual adjustment made by Respondent 5 is studying his sexual problems via the internet and expert's opinion. From the learning process, Respondents 5's trying to keep his glucose levels to remain normal as well as keeping his stamina. Respondent 5 openly discuss his sexual problem with his wife even though at first he felt insecure and infertile. His wife who had disappointed because she did not directly notified suggested that they both seek out the problem solving. She also became more active in sexual intercourse, especially when Respondent 5 began experiencing the same symptoms. Different sexual atmosphere and sexual behavior also made in order to stimulate the Respondent 5 so as to erect.
    - c. Sexual adjustment made by Respondent 8 is studying his sexual problem through expert's opinion. Respondents 8 are advised to keep his glucose level remain normal. Respondents 8 told his wife after he suffered erectile disorder for three times and after he overcame his own fear who considered himself as not normal. During sexual intercourse, Respondents 8 becomes more active. His wife is also active when she is aroused. Respondent 8 change the atmosphere and sexual behavior in order to make him achieve an erection.
    - d. Sexual adjustment made by Respondent 9 is studying his sexual problem through expert's opinion. From the learning process, Respondent 9 became more focused on keeping his glucose level to remain normal. Respondent 9 told his wife about the issue after he experienced it two years ago. After learning her husband's issue, the wife also perform sexual adjustments by becoming more active during their intercourse. They also create a support atmospheres and perform variations of foreplay. The acts are capable of making Respondent 9 erects again though there are times when their effort failed.
    - e. Sexual adjustment made by Respondent 10 is studying his sexual problems through books. From the learning process, Respondent 10 become more active to stimulates the vital tools of his wife so that they can achieve sexual satisfaction simultaneously. Respondent 10 discuss his sexual problems with his wife two months after ensuring himself experienced similar events each intercourse. His wife also tell her sexual dissatisfaction. Therefore, both of respondent 10 and his wife began to change the sexual atmosphere and sexual behavior in order to achieve sexual satisfaction together.

## CONCLUSIONS AND SUGGESTIONS

### A. Conclusions

There are nine of ten respondents with diabetes mellitus who are able to adjust their sexual problems.

### B. Suggestions

1. Respondents with diabetes mellitus who experience sexual disorder must continue to think positive and continue to make adjustments to any changes that occur in their life and remain closer to Allah SWT. Patients with diabetes mellitus who experience sexual disorder is also expected to be more open to their partner as well as medical experts involved in handling their problems so that attitudes and appropriate treatment can be applied as well as maintain personal health.
2. As for the partners, they must continue to support their partners and jointly commit sexual adjustment in order to achieve sexual satisfaction together .
3. Subsequent research suggested to the theme of adjustment or the support from the patients's partner. Given that the success or failure of sexual adjustment in patients with diabetes mellitus also can not be separated from the support of their partner.
4. Future studies are expected to have an additional theory of sexual adjustment for patients with diabetes mellitus to get a broader picture again.

## DAFTAR PUSTAKA

- Ambarwati, W. (2008). *Hubungan Antara Persepsi Dukungan Sosial Dengan Tingkat Kecemasan pada Penderita Diabetes Melitus*. Buletin Penelitian RSU Dr Soetomo. Vol 10. No. 2. Fakultas Psikologi. Universitas Airlangga Surabaya.
- Balai Pustaka. (2001). *Kamus Besar Bahasa Indonesia*. Jakarta: Balai Pustaka.
- Enzlin, P. (2002). *Sexual Dysfunction in Women with Type 1 Diabetes: A Controlled Study*. [on-line]. Diakses pada tanggal 20 Pebruari 2012 dari <http://care.diabetesjournals.org/content/25/4/672.full>.
- Fauriska, C.D. (2011). *Bab III: Kecemasan Ayah Dalam Menghadapi Anak Penderita Thalassaemia*. [on-line]. Diakses pada tanggal 27 Maret 2012 dari <http://repository.usu.ac.id/bitstream/123456789/29139/2/Chapter%20III-V.pdf>.
- Hasibuan, C.M. (2010). *Penyesuaian Diri Penderita Komplikasi Diabetes Mellitus Setelah Amputasi*. Skripsi. Fakultas Psikologi. Universitas Sumatera Utara.
- Hurlock, E.B. (1980). *Psikologi Perkembangan: Suatu Pendekatan Sepanjang Rentang Kehidupan*. Jakarta: Erlangga.
- Koentjaraningrat (1997). *Metode-Metode Penelitian Masyarakat*. Edisi ketiga. Jakarta: PT Gramedia Pustaka Utama.
- Lubis, F.Y. (2010). *Penyesuaian Seksual Istri Terhadap Suami yang Lebih Muda*. Skripsi. Fakultas Psikologi. Universitas Medan Area.
- Nasution, S. (2003). *Metode Research (Penelitian Ilmiah)*. Jakarta: Bumi Aksara.
- Phu Ly. (2010). *Macam-Macam Diabetes Mellitus*. [on-line]. Diakses pada tanggal 8 September 2012 dari <http://diabetesmellitus.blogdetik.com/macam-macam-diabetes-mellitus.htm>.
- Poerwandari, K., Hassan, F., (2007). *Pendekatan Kualitatif untuk Penelitian Perilaku Manusia*. Depok: LPSP3 Fakultas Psikologi Universitas Indonesia.
- Potter & Perry. (2005). *Buku Ajar Fundamental Keperawatan: Konsep, Proses, dan Praktik*. Jakarta: Penerbit Buku Kedokteran. EGC.
- RASS Organik Indonesia. (2011). *Pemulihan Impotensi Diabetes*. [on-line]. Diakses pada tanggal 24 September 2012 dari <https://sites.google.com/a/sehatorganik>

sumbawa.com/*diabetes-organik-indonesia/penyebab-dan-pemulihan-impotensi-diabetes*.

Riaz. (2011, 6 Agustus). How To Sexual Adjustment. [on-line]. Diakses pada tanggal 21 September 2012 dari <http://www.getskill.org/health-and-beauty/how-to-sexual-adjustment.html>.

Soegondo, S., Soewondo. P., Subekti, I. (2009). *Penatalaksanaan Diabetes Melitus Terpadu: Panduan Penatalaksanaan Diabetes Melitus bagi Dokter dan Edukator*. Jakarta: Balai Penerbit Fakultas Kedokteran Universitas Indonesia.

Taylor, C., Lilis. C., Lemone, P., (1997). *Fundamentals of Nursing: The Art and Science of Nursing Care*. Edisi ketiga. Philadelphia: Lippincott-Raven Publisher.

vBulletin™. (2007, 4 Desember). Agar Seks Luar Biasa. [on-line]. Diakses pada tanggal 24 September 2012 dari <http://www.indomp3z.us/archive/index.php/t-23995.html>.

Walgito, B. (2004). *Bimbingan & Konseling Perkawinan*. Yogyakarta: Andi.

*Diabetes and Sex* (2012). *Diabetes.co.uk - The Global Diabetes Community* [on-line]. Diakses pada tanggal 20 Pebruari 2012 dari <http://www.diabetes.co.uk/diabetes-and-sex.html>.