



"It Feels Different": A Qualitative Study of Schizophrenic Client Couples About Sexuality

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ABSTRACT

One of the basic needs of human life is sexuality. Sexuality in schizophrenic clients has not been explored optimally by researchers and health workers in hospitals or health centers. Various previous studies have explored antipsychotic drugs that cause sexual dysfunction. However, the experience of intimacy and sexual relations between schizophrenic clients and their partners is not necessary to help maintain relationships that positively impact schizophrenia recovery. The method used in this research is qualitative research with a phenomenological approach. This research was conducted from August to September 2022 at the Outpatient Poly Hospital, Dadi Makassar Hospital. Seven participants were recruited using purposive sampling. Participants were interviewed in depth using a voice recorder, transcribed the data, validated, and analyzed using the Colaizzi method. The results of this study found three themes, namely (1) caring for a partner because of love, (2) "it feels different" during sexual intercourse, and (3) the quality of sexual intercourse decreases due to drugs. New insights in this study about caring for a partner because of love, can inspire others in the process of caring for clients with sincerity, sincerity, and complete love regardless of the disease. This study also identifies problems that every health worker must resolve to be comprehensive in sexual assessment and intervention for schizophrenic clients and their partners.

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ABSTRAK

Salah satu kebutuhan dasar kehidupan manusia adalah seksualitas. Seksualitas pada klien skizofrenia belum dieksplorasi secara maksimal oleh peneliti dan tenaga kesehatan di rumah sakit ataupun puskesmas. Berbagai penelitian sebelumnya telah mengeksplorasi obat antipsikotik yang menyebabkan terjadinya disfungsi seksual. Namun, pengalaman keintiman dan hubungan seksual klien skizofrenia sertanya pasangannya belum diteliti untuk membantu menjaga hubungan intim yang berdampak positif bagi recovery skizofrenia. Metode yang digunakan dalam penelitian ini yaitu penelitian kualitatif dengan pendekatan fenomenologi. Penelitian ini dilaksanakan pada bulan Agustus sampai September 2022 di Poli Rawat Jalan rumah sakit Dadi Makassar. Tujuh partisipan direkrut menggunakan purposive sampling. Partisipan diwawancarai mendalam menggunakan voice-recorder, data ditranskripsi, divalidasi, dan dianalisis menggunakan metode Colaizzi. Hasil penelitian ini menemukan tiga tema, yaitu (1) merawat pasangan karena cinta, (2) "rasanya beda" saat berhubungan seksual, (3) kualitas berhubungan seksual menurun karena obat. New insight dalam penelitian ini tentang "merawat pasangan karena cinta", hal ini dapat menginspirasi orang lain dalam proses merawat klien dengan tulus, ikhlas dan cinta yang utuh

tanpa melihat penyakitnya. Penelitian ini juga mengidentifikasi masalah yang harus diselesaikan oleh setiap tenaga kesehatan agar komprehensif dalam pengkajian dan intervensi seksual kepada klien skizofrenia dan pasangannya.

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INTRODUCTION

Globally, data on the number of divorces due to mental disorders is relatively high. 19 low, middle, and high-income countries survey shows that mental illnesses are associated with high divorce rates (Breslau et al., 2011). However, this data is like an iceberg that is not known with certainty. This is because there is no legal divorce data for schizophrenic clients in Indonesia. As for the author's experience as a psychiatric nurse, many clients have been abandoned by their partners without getting a legal divorce.

Separation like this often happens in Indonesia. Even though it is concerning, the socio-cultural reality cannot be avoided. Several aspects that encourage separation include 1) stigma from society because people with mental disorders are taboo (a bad thing), 2) encouragement from the family of the couple with mental disorders to separate, 3) violent behavior committed by people with mental disorders, and 4) economic problems. Apart from the problems above, several studies have shown that one of the side effects of antipsychotic treatment is changes in libido (sexual dysfunction) (Dumontaud et al., 2020).

Indonesia faces several powerful health sector challenges, including mental and sexual problems. These problems are closely related to the four main conditions of national health, one of which is social disparity, which is still high in understanding and awareness about health and healthy living and is still low in the mental health and sexuality field. *Sexual health* is a topic that is often not discussed much due to various factors that prevent clients or partners from talking about it. Moreover, the client is a schizophrenic partner. Nurses are closely related in bridging the conversation about this. However, this is not easy because nurses must be able to make clients feel comfortable before discussing sexual problems.

Sexuality is a basic human need, as well as schizophrenic clients and their partners. Qualitative research conducted by Rosdiana & Afyanti (2021) revealed that sexual problems with clients in Indonesia are still being neglected. This statement is supported by Coombs (2014) that assessment/assessment regarding the sexuality of schizophrenic clients and their partners is still taboo, and health services ignore the sexual problems of schizophrenic clients and their partners (Tharoor et al., 2015). Health workers have not explored sexual problems in schizophrenic clients and their partners in conducting assessments or interventions. This relates to embarrassment on the part of the health worker, fear of offending the client by asking personal questions, or the perception of the health worker that sexual problems are too complicated and will take time to study.

The impact of this perception is that mental health interventions in Indonesia focus more on referring clients to mental hospitals, administering antipsychotics, or visiting clients' homes (Tasijawa et al., 2021). However, interventions for partners of schizophrenia clients are still neglected. Several studies have revealed that partners of schizophrenic clients experience psychological pressure or stress due to

financial demands/less economic conditions and physical and social fatigue in the form of stigma and discrimination from the environment (Wan & Wong, 2019). In addition, conflicts often occur between schizophrenic clients and their partners because of a lack of knowledge regarding the client's symptoms, refusal to take medication at health services, and schizophrenic clients who do not want to exercise control over mental health services at the community health centers. This means that the support of the schizophrenic client's partner is the key to the client's recovery. However, research on sexuality in partners of schizophrenic clients has not been studied in Indonesia. Therefore, a study is needed to review the perspective of schizophrenic client partners on sexuality so that it becomes a breakthrough in mental health services in Indonesia.

METHOD

Research Design

This qualitative research uses a descriptive phenomenological approach to obtain the perspective of schizophrenic client partners on sexuality. In this study, researchers use five important concepts; 1) *Bracketing*, means researchers confine assumptions, beliefs, and knowledge about the studied phenomenon. This means that during the research process, the researcher will set aside any understanding or knowledge about sexuality and be open and neutral about what the participants express without intervening or cutting off what the participants convey. 2) *Intuiting*, is the ability of researchers to be able to explore thoughts and feelings and be able to interpret what is expressed by participants. At this stage, the researcher begins to interact and make sense of the phenomenon being researched by seeing, hearing, and being sensitive to every utterance from the schizophrenic client's partner about sexuality. 3) *Essence*, is understood as an essential structure of meaning that explains a phenomenon. So, in this study, researchers tried to explore the true meaning of the experiences of schizophrenic client partners about sexuality. 4) *Intentionality*, is an essential concept in phenomenological research because it relates to the researcher's awareness of interpreting everything that happens to him and how to perceive thoughts, beliefs, hopes, and fears from within and outside of himself; 5) *Saturation*, is a condition where the researcher needs to get additional information, or there is no essence from the participants regarding the phenomenon being studied. The participants only repeat what was previously revealed.

Setting and participants

The research was carried out from August to September 2022 at the Outpatient Polyclinic of the Dadi Hospital Makassar, South Sulawesi Province. Seven participants participated in this study using *purposive sampling*.

Data collection

Data were collected using in-depth interviews with schizophrenic client partners. Each interview was conducted in a poly room for 30-45 minutes per session and was recorded. For example, before being asked the core question, "What do you think about sexual life after your partner has schizophrenia/mental disorder?" the researcher asked several other questions about trusting relationships. Then continue until the data reaches saturation, or no new data is identified.

Data Analysis

The data analysis used in this study is the Colaizzi method (Tasijawa et al., 2021) with the following stages; 1) In the first stage, the researcher read each participant's transcript repeatedly to get the participant's experience and perspective on sexuality. After the transcript was completed, the researcher asked the participants for help via WhatsApp messages to read the transcript results. 2) After the participants confirmed and revised the statements in the transcript, the researcher identified the critical statements. Identification for each sentence and phrase then copied onto another page and numbered sequentially; 3) In the next stage, researchers review significant statements and formulate appropriate meanings; 4) Next, the researcher arranges the meanings found into theme groups. The researcher also reviewed the overall sequence of participants' important statements, formulating the meanings and themes identified consistently; 5) At this stage, the researcher reviews the meaning formulated and integrates all related information about the perspective of the schizophrenic client's partner on sexuality to write a complete description; 6) After a complete description has been made, the next step is to build the fundamental structure of the phenomenon; 7) The final stage is a complete description of the results of the interviews, then they are validated for each participant.

Data reliability (*trustworthiness*)

data in this study have passed four criteria to ensure that the research results are accurate from the perspective of participants, researchers, or other people who read the results. The four criteria are *credibility, dependability, confirmability, and transferability*. So that researchers have conducted peer-checking members to a professor in qualitative research to evaluate the quality of data, transparency, and research interpretation. In addition, member-checking has also been carried out to avoid bias or the imagination of researchers.

Ethical considerations

This research has received ethics from the Faculty of Public Health, Hasanuddin University, with permit number 10319/UN4.14.1/TP.01.02/2022. At the time of data collection, each participant signed *informed consent* as a sign of approval to participate in the research and had been informed about the research procedure. Research data is also kept confidential.

RESULTS

Characteristics of Participants

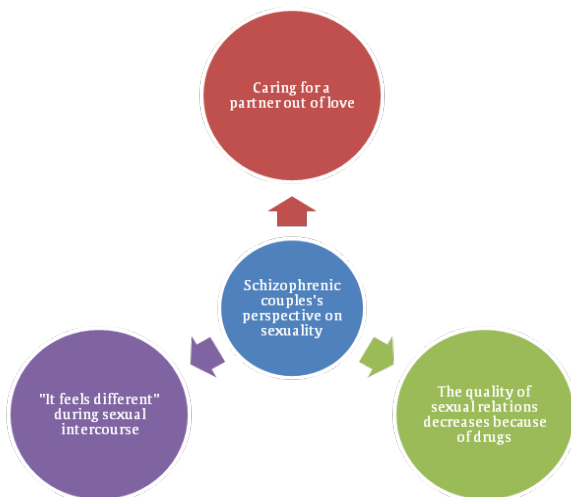
The participants involved in this study totaled seven people. In general, the participants in this study were aged 28-69 years with various education, namely elementary, junior high, high school, bachelor's, and master's degrees. The participants in this study were all married, and the participants' occupations varied as private employees, lecturers, and teachers. A couple of participants in this study were medically diagnosed with schizophrenia and psychosis with a diagnosis of 1 month-13 per year. The researchers in this study conducted 2-3 face-to-face and telephone interviews because participants took clients to the hospital, so a second or third meeting was needed to validate the findings.

Table 1. Characteristics of Participants

Participants	Age (years)	Last education	Sex	Employment	Marital status	Partner medical diagnosis	Length of time diagnosed with partner mental disorder	Partner's treatment status	Interview method	Number of meetings
1	47	SMA	P	Unemployed	Married	Psychotic	± 8 Thn	On treatment (outpatient)	Face to face and telephone	3
2	46	SMA	P	Private sector employed	Married	Paranoid schizophrenia	±10 years	On treatment (outpatient)	Face to face and telephone	3
3	58	S2	L	Lecturer	Married	Psychotic	±6 years	On treatment (outpatient)	Face to face and telephone	3
4	28	SMP	P	Unemployed	Married	Schizophrenic	± 1 month	On treatment (outpatient)	Face to face and telephone	3
5	48	SD	P	Unemployed	Married	Psychotic non-organic	±10 years	On treatment (outpatient)	Face to face and telephone	3
6	49	S1	L	Teacher	Married	Schizophrenic	± 4 years	On treatment (outpatient)	Face to face	3
7	42	SMP	P	Private sector employed	Married	Schizophrenic	± 5 years	On treatment (outpatient)	Face to face	2

Analysis Findings

Based on the results of data processing, three themes were obtained in this study. The first theme is caring for your partner because of love. The second theme is "it feels different" during sexual intercourse, and the third theme is that the quality of sexual intercourse decreases because of drugs. To get an overview of the theme as a whole can be seen in the image below:



1) Caring for a partner out of love

Most participants described their calling as sincerity, serving sincerely, and loving their partners as they were. For example, participant 1 said: *"I never feel like a burden...I just enjoy it, so I do not feel burdened"* (P1, 47 years). In addition to attention from their partners, schizophrenic clients also show love to their partners by paying attention to their wives when they are sick. Participant 1 said, *"It is normal when I am tired or have a cold...he often comes and massages me right away"* (P1, 47 years). Furthermore, the positive changes in intimate relationships were revealed, namely, *"in the past, he was ignorant because he took care of work, focused on making money. If you pay more attention now, like being asked what did you make? already eaten?"* (P1, 47 years).

The form of the love of all couples in this study is that they accompany their partners to come to control. One of the participants said, *"I always accompany my wife to go to the doctor for control"* (P6, 49 years). In addition, the schizophrenic client's partner serves sincerely and sincerely because of the responsibility for his chosen mate. Participant 2 said, *"I face whatever it is. Therefore, my choice of partner is not because of my parents' choice... it means I am responsible for whatever happens"* (P2, 46 years). The love of the couple shown in this study is praying for the client's recovery as a form of sincere love. She said: *"I can only pray... pray for my husband's recovery"* (P2, 46 years).

Another love of the schizophrenic client's partner in caring for the client is not forcing them to have sex because the partner already understands the client's condition. Participant 7 said: *"I understand my husband's condition...so it has not forced. Just I playfully said come on. But he often said he was fatigued, I want to sleep"* (P7, 42 years). In addition, the form of love between schizophrenic client partners can be seen from the long journey of life that has been lived together so that they already have grandchildren.

Participant 3 said, *"I care about my wife because I think about what else to do. I already have children and grandchildren too, then service (sexual activity) is still good"* (P3, 58 years).

The love for client care is seen in the couple's concern for food, medicine, and pleasing the client. This can be seen in one of the words: *"Now I pay more attention to you... take care of the food, medication while doing the massage"* (P4, 28 years). For sexual needs, the partner often takes the initiative to ask if the client wants to have sex. He further disclosed, *"I asked why I did not want to have sex. He said I do not do it yet... then I dared to touch (his vitals) but did not stand up"* (P4, 28 years). Then there are times when the client wants to have sex. Then the partner still complies, even if only briefly. For example, participant 4 said, *"If you ask (to have sex), yes I will give it... But no more hugging... it is only for a short time"* (P4, 28 years).

2) "It feels different" during sexual intercourse

Intimacy during sexual intercourse before and after illness does experience changes. Changes that occur in frequency and decreased arousal/desire. Participant 5 said, *"It feels different...in the past when I was not sick...he wanted (to have sex) 1-3 times a week...now I have not even had one month"* (F5, 48 years). He further stated, *"If he wants... he will still be served... even though he is not satisfied he has to accept it, back then the taste was different"* (P5, 48 years). This was also expressed by participant 1, *"When he was sick, he did not have that passion"* (P1, 47 years).

The partner revealed that when the client wanted to have sexual intercourse, he disclosed to the partner, *"he did say... I want (to have sex)... Serve me first"* (P1, 47 years). So participant 1, as a wife, feels responsible for serving her husband's wishes. *"Women have to serve their husbands"* (P1, 47 years). However, clients also often feel inferior and refuse to have sex because they have schizophrenia. It was revealed that: *"You cannot (sexually) before, you are still sick (schizophrenia)"* (P1, 47 years).

Other participants in this study revealed that closeness during illness and sexual activity was still there but much reduced. He disclosed, *"...sex is still being practiced, but it has decreased a lot...sometimes in 1 month there are 1-2 times"* (P2, 46 years). Changes experienced by partners and clients in sexual activity that when the client wants to relapse, the client does not want to have sex. This was expressed by participant 4 *"When he feels (relapses) his illness, he does not want to be touched"* (P4, 28 years). He further disclosed, *"Father was different before he got sick... his movements were not the way they used to be... he could not stand up (not erect)... nor was he enthusiastic about holding like he used to"* (P4, 28 years).

3) The quality of sexual relations decreases because of drugs

In this study, drugs impacted the quality of sexual activity. The impact is reducing the quality of sexual intercourse. Several participants in this study expressed that the quality of sexual relations decreased because of the drug. Participant 1 said: *"Indeed there was (sexual activity)...in the past, it was 2-3 times a week, since getting sick at least once a month...From me, it was probably because of the medication"* (F1, 47 years). Other participants also revealed that when a client takes medication, it makes him lazy to do activities and also impacts sexual activity. This was

confirmed by participant 2 "It is like *having less sex... I am afraid of the effects of the drug. Because he said himself that I do not have a passion when I take my medicine*" (P2, 46 years).

The expression of the effect of the drug was also expressed by participant 5, "...if you take medicine, you want to sleep all the time, and the effect is up to 3 days, you are always sleepy" (P5, 48 years). Nevertheless, there is a difference when the client does not take medication. Disclosed: "*In the past, there was no control for almost a year...so at that time the (sexual) relationship was excellent...almost one week 1-3 times*" (P5, 48 years). Other participants also said, "It is *already weak... cannot stand up... I think it is because of the influence of drugs*" (P4, 28 years). The female client revealed the drug problem for her reproductive health, namely menstrual irregularities after taking the drug. Participant 6 said, "*since she took medicine, her menstruation was not smooth...So she often stopped taking medicine, and suddenly it came back (menstruation)*" (P6, 49 years).

DISCUSSION

Caring for a partner out of love

Treatment of schizophrenic clients requires a positive approach, including having a sexual experience free from coercion, discrimination, and violence (Hortal-Mas et al., 2022). In addition, achieving good sexual health takes attention, affection, and sincere love from a partner. In line with the findings of this study that the couple takes care of the client by always accompanying the client for control at the doctor, praying for the client's recovery, being responsible for recovery, and taking care of daily needs such as eating, medicine, and trying to please the client, and trying to meet the partner's sexual needs. This shows that whatever the conditions, everyone has the right to carry out sexual activity properly and be accompanied by a partner.

This finding is important because other studies show that clients with schizophrenia often experience marital discord and are abandoned by their partners/divorced (Jagannathan et al., 2011). This is because clients with chronic illnesses can impact decreased sexual desire. Partners are no longer able to meet sexual needs, reduce the frequency, and become "nurses" for partners rather than "lovers," and healing the wife becomes the main thing (Rosdiana & Afianti, 2021). The findings in this study are consistent with some of the studies above because the schizophrenic partner can accept the client's condition as it is. Participants in this study expressed sincere love for their partner "*I will face anything because it is my choice of partner, not because of my parents' choice...means I am responsible for whatever happens*" (P2, 46 yrs). Complete acceptance like this is a strength for couples in caring for clients.

"It feels different" during sexual intercourse

The intimacy of sexual intercourse revealed by this study is that there is a change in frequency and arousal/desire. This made the participants express that there was a difference between before and after the illness. This was confirmed in previous research that most of the participants did not have their sexual needs met due to various obstacles, such as the frequency of sexual activity, difficulties in communication-related to sexual activity, and the instability of sexual

identity (Huguelet et al., 2015; Östman, 2014). However, in this study, there was a difference in the frequency of sexual activity, which was usually 1-3 times a week, changing to 1-2 times or rarely a month.

de Jager revealed that schizophrenic clients experience changes in unstable self-identity related to sexual desire, sexual activity, and identity (de Jager et al., 2018). These changes can make clients feel ashamed of behaviors, thoughts, and feelings that negatively affect self-esteem and sexual expression. This is in line with the expression in this study that "*you cannot (sexually) first, you are still sick (schizophrenia) (P1, 47 yrs)*" and "*if you feel the disease (relapse), you do not want to be touched*" (P4, 28 yrs)". The findings in this study indicate that there is self-stigma in schizophrenic clients so that partners understand that clients can no longer meet their sexual desire needs, both in terms of frequency and quality, before being diagnosed with a mental disorder.

The quality of sexual intercourse decreases with drugs

The findings in this study were that schizophrenic partners felt that drugs made clients lack desire/libido and erectile dysfunction. This is in line with de Jager et al. (2018), who conducted a *Grounded Theory* on 28 respondents. Some of the respondents indicated that antipsychotic drugs seriously directly affected sexual needs. This study also showed that 21% of men had problems with erectile function, and 26% had problems with ejaculation. Meanwhile, two female respondents experienced lubrication/lubrication problems (de Jager et al., 2018). This is following the expression of the participants in this study that "*since she took medicine, her menstruation was not smooth...So she often stopped taking medicine and then suddenly came back (menstruation)*" (P6, 49 yrs).

Adverse effects of antipsychotic drugs need to be supported by comprehensive treatment, including sexual problems. This is because discussing sensitive matters such as sexuality is still taboo. Hence, the vision of systematically handling the sexual life of schizophrenic clients and partners is essential to maintain the quality of life and intimacy. Consistent with Fennell & Grant (2019) review that sexual health information is not shared widely. At the same time, nurses and other health workers must provide sexual health education to clients and partners. However, four main factors influence the provision of health education, namely the lack of knowledge about sexual health, the attitude of nurses and the belief that sexual health is a personal matter and not a priority, the discomfort of nurses when handling sexual health, and obstacles related to high workload (Hortal-Mas et al., 2022; Jones et al., 2018).

LIMITATION OF THE STUDY

The limitation of this research is that the research topic is sensitive enough to be discussed, so some potential participants refuse to be interviewed. However, the researcher has taken an intense approach so that seven participants are willing to be interviewed and have reached data saturation. In addition, most of the outpatient clients who are brought in for control to the hospital poly are mostly siblings or parents, and they are also unmarried or have been abandoned by their partners.

CONCLUSIONS AND SUGGESTIONS

The findings of this study provide the context of a sexuality perspective from the views of partners of schizophrenic clients. These results offer new information about how couples care for clients with love. These findings inspire others to care for clients with sincerity, sincerity, and unconditional love, regardless of their pain. However, this research also identifies problems that every health professional must resolve to be comprehensive in sexual assessment and intervention for schizophrenic clients and their partners. Health service policymakers are advised to also focus on sexual health programs, given the inequality of sexual health services in schizophrenic clients.

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Conflict of Interest Statement

The authors declare no conflict of interest.

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