

# THE EXPERIENCE OF WOMEN WITH TYPE 1 DIABETES IN RELATION TO PERSONAL INTIMACY AND SEXUAL FULFILMENT: A QUALITATIVE STUDY TO EXPLORE THE WOMEN'S UNDERSTANDING OF SEXUAL DYSFUNCTION AND HOW IT SHOULD BE ADDRESSED IN CLINICAL SETTINGS.

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## **Background**

Research has only begun to explore the prevalence of sexual dysfunction (SD) in women with type 1 diabetes (T1D). The limited available evidence suggests higher incidents of SD in women with T1D compared to women with type 2 diabetes and healthy women. Most of these studies have been epidemiological studies based on questionnaire surveys. Hence, little is known about the lived experiences of SD and its impact on the quality of life of women with T1D. To address this shortcoming, this abstract summarises a qualitative study that aimed to explore the emotional and personal challenges of SD for women with T1D.

## **Study aims**

To explore women with T1D's experiences of SD and its impact on their lives and to identify how SD could be better addressed in diabetes care.

## **Method**

A qualitative study using semi-structured interviews was conducted at the diabetes centre in South West of England hospital. A purposeful sample of six women with T1D (<50 years of age) were interviewed. The interviews lasted 20-30 minutes and were analysed using the interpretive phenomenological analysis (IPA) approach. The focus of the interviews was to explore problems with sexual function and how healthcare professionals (HCPs) addressed SD in the clinical care the women received.

## **Result**

In relation to problems with sexual function the following themes emerged: Barriers to sex, consequences of SD and Support network. The majority of the themes were underpinned by diabetes specific problems such as: Hypoglycaemia, body image, partner and HCPs support, psychological barriers and diabetes control. The study also highlighted a lack of awareness about SD within the women. In terms of preferences in dealing with SD in their care the women identified the following: That HCPs should be more proactive in asking them about sexual problems rather than having to raise the matter themselves; and that they would prefer to discuss sexual problems with a HCP that they are familiar with. The women suggested that sexual health should be addressed in annual diabetes reviews, with supportive intervention. They also emphasised the need to raise awareness of SD in women with T1D with educational materials.

## **Conclusion**

The findings indicate that SD is a complex issue that needs to be given more attention by HCPs. The lack of awareness of SD between women needs to be addressed and HCPs need to be enabled to initiate conversations around SD in their consultations. A future study is needed in which women with T1D and HCPs work together to co-design a supportive intervention to help women reduce the impact and distress of SD in their lives.