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# A Qualitative Approach to Sexual Openness and Sexual Dysfunction in Indian Women

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**ABSTRACT**
Man and woman differ in terms of the openness of their sexual divergences. Women rarely communicate their sexual requirements (or relationship demands), which has an impact on how well women's health generally functions. This is attributed to male partners' continuous sexual dominance and the traditional mindset of Indian society. The current study's objective is to use a qualitative technique to investigate Indian women's sexual openness. Purposive sampling and qualitative analysis were employed. The study comprised 5 healthy women (aged 35 to 44) who were able to form relationships and share their sexual life experiences while their husbands (who had sexual dysfunction) were present. An interview-based focused qualitative assessment was done. Participants were asked to describe their experiences under four main headings: their sexual knowledge, their romantic connection, the effect of their sickness, and their desire for a sexual relationship. Using the participant's written narratives as a guide, qualitative semi-structured interviews were conducted. The results of this exploratory study show that the participants had high levels of stress as a result of their husbands' sexual issues. Our qualitative study has found that partners of men with sexual dysfunction frequently experience sexual problems, and that such partners require sympathetic assessment in order to be sexually available.

**Keywords:** Keywords: Sexuality, openness, relationship, society.

## 1. INTRODUCTION

For a woman, having a fulfilling sexual life is crucial to her entire welfare. Numerous research have revealed a strong correlation between sexual function and the quality of one's health-related life (1, 2). Overall sexual health is "a condition of physical, emotional, mental and social well-being in respect to sexuality; it is not only the absence of disease, malfunction, or infirmity," according to the World Health Organization (3). A positive and respectful attitude toward sexuality and sexual relationships is necessary for sexual health, as is the ability to enjoy joyful and secure sexual experiences that are free from coercion, prejudice, and violence.
According to historical analyses of the position of women in India, her function is completely different from what she wants and everything seems to be forced upon her. Although both the



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husband and the wife work to support the family, there is a distinct sex-based division of labour. The behaviour that is socially defined and expected of a person based on his or her status as a man or female constitutes the person's sex roles. The paradigms in myths, rituals, ideologies, and symbols in India's male-dominated tradition are masculine [4].

Over the past few years, there has been a significant rise in public awareness of male sexual dysfunction as a result of shifting cultural views and public relations campaigns. Participation in the therapy of their partners or spouses has a significant impact on the overall outcome for males with sexual dysfunction. The psychosexual functioning of female spouses, however, has gotten little attention, as if it were unfeminine for a woman to be receptive to a sexual connection. Even with all of this focus, it is still unclear how these illnesses affect their female partners [5]. When it comes to sexual openness, women in India still keep their hands under the table. Therefore, the purpose of the current study is to examine Indian women's sexual openness using narrative review.

## 2. METHODOLOGY

**Subjects:**

Purposive sampling and qualitative analysis were used in the current study. Participants in this study were five wives who visited the psychosexual and marital clinic at GMCH-32 in Chandigarh with their husbands. Being a married woman (of any age), being willing to participate, being able to build a connection, and being able to convey her sexual life experiences were the inclusion requirements. Any serious medical or psychological morbidity [General Health Questionnaire (GHQ-12)] was one of the exclusion criteria.

**Procedure**:

An interview and a targeted qualitative assessment were employed for data gathering. With the use of the General Health Questionnaire, the female participants (wife of men who visited the marital psychosexual clinic at GMCH-32, Chandigarh), who had sexual dysfunction, were eliminated (GHQ-12). and afterwards chosen for the qualitative investigation. Out of the 5 participants, 1 data was obtained by email because the person had previously consulted with GMCH-32 even though they did not live in Chandigarh. The sociodemographic information was provided in detail, and then their written tales were noted. The participants' knowledge of sexuality, the couple's sexual relationship, the effect of her illness, and her desire for the sexual relationship were the four main areas under which they were instructed to write about their experiences. Depending on the participants' level of interest, the examination lasted somewhere between 90 and 120 minutes. The evaluation took one or two sittings to complete. Using the participant's written narratives as a guide, qualitative semi-structured interviews were conducted. Then, using qualitative analysis, the narration was examined.

**Data Analysis:**

Four open-ended themes were presented to female participants. The qualitative interview was verbatim transcribed from the written sample and the guided questions from the written sample.

## 3. 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.

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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 participant's understanding of sexuality, the couple's sexual relationship, the effect of her sickness, and her desire for a sexual relationship are the four major themes in which the study's findings are presented.

**a. Her knowledge of sexuality**

The participants who were female had their sexual knowledge first investigated. They were instructed to write about their thoughts on the word "sexuality" in their response. The statements that follow were obtained directly from the participants.

1. Being sexually active entails pleasing your spouse. Abhi bhi mushkil hai zahir karna ye women ke liye. Sawal aate hai bahot saare mann mein kya shochenge mere bare mein. Mai aisi nahi hu, khud ke mann mein bhi kai baar aata hai. Aise galat khayal nahi aane chahiye mere mann mein. Aisa kya hai mann main jo rokta hai bus pata nahi aisa kya hai ki women ko initiate nahi karna chahiye. Iski vajah se mujhe koi issue aati hai par main khush hu aisa nahi hai ki (Mrs. R).
2. I feel insecure and hesitant to ask for what I want. I think a man should make the first move rather than a woman. Even when I occasionally take the lead, it's really challenging. I occasionally think that I shouldn't have started (Mrs. A).
3. A husband and wife's sexual relationship is an essential aspect of their relationship. Happiness is produced, and the bond is strengthened. Both couples must agree in order to proceed. A healthy sexual relationship brings life and lifts no burdens (Mrs. S.).
4. Bahot zaruri and ahem hissa are present in the zindgi ke liye. Iise zahirr kar sakta hai per jitna ek aadmi, utna ek aurat nahi (Mrs. J).
5. How much we share our duty is more significant than our sexual relationship, which is not as vital (Mrs. D).

**b. Sexual relationship between the couple**

1. 1. The husband's sexual fulfilment is crucial. Humari pariwarik zingdgi bhi khush rehti hai aur isse unka mann khush rehta hai. Jab mai koi aisi jeez karu shararik sambhand ke duaraan jo mai chahti hu, unko pasand nahi aata hai. Itne samay ke baad per shaadi ke mujhe ab aadat ho gae hai. Pareshanni nahi aati Ab koi (Mrs. S.).
2. 2. Prior to his illness, our sexual relationship was excellent. He took the initiative a lot more often than I did. It is challenging to articulate the desire. I typically keep my face hidden and prefer to engage in sexual activity at night. I hardly ever had orgasms throughout the day. (Mrs. R)
3. 3. Our sexual contact is really minimal. Although it is very essential to my husband, I believe that sexual interaction should be moderate and not the only aspect of relationships. We frequently fought as a result of this. (Mrs. D).
4. 4. Our sexual relationship is excellent. Despite my natural shyness, I enjoy when he takes the initiative. (Mrs. A).
5. 5. Meri zindgi ka ye ek hissa hai. In the event that hum ye na smajhe ki hume kya chiye to phirr jeevan ka kya fayada, mai bhi bahot baar shuruwaat karti hu kuyuki mera maanana hai ki pade likhe hone ke baad. Insmein mujhe samjhne mein mera sahyog karte hai, mere pati bhi. (Mrs. J).

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**c. Impact of illness on her**

1. Prior to his illness, our sexual relationship was in excellent health (ED). We once enjoyed and cuddled one another. Our family used to be really happy, but these days he gets angry about little things. I wanted to share in his suffering, but he refused. What if, when I ask him a question, he remains silent and excuses himself by saying that he is weary before falling asleep? Following that, I don't initiate (though I always wanted...). I occasionally feel as though I should have an extramarital affair because I am a human being and also have a desire, but my conscience forbids me from doing so (Mrs. S.).
2. Ye tension mai aap ke alwa aur kisis se bhi share nahi kar sakti, na hi apni maa aur friends se, apni behan se, and na hi apni behan se. Ye koi kehne waali baat thode hi hai, akhir kya batau. He says, "Doctors ko nahi pata, kya mai ye jaan ke ker raha hu," disputing the idea that it is a psychological issue. We fight in the end every time. I always ask him to express his feelings, but he rarely does and instead responds with "nahi kuch nahi." He is still agitated right now, which makes me even more agitated (Mrs. A).
3. Inki beemari ka meridi pe bahot jada asar hua hai. Akela mehsoos karti hu kaafi dukhi. Inke illaz ki koshish ki and maine oer main haar nahi maani aur inhe motivate bhi kia hai maine. khaalipan lagta hai per bahot baar mujhe (Mrs. J).
4. I find it to be really annoying. I am unable to concentrate on my household chores and other duties for the family. I believe I may be unwell. I am also suffering as a result of his issue (Mrs. R).
5. "Ismein koi do rai ani hai" means "Inki bimari ka humari shaadishuda zindgi pe bahot asar hua hai." The phrase "jo rishte bannte the vo bhi nahi hota" applies to the umare beech. Iski Vajah Se Kai Baar Mera Maann Udaas Rehta Hai Per Mai Aap Ko Samjha Kar Baaki Kaamo Mein Aapna Mann laga Leti Hu (Mrs. D)

**d. Her desire:**

1. I hope he can express his feelings. The doctor has stated that we must collaborate to find a solution, but he does not say, "You practise hum kab tak karenge." Mai thik ho paunga is not applicable in this case. Maim kya chahti hu and mai bol bhi nahi paaati hu, vo ye nahi samjhne ki koshish kar rahe hai. Man mein Khayal Dusra Sambandh Banane ka Bhi Karta (Mrs. S.).
2. Mai kya chahti hu per ye bahot mushkil hai, mai batana chahti hu. Aisa nahi hai, mera bhi bolna zaruri hai, mujhse roka jata hai bus ander se ye awaj nai aati. The waisa hi kare, bus mai ye chahti hu ki ye pehle jaise ho jaaye aur jiasa ye karte. Jujhe acha lagta hai, jo bhi ye karte hai (Mrs. A).

1. I need a place and some time to chat. Most of the time, both our children and our in-laws are present. Additionally, I become frustrated by this. I frequently feel as though I lack life and space to express myself or be free. I am unable to share this with my husband as well since anytime I try, he reacts angrily by claiming that they are my parents (Mrs. R).
3. I want to go out with him by myself, where no one will annoy or disturb us (Mrs. J.).
4. Our relationship is solid. Pooja path mein apna dyaan laaye, hum khush rahe, and apni responsibilities ko ace e nibaye. (Mrs. D).

## 4. DISCUSSION

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The purpose of this study was to investigate Indian women's level of sexual openness. The study's key conclusions were how they conceptualised sexuality, the type of relationship they had with their spouses, how disease affected her, and how she felt about herself as a woman. The results of this exploratory study show that the participants had high levels of stress as a result of their husbands' sexual issues.

**On her knowledge of the sexuality**

All of the participants' knowledge was influenced by the environment, where being sexually active entails satisfying a male partner. The main influences on Indians' understanding of sexuality include a variety of psycho-social elements.

Social aspects including upbringing, cultural norms, and expectations, as well as psychological elements like depression and performance anxiety, play a significant impact. The quality of present and previous relationships as well as financial stressors are additional complicating variables [6, 7]. In a developing nation like India, current Hindu societies still have a widespread dislike of the sensual component of marital life, which cannot be dismissed as a just mediaeval artefact. Many Hindu women, particularly those from higher castes, don't even know what their genitalia are called. Even if the way that modern Indian women are seen is changing, many of them still view sexual engagement as a chore and something that must be endured, frequently out of a fear of being abused [8].

**Sexual relationship between the couple**

With the exception of one person, almost all of the participants have healthy romantic relationships. For this participant, sharing responsibilities and adhering to religious principles were more essential than engaging in frequent sexual activity. However, all of the female participants' comments regarding good sexual relationships were made before their partners became ill, which had a substantial impact on their lives. There are many variables that are associated to sexual satisfaction and several aspects that affect the quality of the couple's sexual connection [9, 10, 11]. These variables could be individual experiences, such as how frequently one experiences orgasms during sex, partner experiences, such as how frequently a partner experiences an erection during sex, or relationship-related aspects of sexuality, such as how frequently a couple engages in sex or how openly sexual matters are discussed [9,12].

**Impact of illness**

The mental health of the healthy spouses is greatly impacted by illness. When their wives don't express their feelings, they become more irritated. Additionally, when ladies fail to get what they desire by controlling their emotions They claimed that even though they were healthy, they nonetheless suffered more than their wives. The levels of marital (and sexual) happiness, overall quality of life, and psychiatric symptoms are all significantly higher in spouses of men with erectile dysfunction (ED) than in controls [13]. In comparison to women whose spouse did not report sexual dysfunction, Derogatis and colleagues [14] were the first to report that female partners of men with a sexual dysfunction had reduced sex drive and more restricted sexual activity. Lower sexual arousal, lubrication, and orgasm frequency have also been reported in these conditions [15].

**Her desire**

Every participant wanted to have a fulfilling sexual life. They failed to produce what they genuinely want, though. Sexual enjoyment has reportedly received less research attention than sexual function. For the majority of Indian women, having sex is mostly about satisfying a man's desire and achieving an orgasm. Like the unicorn, the female orgasm is a legendary idea. Few women dare to tell their spouses what makes them feel sufficiently gratified to help them climax, and few men make the effort to make their partners orgasm [5].

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When first questioned, some women might first deny having any sexual issues; but, if supportive listening conditions are offered, a deeper picture of the precipitating and perpetuating elements may emerge. One female participant, for instance, initially stated that her biggest issue is that she needs more time during sexual contact.
She does, however, admit that her male partner is having trouble keeping erections after more discussion, but she is reluctant to share what she wants during sexual activity. With the help of counselling or psycho-educational and psychotherapy interventions, these problems may be easily improved. The study's small sample size and cross-sectional design are significant limitations.

**Future direction**

The current study offers us the chance to comprehend how sexual dysfunction impacts both spouses. Women may not be discussing female sexual desire publicly just yet, but they are making small strides in that direction. Research and clinical care pertaining to women's mental health in this field must be guided by a comprehensive, bio-psychosocial approach. Future studies should therefore concentrate on understanding the changes that occur not only in men who suffer from sexual dysfunction but also towards their healthy spouses.

## 5. CONCLUSION

Our qualitative investigation has found that partners of men with sexual dysfunction frequently have sexual problems and should be evaluated for sexual openness with empathy. Marriage and sexual problems could be lessened with holistic management**.**

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