My Thing Is Dead: Experience of Dealing with Diabetic Erectile Dysfunction of Northern Thai Men

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Abstract: Diabetic erectile dysfunction is a common complication affecting men who are living with diabetes mellitus. However, there is a lack of understanding of the experience of men in dealing with this condition in Thailand. This qualitative descriptive study explored the experiences of 15 Thai men in dealing with diabetic erectile dysfunction. They were receiving care in a northern Thailand hospital and were chosen purposefully. In-depth interviews were conducted between December 2016 and December 2017. All interviews were transcribed verbatim and data were analyzed using a thematic analysis approach.

Five themes emerged regarding the participants dealing with their condition: Loss of manhood; Embarrassing to disclose; A little relief from medicines; Trying to please a partner, and Getting over it and accepting. Losing of erectile function caused some men to lose their strength and confidence. They tried different ways to gain an erection to please their partner. However, they had little success in restoring their erectile ability. Some of them learnt to live with their condition. The findings highlight the need to create a supportive environment to encourage men's self–disclosure and decrease embarrassment. Nurses can design a program for addressing and helping men get over an erectile dysfunction due to diabetes. An essential recommendation is to assess and care for sexual problems as part of routine care for men with diabetes.

Pacific Rim Int J Nurs Res 2021; 25(2) 255-268

Keywords: Diabetes mellitus, Disease management, Erectile dysfunction, Experience, Men, Qualitative Descriptive

Received 11 June 2020; Revised 4 October 2020; Accepted 9 October 2020

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Introduction

Diabetic erectile dysfunction (DED) is acknowledged as one of the leading complications of diabetes among males.[1] This complication might occur earlier among men with diabetes than among men without diabetes.[2-3] It affects their intimate relationships due to being unable to perform sexually with their partners and as a result, losing their partner's interest.[4-6] This could continue to cause problematic clinical avoidance of seeking help and have an impact on their quality of life.[7-8]

Existing literature, especially in the western context presents that erectile dysfunction (ED) is a predictor of worse overall quality of life among patients.[9-12] It affects a man's self-esteem, relationships with partners, and sexual satisfaction. Being sexually active and having a satisfying sex life is important to men's sense of masculinity[13] and can motivate men with ED to use oral medication as their first choice to solve their sexual issue.[4,14] Among some men, oral medication appears to be effective in improving sexual function, whereas some men discontinue using it due to the differences in treatment expectations and cardiovascular safety. Other different employed strategies are supportive action from partner and doctors.[4] Moreover, many men, especially young men, refuse to seek medical advice due to a sense of humiliation.[15] Men can have different strategies to deal with ED depending on several factors, such as their age group, health status, health belief, and their cultural beliefs.[14,16-17]

From the perspective of Thai men, they regard their erection as an important part of their identity as a man. This is because, according to Thai culture, men have a reproductive role and community politics role. They believe that talking about their sexual issues would lead them to lose their self-confidence[18] and their prestige in society. They prefer not to share their sexual troubles and delay seeking medical care.

Few studies in other countries outline some strategies to deal with DED among men with diabetes such as medication solutions, partner support, and disclosing diabetes to sexual partners.[4,19-21] In Thailand however, there is a lack of understanding of the experience in dealing with DED among men with diabetes and no studies on the topic. Therefore, this study attempted to bridge the knowledge gap. The findings may help healthcare providers develop strategies to assess the erectile problem and promote better DED management in men with diabetes.

Review of Literature

DED refers to a penile erection problem that is induced by diabetes mellitus. The prevalence of DED has been reported to occur in more than 50% of men with DM around the world.[22-23] The ED prevalence among men with DM is three to five times higher than among healthy men.[23-24]

In western countries, the negative effects of penile dysfunction on men and their partners have been studied both qualitatively and quantitatively for many decades. When a man experiences impotence, it greatly influences their way of living and sexual health.[25] ED is perceived to be an important loss in men's lives as sexual performance is closely related to manhood. The majority of qualitative studies have similar findings on the impact of having an ED on losing masculinity, self-esteem, and confidence in sexual performance. Difficulty in performing sexual activities and in partner relationships was also mentioned frequently as men are afraid of disappointing or losing their partner.[26] Men who experience DED may create adverse emotional outcomes including depression, anxiety, guilt, and embarrassment.[8] Thus, some men decided to enter into a treatment program with phosphodiesterase 5 inhibitors (PDE5: e.g. Viagra) which has high expectations to gain back their manhood.[4,14] In the qualitative findings of a study on the dropout rate of ED treatment with PDE5, some men ceased using this because their high expectations of the medicine were not met, due to non-effectiveness of PDE5, psychological factors (e.g. anxiety, negative emotions, fears, concerns, dysfunctional beliefs), erection recovery, and concerns about the cardiovascular safety of PDE5.[4,14] Other expectations about treatment were the incorporation of the female partner. Contrarily, women influenced men's help-seeking behavior through their supportive actions, such as talking with each other,[14] showing interest and dealing actively with the problem, appealing to the male self-esteem, supporting doctor's visits, forcing treatment, actively cooperating and participating in treatment or initiating sexual intercourse.[4] However, young men kept the problem a secret and prefer to solve the problem by themselves as it is considered an embarrassing issue which decreases their masculinity.[15,27] Experience of

having ED and seeking treatment is different according to the individual's culture, beliefs, and health status, especially the idea of masculinity.

The nature of masculinity is related to sexuality and intimate issue as the penis and men is synecdochically related.[13] The penis has been used to represent the manhood, and the erection of the penis signifies men as 'normal' or naturally expressing male sexuality. Most men reflect their manhood identities through their pattern of sexual performance as achieving a 'hard-on' and getting 'fast' to ejaculation.[28] Having an abnormality such as erectile difficulty can lead men to lose their symbol and often feel that their masculinity and sexuality have been threatened.[29-30] When the cultural standard for sexual performance is not met, men feel like they are physically less of a man, sexually disabled, powerless, and unable to conform to the social norm. Thus, it is necessary to understand the ways to maintain masculinity of Thai men with DED to build empirical knowledge for nurses to help men to manage DED for regaining manhood and quality of life.

In Thailand, the prevalence of DED came from a national survey on 2,269 Thai men aged 40-70.[31] The findings revealed that among 214 patients who had DM, the prevalence of DED was 70.09%. ED was related to low sexual satisfaction, and regular sexual intercourse, penile erection, and masculinity were significantly related to sexual satisfaction.[32]

Although Thai men regard their erection as important to manhood, there has been no specific investigation on the experience of men with a diabetic erectile problem. Previous qualitative research is not specific enough to explore the experience in dealing with DED and most studies have been conducted with participants with a Western background. The experience of men with ED has been studied among men with cancer survival, radiotherapy, and common ED. As DED can influence not only the sexual relationship but also the relationship outside of sex in terms of expressing feelings of love or connection that can contribute to low quality of life, an investigation of DED's magnitude with men with diabetes is required in Thailand. Nurses and other health professions need to have an understanding of the experience of men living with DED on how they deal with their illness so as to provide appropriate support and help for them.

Study Aim: To explore the experiences of Thai men in trying to deal with DED.

Methods

Study design: This study is a qualitative phase of a larger mixed-method study. A qualitative descriptive approach was used to explore the phenomenon of interest in its natural state.[33] This approach enables researchers to understand perceptions, feelings, behaviors, attitudes, and strategies for dealing with DED among men. It allowed the researcher to gather realities from the participants without any attempt to manipulate or interfere with the ordinary unfolding of circumstances.

Participants and Setting: Male patients with DED who visited the diabetes outpatient and medical outpatient clinics in a university hospital in northern Thailand were recruited for the study using purposeful sampling. A permission letter was sent to request for data collection in the hospital and was granted. The inclusion criteria were: men with a IIEF-5 score lower than 22 and willing to share their experiences. The score was obtained from using IIEF-5 questionnaires (IIEF-5: the International Index of Erectile Function is the scale for assessing erectile dysfunction which includes a domain of erectile function, orgasmic function, sexual desire, intercourse satisfaction, and overall satisfaction).[34]

Data Collection: Data was collected through in-depth interviews between December 2016 and December 2017. In-depth interviews were conducted after the principal researcher (PR) established trust and rapport. Each in-depth interview was conducted in a private place at a convenient time based on the participants' preferences.

Each interview began with a general question, "What is your situation of DED?," then probing questions such as: "How does DED affect your life?," "What did you do when having erectile dysfunction?," "Could you explain more?" and "Why do you do that?" Participants were asked to clarify points to explore more deeply about their experiences. Each interview lasted from 60 to 90 minutes. Some participants were interviewed more than once, which allowed probing and clarification of issues raised in their previous interview. Four men were invited for a second in-depth interview. Interviews were conducted until data saturation was achieved, that is when no new data emerged from the interviews.

Trustworthiness: Credibility, dependability, conformability, and transferability were principles underlying the accuracy and strength of this study.[33] Credibility was attained by inviting four participants to perform member checking and peer debriefing was conducted by two experts who verified the study's findings. Also, the PR provided a clear audit trail to the research team members. To achieve dependability and conformability, the researchers did not presume any conceptual framework for gathering and analyzing the data. They continually discussed the process of data collection and the data analyses until achieving a common understanding of what was required for the study. Transferability was achieved through recruiting maximum variation samplings such as educational level and age. Moreover, the researchers reported data and methods so that other researchers could replicate it for further study.

Data Analysis: All recordings from the interviews were transcribed verbatim and then analyzed using a thematic analytic approach. All transcripts were rechecked with the recording for correctness. Then the researchers read the transcripts several times to gain an overall understanding of the contents. The six steps of thematic analysis were then applied to analyze the interviews.[35] These six steps were: (i) familiarizing with the data, by reading the transcription line-by-line to understand and find emerging data; (ii) applying codes and sorting these manually based on similar features to generate the initial codes; (iii) searching for themes by grouping them into themes based on the DED management strategies; (iv) checking the initial themes from the coded extracts from the raw data and using a thematic map of analysis; (v) generating definitions and names which represented the essence of each theme; and (vi) writing the report conclusions. The structured coding themes were discussed and developed by research team members, which included qualitative researchers and a clinical nurse specialist. **Table 1** provides an example of how information was gathered about key events.

Table 1 Examples of how information was gathered for theme (Theme: Trying to please partner)

Excerpts	Coding	Sub-themes
"I do foreplay and sometimes I do oral sex to please my partner sexually. Because I figure if I can make her orgasm first then she is satisfied..." (M13)	- Making partner satisfied - Oral sex - Foreplay	Using sexual aids
"I sometimes watch X-rated movies. It helps me achieve an erection a little bit. I watch them and arouse myself with my hand before making love with my partner." (M6)	- Arousal with hand - To be able to have sexual intercourse	
"She helps me to get it up by using her hand and sometimes through oral sex...She keeps trying to help me to reach orgasm [without insertion]." (M5)	- A partner helps to have sexual activity	Having a supportive partner

Table 1 Examples of how information was gathered for theme (Theme: Trying to please partner) (Cont.)

Excerpts	Coding	Sub-themes
"Some days, if I'm in the mood to have sex, I will tell her that I'm horny. Then she will help me orgasm. I can't get inside her, so I ask her to do it outside. I just rub my penis with her private parts so I can climax and finish." (M9)	- A partner helps to have sexual activity	
"I told her that I have diabetes and I told her that this might cause DED... Since then, she hasn't complained and she tried to help me to get an erection. (M4).	- A partner helps to have sexual activity	
"During a visit to the hospital, I asked my doctor about the complication of diabetes and erection. I alearn about my problem caused by diabetes. But sometimes I feel shame discussing my sexual issue because there are so many people around it" (M14)	- Search for information - Shame to discuss	Getting more information about DED

Ethical Considerations: This was approved by the Research Ethics Committee, Faculty of Nursing, Chiang Mai University (no. FULL-037-2016). The PR explained to potential participants what the exact aims of the study were and the methods used to conduct it. They were informed they could withdraw from the study at any time without penalty or effects on their treatment. Written informed consent and permission to record their interview was obtained from all participants. Anonymity was confirmed during the interview process, verbatim transcription, and reporting of research results.

Findings

Out of 15 participants, there were 6 participants with mild ED (40%), 6 with mild to moderate ED (40%), and 3 with moderate ED (20%). Their ages ranged from 36 to 70 years old. Of these men, 85% were married (n = 12). Regarding the type of diabetes mellitus, 93.33% had type 2 diabetes mellitus and the duration of diabetes mellitus was 1-9 years (60%). (**Table 2**).

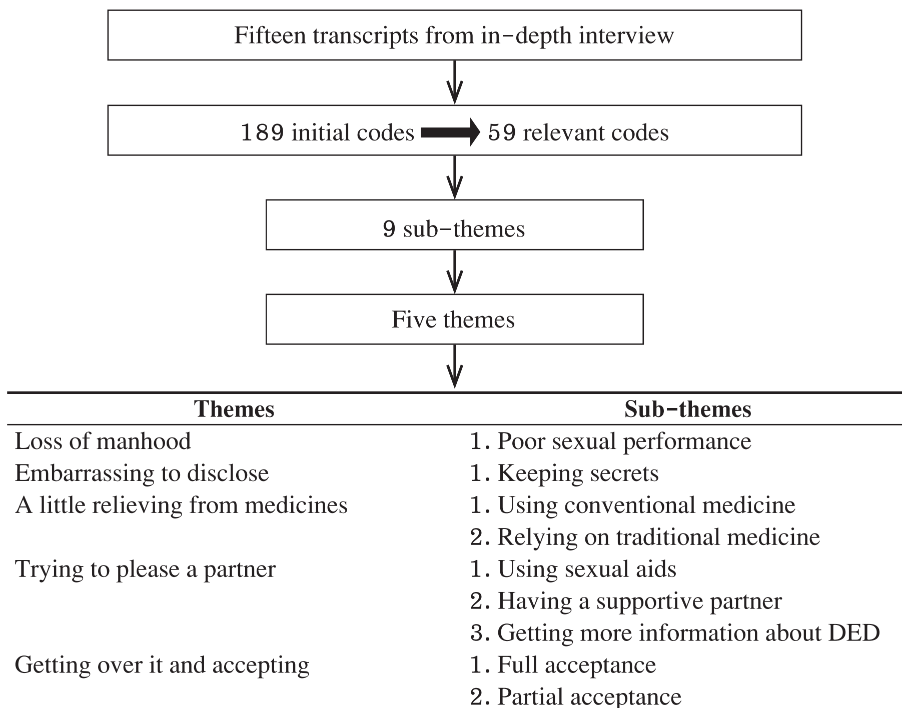
Five themes emerged from the data and are discussed below. (**Figure 1**).

Table 2 Demographic characteristics of participants

Characteristics	Participants, n (%)
Age (years)	
30-39	1 (6.67)
50-59	2 (13.33)
40-49	10 (66.66)
60-69	1 (6.67)
70-79	1 (6.67)
Marital status	
Married	12 (80)
Divorced/widowed	2 (13.33)
Single	1 (6.67)
Type of DM	
T1DM	1 (6.67)
T2DM	14 (93.33)

Table 2 Demographic characteristics of participants (Cont.)

Characteristics	Participants, n (%)
Duration of DM (years)	
1-9	6 (40)
10-15	5 (33.33)
16-20	4 (26.67)
Degree of ED	
Mild	6 (40)
Mild to moderate	6 (40)
Moderate	3 (20)
Duration of having DED	
Lower than 1	1 (6.67)
1-5	2 (13.33)
6-10	9 (60)
11-15	3 (20)
Comorbid diseases	
Heart disease	4 (26.67)
Kidney disease	3 (20)
Dyslipidemia	4 (26.67)
Thyroid disease	2 (13.33)
Prostatic hypertrophy	2 (13.33)



Themes	Sub-themes
Loss of manhood	1. Poor sexual performance
Embarrassing to disclose	1. Keeping secrets
A little relieving from medicines	1. Using conventional medicine
	2. Relying on traditional medicine
Trying to please a partner	1. Using sexual aids
	2. Having a supportive partner
	3. Getting more information about DED
Getting over it and accepting	1. Full acceptance
	2. Partial acceptance

Figure 1 Analysis and results of the interview

Theme 1: Loss of manhood

Participants believed that to be a real man they had to be able to have sexual intercourse and give women sexual pleasure. They believed that good sexual performance proved their manhood to women. However, when having DED, they were afraid that this could influence their relationship owing to an inability to fulfil their partner's sexual desires.

Sub-theme 1.1: Poor sexual performance Most stated that DED decreased their sexual ability and performance through difficulty in penile stimulation, inability to achieve an erection, inability to maintain an erection for insertion, and/or lower frequency of sexual intercourse.

> *"...it gets erect very fleetingly; then it is gone. When I try to penetrate, it gets weak before I do it...Before, I could make love two or three times a week but it is not the same. It takes about a month for me to be able to have sexual intercourse."* (M2)

The majority of men mentioned that having DED, in the long run, might cause their relationships to end due to their partners' dissatisfaction with their sexual ability.

> *"It makes me stressed about our relationship...It seems she is dissatisfied that she hasn't reached the orgasm...that bothers her. If it happens several times, I fear that relationship problems will develop..."* (M11)

Theme 2: Embarrassing to disclose

Participants mentioned that initiating a conversation about the erectile problem was difficult. It can be an embarrassing condition which often causes participants to hide their condition from their partners, friends, and physicians.

Sub-theme 2.1: Keeping secrets

Participants had to hide their erectile problems from everyone. They felt it to be a private issue that they did not want anybody to know about. They were too embarrassed to talk with their friends or health care providers. Some even declared that they were reluctant to talk about their erectile problem with their partners. They were afraid that telling their partners of their impotence would be humiliating because they believed that men are responsible for performing sexual intercourse.

> *"I'm too embarrassed to talk about this with my friends. I don't want to be perceived as a loser or have them pity me in anyway..., so I don't tell the*m about my problem, that I can't get a boner." (M6)

Theme 3: A little relief from medicines

To keep an erection firm enough for sex, conventional and traditional medicine was used. The results varied quite a bit from one individual to another. They were effective for some participants, but not all and every little bit helped. This theme had two sub-themes:

Sub-theme 3.1: Using conventional medicine Participants believed that better erection would help them have better sexual intercourse. Consequently, some decided to use conventional drugs to physically strengthen their erection.

> *"I use Viagra. It increases the strength of my thing a little bit. I tested several methods to find out the best choices for a harder erection... When I take Viagra it helps a little bit. At least I can...insert it in..."* (M12)

Sub-theme 3.2: Relying on traditional medicine Participants preferred to use traditional medicine as it has no side-effects and has been used by their ancestors for a very long time. They use traditional methods such as taking red ginseng and using Thai folk knowledge of herbs steeped in liquor. They believe that with these herbal remedies, they can get a "hard-on."

> *"I used a red ginseng extract capsule. Someone told me it was good. I tried it because it was a herb that might have fewer side effects than stimulant drugs. So I continued to use it...I got a better erection."* (M10)

Theme 4: Trying to please a partner

Due to changes in sexual performance, participants used several strategies to meet the needs of sexual intercourse with their partner including using sexual aids, having a supportive partner, and getting more information about DED.

Sub-theme 4.1: Using sexual aids

Some participants used sexual aids to improve their performance and to satisfy their partners through foreplay, oral sex, sex toys, and so on. Increasing their partners' sexual pleasure and satisfaction helped relieve men from the pressure of fulfilling their sexual duties.

> *"I do foreplay and sometimes I do oral sex to please my partner sexually. Because I figure if I can make her orgasm first then she is satisfied..."* (M13)

Some mentioned using sexual media such as adult movies or adult video clips to help them stimulate an erection and arouse sexual desire to be able to have intercourse.

> *"I sometimes watch X-rated movies. It helps me achieve an erection a little bit. I watch them and arouse myself with my hand before making love with my partner."* (M6)

Sub-theme 4.2: Having a supportive partner

Sexual partners directly help participants to acquire an erection to have sexual intercourse and reach an orgasm. Showing affection, by using their hand and performing oral sex, helped participants achieve an erection before performing intercourse.

> *"She helps me to get it up by using her hand and sometimes through oral sex...She keeps trying to help me to reach orgasm [without insertion]."* (M5)

Some who were completely unable to get an erection or whose erections were not strong enough for penetrative sex also got support from their partners because they still have sexual desires. Their partners helped by rubbing or performing frottage with their vaginas until they can orgasm.

> *"Some days, if I'm in the mood to have sex, I will tell her that I'm horny. Then she will help me orgasm. I can't get inside her, so I ask her to do it outside. I just rub my penis with her private parts so I can climax and finish."* (M9)

Participants mentioned telling the truth to their partners about their erectile problem promoted such an understanding between them and partners.

> *"I told her that I have diabetes and I told her that this might cause DED... Since then, she hasn't complained and she tried to help me to get an erection.* (M4)

Sub-theme 4.3: Getting more information about DED

Participants tried to improve their knowledge about ED by consulting the physician who managed their diabetes. Some participants felt embarrassed or uncomfortable talking about their sexual problems.

> *"During a visit to the hospital, I asked my doctor about the complication of diabetes. I learn about my problem caused by diabetes. But sometimes I feel shame discussing my sexual issue because there are so many people around it."* (M14)

Participants understood that engaging in healthy lifestyles were part of diabetes management and can improve their sexual health and strengthen their erections. They focused on their lifestyles by controlling their diet, abstaining from tobacco and/or alcohol consumption, and doing exercise such as cycling and running.

> *"A doctor once told me that if I can control blood sugar my problem might be solved. I try to reduce sweet beverages for controlling my blood sugar. I also exercise by doing butt-clenching every morning after waking up.* (M11)

Most of the participants reported using the internet and media as resources to seek the best information regarding DED causes and treatment. Also, friends and other males with diabetes were sources of information regarding DED treatment.

> *"Mostly I search for information on Google…I know more about the causes and drug treatments. Then I ate fresh oyster that had been rumored to be good and have sexual benefit."* (M13)

> *"While waiting for my medicine, I talk to a fat guy. He told me about some treatments for erection and suggested me to eat black sesame."* (M9)

Theme 5: Getting over it and accepting

Living with DED, participants had to deal with their feeling of losing their manhood. For some, their erectile problems persisted despite trying different treatments and methods of erection management. By shifting their attention to family and work, they believed that this would help complete their manhood. This led them to adapt and accept the erection problem. Again, this theme had two sub-themes:

Sub-theme 5.1: Full acceptance

Participants had tried different methods to get their erection and manhood back, but the erectile issues persisted, so they adjusted themselves to get used to it. They did not want to try any more erection treatments and instead they accepted the erection problems because they were getting older and unhealthier. Some older participants maintained that it is common for older people to have erection problems.

> *"This might be because I'm too old or maybe because...I've had diabetes for more than ten years. My sexual ability and ability to get an erection are gradually decreasing... I just have to admit to this problem and get used to it."* (M5)

Some older participants had put aside their erection problems and turned their attention away from their inability to have sexual intercourse and focused on their role within their family. Taking care of their family members was another way to fulfill their role as a man.

> *"I'm old right now, that sexual thing is not very important. I'm sometimes able to do it [have sexual intercourse]; but even if I can't do it, I'm fine. I focus on my health and on my duty to take care of my nieces and my family. It helps me complete my role."* (M7)

Sub-theme 5.2: Partial acceptance

Some younger participants try to get over their erectile difficulties, but they still had hope that it will be better someday. Although they must live with the problem and get used to it, they could not fully accept their erectile issues. Instead of worrying about their erection problems, some of them tried to turn their focus away from their problems and choose to think about their work and business. They were afraid that the stress from thinking about their problems will lead to worse erection problems.

> *"I have to focus on my work instead of thinking about my erection problem. But sometimes that problem is stuck in my head... If I stress about that too much, my erection problems might get worse. I have to try not to think about it. Just let it go."* (M3)

> *"Right now I feel nothing. It's been so long that I've dealt with it... I have to get over it... let it be. But as a man, I could never get over it 100%..."* (M10)

Discussion

Overall, the findings of this study indicate that men living with DED have concerns about their erection and their relationships with their partners. Therefore, they used several strategies to increase their sexual performance to heighten their partners'

sexual satisfaction and prevent breaking up with their partner because of a lack of sexual intercourse. They sought specific information that they expected to be useful to manage their erectile problems. Facing up to ED, some men fully accepted this problem while others partially accepted it.

Cultural issues, especially the role and the ideal gender image, play a major role in dealing with erection problems among men. The image of the ideal Thai man involves sexual prowess.[36] Penile erection has always been a symbol of a man's virility and sexual prowess. Thus, ED not only affects men's sexual prowess, but it can also damage men's self-image, especially their sense of manhood. Since Thai culture is patriarchal, men have some prestige in society.

Talking about DED can be uncomfortable and embarrassing for men. Among Thais, it is uncommon to share sexual health, as they are too shy to speak out or share with others.[18] In this study, the men struggled to decide about whether to discuss ED with someone. Men might think that talking to other people, even their partners, about sexual problems, might make them lose self-confidence. In line with this idea, another study supported that men interpreted their sexual difficulties as ultimately a loss of manhood, which affected their self-worth.[37] Thus, they managed to keep their ED a secret from their partner.

When ED occurred, men thought that they could not complete their role as a husband. The couple's sexual well-being was negatively affected by the diminished sexual activity which could be inferred as a sense of unhappiness in the relationship.[37] In this study, some men were unable to attain or maintain erections sufficiently for satisfactory completion of sexual activities with their partners, which made them afraid of losing a relationship.

Sexual functioning appears to be viewed as consistent with men's identity and their sexual relationship which motivates men to manage their erectile dysfunction. The men in this study handled their ED using several methods, such as performing oral sex for increasing partner sexual pleasure, integrating traditional medicine with western medicine, receiving information about a healthy lifestyle from the Internet and their doctor, and talked about the importance of support and understanding with their partners. These findings are similar to another study.[14]

Some men reflected that sex is not a primary need for married life. In this way, they changed their attitude towards their own manhood identity and the man's role. They thought their manhood was taking care of their family. This finding can also be linked to similar findings in other studies.[38-40] Also, some older men in this study accepted celibacy as being the natural result of the aging process, which was illustrated in a similar study.[41]

Limitations of the study

Talking about things that are related to sex is a sensitive social issue. As a result, the data gathered from the interviews may not fully capture the experiences of men living with DED. This could be due to the participants not feeling confident about expressing their sexual problems in the interviews, due to social stigma. As using semi-structured interview only leads to a limitation of data triangulation, therefore information from the study might not be "thick and rich."

Conclusion and Implications for Nursing Practice

This qualitative research has affirmed that having a good erection and being able to satisfy their partner's desire sexually is a fundamental concern among men with DED. This connected to encouragement to strive to support their masculine identity and trying many ways to overcome DED. However, the men with diabetes experienced that medication for ED did not work for everyone and might be less effective. Some men who tried to find solutions to their erectile difficulty still had issues, but they accepted their erectile problem. However, they considered that sexual activity could be replaced by love and caring for a family.

Based on the findings, men have identified their discomfort when disclosing information about their ED. Thus, nurses should spend more time with males, focusing on their concerns regarding erectile dysfunction and should also consider involving men's partners in the management of the disease. Privacy needs to be considered as this is a sensitive issue for counseling. To reduce the embarrassment of direct disclosure, the option of online consultation services that can help to resolve impotence should be provided to these men. Ideally, it would be most beneficial to create a consultation team that includes mental health providers, physicians, and nurses.

To promote more comprehensive and patient-centered care, nurses may want to consider the value of increasing men's awareness of sexual problems as a complication of diabetes. This information could go some way towards helping men for a better understanding of the underlying reasons for their sexual difficulties. This information could help them to find ways to address ED constructively, including gaining the understanding and support of their partners. It would be useful for nurses to be aware of the multiple ways in which sexual difficulties may be experienced and the emotional and relational impacts. To assist nurses, more concrete diabetes care guidelines that address sexual dysfunction and well-being need to be developed in Thailand.

Acknowledgments

This research was funded by the National Research Council of Thailand. We would like to thank the staff at the participating recruitment locations and all their participants for their generous giving their time and for sharing their experiences.

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มันไม่ยอมสู้:ประสบการณ์ในการจัดการกับภาวะหย่อนสมรรถภาพทางเพศจากโรคเบาหวานของผู้ชายไทยในภาคเหนือ

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บทคัดย่อ: ภาวะหย่อนสมรรถภาพทางเพศจากโรคเบาหวานเป็นภาวะแทรกซ้อนที่พบบ่อยในผู้ชายที่เป็นโรคเบาหวาน แต่อย่างไรก็ตามยังขาดความเข้าใจเกี่ยวกับประสบการณ์ของผู้ชายไทยในการจัดการกับภาวะหย่อนสมรรถภาพทางเพศจากโรคเบาหวาน การศึกษานี้มีวัตถุประสงค์เพื่อศึกษาประสบการณ์ของผู้ชายไทยในการจัดการกับภาวะหย่อนสมรรถภาพทางเพศจากโรคเบาหวาน การวิจัยเชิงคุณภาพแบบพรรณนานี้ได้ศึกษาในโรงพยาบาลมหาวิทยาลัยในภาคเหนือของประเทศไทย คัดเลือกกลุ่มตัวอย่างแบบเฉพาะเจาะจง คือ ผู้ป่วยชายที่มีภาวะหย่อนสมรรถภาพทางเพศจากโรคเบาหวาน จำนวน 15 คน เก็บข้อมูลโดยการสัมภาษณ์เชิงลึกพร้อมบันทึกเทป ระหว่างเดือนธันวาคม 2559 ถึงเดือนธันวาคม 2560 และวิเคราะห์ข้อมูลโดยการวิเคราะห์แก่นโครงเรื่อง

ผลการวิจัยพบว่า ประสบการณ์ในการจัดการกับภาวะหย่อนสมรรถภาพทางเพศจากโรคเบาหวานของชายไทยที่เป็นโรคเบาหวาน ประกอบด้วย 5 ประเด็น ได้แก่ 1) สูญเสียความเป็นชาย 2) ละอายที่จะต้องเปิดเผย 3) ยาได้ผลเพียงเล็กน้อย 4) สร้างความพึงพอใจให้คู่นอน และ 5) ก้าวข้ามและยอมรับความจริง ภาวะหย่อนสมรรถภาพทางเพศในผู้ป่วยเบาหวานก่อให้เกิดความรู้สึกสูญเสียความเป็นชายและความมั่นใจ ดังนั้นผู้ป่วยชายที่มีภาวะหย่อนสมรรถภาพทางเพศจากโรคเบาหวานจึงพยายามแก้ไขอาการดังกล่าวเพื่อให้คู่นอนของตนเกิดความพึงพอใจ แต่อย่างไรก็ตามวิธีการที่ใช้ช่วยให้อาการดีขึ้นเพียงเล็กน้อย ดังนั้นผู้ชายบางคนจึงพยายามเรียนรู้และยอมรับ การค้นพบของงานวิจัยนี้ เน้นย้ำถึงความจำเป็นในการปรับปรุงสิ่งแวดล้อมที่ส่งเสริมให้ผู้ชายที่มีภาวะหย่อนสมรรถภาพทางเพศจากโรคเบาหวานเปิดเผยข้อมูลของตนเองและลดความเขินอาย พยาบาลควรออกแบบโปรแกรมการดูแลที่ช่วยให้ผู้ชายที่เป็นโรคเบาหวานจัดการและยอมรับภาวะหย่อนสมรรถภาพทางเพศได้ ข้อเสนอแนะที่สำคัญคือ ทำให้การดูแลปัญหาสุขภาพทางเพศเป็นส่วนหนึ่งของการดูแลผู้ชายโรคเบาหวาน

Pacific Rim Int J Nurs Res 2021; 25(2) 255-268

คำสำคัญ: โรคเบาหวาน การจัดการโรค ภาวะหย่อนสมรรถภาพทางเพศ ประสบการณ์ ผู้ชาย วิจัยเชิงคุณภาพแบบพรรณนา

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