



PICTURE OF SEXUAL FUNCTION IN CHRONIC KIDNEY FAILURE PATIENTS IN THE HEMODIALIS UNIT OF PROF. DR. H. ALOEI SABOE HOSPITAL, GORONTALO CITY

GAMBARAN FUNGSI SEKSUAL PADA PASIEN GAGAL GINJAL KRONIK DI UNIT HEMODIALISA RSUD PROF. DR. H. ALOEI SABOE KOTA GORONTALO

Sri Rahayu A. Aswadi¹, Nurdiana Djameluddin², Nirwanto K. Rahim^{3*}

^{1,2,3}Bachelor Of Nursing Study Program, Faculty Of Sports And Health, State University Of Gorontalo, Email: Srihayuaswadi06@Gmail.Com, nurdiana@ung.ac.id, nirwanto@ung.ac.id

*Email Koresponden: nirwanto@ung.ac.id

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Abstract

Fail kidney chronic (GGK) is disease progressive that requires therapy replacement kidney like hemodialysis . One of the common complications No realized is dysfunction sexual , which can lower quality life patient . Research This aiming For describe function sexual intercourse in GGK patients undergoing hemodialysis at Aloe Saboe Regional Hospital, Gorontalo City. Research design use approach descriptive quantitative with accidental sampling technique on 70 respondents who met the requirements criteria inclusion . Instruments used is IIEF questionnaire for men and FSFI for women . The results show that in patients male , function best orgasm (65.1%), followed by function erection (58.1%), desire sexual , and satisfaction connection sexual (51.2%). However , the desire sexual in a way overall disturbed (62.8%). In patients women , lubrication and desire sexual prominent (63%), followed by orgasm and comfort moment relate sexual (55.6%), with satisfaction sexual as function lowest (48.1%). In conclusion , patients man more Lots experience disturbance of desire sexual , while patient Woman experience more disturbance evenly distributed . It is recommended that the power health give education , counseling , and support psychosocial For increase quality life patient .

Keywords : Fail Kidney Chronic , Hemodialysis , Function Sexual , IIEF, FSFI



Abstrak

Gagal ginjal kronik (GGK) merupakan penyakit progresif yang memerlukan terapi pengganti ginjal seperti hemodialisa. Salah satu komplikasi yang sering tidak disadari adalah disfungsi seksual, yang dapat menurunkan kualitas hidup pasien. Penelitian ini bertujuan untuk menggambarkan fungsi seksual pada pasien GGK yang menjalani hemodialisa di RSUD Aloe Saboe Kota Gorontalo. Desain penelitian menggunakan pendekatan deskriptif kuantitatif dengan teknik accidental sampling terhadap 70 responden yang memenuhi kriteria inklusi. Instrumen yang digunakan adalah kuesioner IIEF untuk laki-laki dan FSFI untuk perempuan. Hasil menunjukkan bahwa pada pasien laki-laki, fungsi orgasme paling baik (65,1%), diikuti fungsi ereksi (58,1%), hasrat seksual, dan kepuasan hubungan seksual (51,2%). Namun, hasrat seksual secara keseluruhan terganggu (62,8%). Pada pasien perempuan, pelumasan dan hasrat seksual menonjol (63%), diikuti orgasme dan kenyamanan saat berhubungan seksual (55,6%), dengan kepuasan seksual sebagai fungsi terendah (48,1%). Kesimpulannya, pasien laki-laki lebih banyak mengalami gangguan pada hasrat seksual, sementara pasien perempuan mengalami gangguan yang lebih merata. Disarankan agar tenaga kesehatan memberikan edukasi, konseling, dan dukungan psikososial untuk meningkatkan kualitas hidup pasien.

Kata Kunci : Gagal Ginjal Kronik, Hemodialisa, Fungsi Seksual, IIEF, FSFI

1. INTRODUCTION

Chronic kidney disease (CKD) is a systemic condition characterized by a gradual and irreversible decline in kidney function, leading to the inability to effectively filter waste and excess fluid from the blood (Brunner & Suddarth, 2012). In contrast, acute kidney failure occurs suddenly and is typically reversible (Mansjoer, 2011). According to the 2018 Basic Health Research (RISKESDAS), the prevalence of CKD in Indonesia reached 0.38%, an increase from 2% in 2013. The highest prevalence was recorded in Central Sulawesi (0.5%), while other regions such as Aceh, Gorontalo, and North Sulawesi had a prevalence of 0.4% (Susalit, 2012).

As CKD progresses, patients often require renal replacement therapy such as hemodialysis or kidney transplantation to manage waste removal, fluid balance, and acid-base homeostasis (Brunner & Suddarth, 2012). However, long-term hemodialysis is associated with physical, psychosocial, and financial complications. Patients may experience cardiovascular issues, endocrine disturbances, bone problems, fatigue, sleep disorders, appetite loss, xerostomia, constipation, and notably, sexual dysfunction (Jundiah et al., 2020).

Sexual dysfunction is a common but often overlooked issue among patients undergoing hemodialysis. Men frequently report erectile dysfunction, decreased libido, and low testosterone levels, while women experience reduced sexual arousal, menstrual irregularities, and vaginal dryness (Hardianti et al., 2023). These issues are compounded by psychological stress, decreased productivity, poor social interaction, and financial dependence (Hidayati & Wibowo, 2018; Jundiah et al., 2020).

Noviati et al. (2019) found that CKD impacts sexual desire and function in both genders. While some female patients still express sexual desire, male patients tend to report a more significant decline. Hardianti et al. (2023) further detailed various symptoms of sexual dysfunction, including dissatisfaction, avoidance, premature ejaculation, impotence, pain during intercourse, and reduced arousal.

Preliminary observations at the Hemodialysis Unit of Prof. Dr. H. Aloe Saboe Regional Hospital in Gorontalo (September 2024) identified 174 patients undergoing dialysis, many of whom are married. Interviews with three patients revealed significant impacts on sexual function, including fatigue, reduced libido, and intimacy issues, particularly after dialysis sessions.



Despite the known prevalence of sexual dysfunction among CKD patients, especially those undergoing hemodialysis, limited research has been conducted in the local context of Gorontalo. This study aims to fill that gap by examining the sexual function of chronic kidney disease patients at the Hemodialysis Unit of Prof. Dr. H. Aloei Saboe Regional Hospital.

2. RESEARCH METHOD

This research employed a quantitative descriptive design aimed at describing sexual function in patients with chronic kidney disease (CKD) undergoing hemodialysis at Prof. Dr. H. Aloei Saboe Regional Hospital, Gorontalo City. The study population consisted of 174 patients undergoing routine hemodialysis. The sampling technique used was non-probability sampling with an accidental sampling method, selecting participants based on availability and willingness during the research period.

The data collection tool was a structured questionnaire: the International Index of Erectile Function (IIEF) for male respondents and the Female Sexual Function Index (FSFI) for female respondents. Both instruments were tested for validity (Pearson's $r > 0.30$) and reliability using Cronbach's Alpha, which yielded values of 0.88 for IIEF and 0.85 for FSFI, indicating high internal consistency.

This study received ethical approval from the Health Research Ethics Committee of Prof. Dr. H. Aloei Saboe Hospital with approval number: No. 440/RSU-I/PEL/436/II/2025. All participants signed informed consent forms, and confidentiality of personal data was strictly maintained.

Data were analyzed using SPSS version 25.0. The analysis involved descriptive statistics, including frequency distributions, percentages, means, and standard deviations. Results were presented in tabular form to support clarity and interpretation.

3. RESULTS AND DISCUSSION

Characteristics Respondents

1. Distribution Respondents by Gender

Based on results study obtained Distribution Respondents by Gender in the table following:

Table 1 Distribution Respondents by Gender

No	Gender	Number (n)	Percentage (%)
1	Man	43	61.4
2	Woman	27	38.6
Total		70	100

Source : Primary Data, 2024

From results respondent distribution research based on type sex seen that part big Respondent in study This is men , namely as many as 43 people or 61.4%. Respondent Woman totaling 27 people (38.6%). This is show domination patient man in population undergoing hemodialysis at Prof. Dr. H. Aloei Saboe Regional Hospital, Gorontalo City.

2. Distribution Respondents based on Age

Based on results study obtained Distribution Respondents according to age on the table following :

Table 2 Distribution Respondents based on Age



No	Age	Number (n)	Percentage (%)
1	19 – 44 Years (Adult)	12	17.1
2	45 – 59 Years (Pra carry on age)	38	54.3
3	≥60 Years (Elderly)	20	28.6
Total		70	100

Source : *Primary Data, 2024; Ministry of Health , 2016 .*

From results respondent distribution research based on age , obtained part big Respondent be in a group aged 45 to 59 years , namely by 54.3% (38 people), followed by the group age elderly (≥60 years) amounted to 28.6% (20 people), and the adult group (19-44 years) amounted to 17.1% (12 people).

3. Distribution Respondents based on Education

Based on results study obtained Distribution Respondents according to education on the table following :

Table 3 Distribution Respondents based on education

No	Education	Number (n)	Percentage (%)
1	SD	9	12.9
2	JUNIOR HIGH SCHOOL	6	8.6
3	SENIOR HIGH SCHOOL	26	37.1
4	College	29	41.4
Total		70	100

Source : Primary Data, 2024

From results respondent distribution research based on education obtained that part big Respondent own education last in college high , namely as many as 29 people (41.4%). The lowest last education owned by the respondent with elementary school level , as many as 9 people (12.9%). This is signify that patients undergoing hemodialysis in this hospital majority educated intermediate to on .

4. Distribution Respondents based on Work

Based on results study obtained Distribution Respondents according to work on the table following :

Table 4 Distribution Respondents based on Work

No	Work	Number (n)	Percentage (%)
1	ASN	13	18.6
2	Self-employed	15	21.4
3	Employee Private	10	14.3
4	Doesn't work	32	45.7
Total		70	100

Source : Primary Data, 2024

From results respondent distribution research based on occupation it is known that the respondents most is the one that is not working with total 32 people (45.7%). Respondents who



work as ASN, self-employed and employees private is the least group . This is show that almost half from patient in study This No currently Work .

5. Distribution Respondents based on Length of Service Hemodialysis

Based on results study obtained Distribution Respondents based on length of service hemodialysis on the table following :

Table 5 Distribution Respondents based on long time to live hemodialysis

No	Long Time Running Hemodialysis	Number (n)	Percentage (%)
1	<3 years	36	51.4
2	≥3 years	34	48.6
Total		70	100

Source : Primary Data, 2024

From results research on the distribution of respondents based on the length of service hemodialysis , can seen that part big Respondent has undergo hemodialysis during not enough from 3 years , namely as many as 36 people (51.4%). Meanwhile, 34 respondents (48.6%) had undergo therapy hemodialysis for 3 years or more . This is show distribution time relative therapy evenly , with A little more Lots patients who are classified as new undergo hemodialysis .

Function Overview Sexual Patient Fail The Kidney That Works Hemodialysis

1. Function erection patient men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital

The following table show distribution function erection in patients man fail kidneys undergoing hemodialysis .

Table 6 Function Overview erection patient men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital

No	Function Erection	Number (n)	Percentage (%)
1	Bad	18	41.9
2	Good	25	58.1
Total		43	100

Source : Primary Data, 2024

Based on description function erection patient men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital, obtained that part big patient men (58.1%) have function good erection , this It means although undergo therapy hemodialysis , more from half patient Still can maintain ability adequate erection . However , as many as 41.9 % of patients experience disturbance erection , which can caused by factors biological and psychological related condition fail kidney chronic and dialysis process .



2. Function Orgasm patient men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital

Following This is description function orgasm in patients the man who was served in table form

Table 7 Function Overview Orgasm patient men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital

No	Function Orgasm	Number (n)	Percentage (%)
1	Bad	15	34.9
2	Good	28	65.1
Total		43	100

Source : Primary Data, 2024

Based on description function orgasm patient men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital, the majority patient men (65.1%) reported function a good orgasm , which indicates part big patient Still capable reach orgasm in a way satisfying . However , around one third patients (34.9%) experienced disturbance function orgasm , possibility consequence hormonal changes , fatigue , or accompanying stress condition chronic and the therapy undergone .

3. Patient Desire Function men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital

Following This is condition function desire sexual in patients man during undergo hemodialysis .

Table 8 Description of patient's desire function men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital

No	Function of Desire	Number (n)	Percentage (%)
1	Bad	21	48.8
2	Good	22	51.2
Total		43	100

Source : Primary Data, 2024

Based on description function desire patient men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital, obtained almost half from patient men (51.2%) still own desire good sexual health , while the other 48.8% experience decline desire . Decreased sexual desire This Can related with fatigue physical , hormonal disorders such as low level testosterone , as well as factor psychological like common stress and depression experienced patient hemodialysis .

4. Function Satisfaction Connection Sexual patient men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital

Following served description satisfaction connection sexual patient man fail kidney chronicle .



Table 9 Function Overview Satisfaction Connection Sexual patient men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital

No	Function Satisfaction Connection Sexual	Number (n)	Percentage (%)
1	Bad	15	34.9
2	Good	28	65.1
Total		43	100

Source : Primary Data, 2024

Based on description function satisfaction connection sexual patient men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital, Around half patient men (51.2%) felt satisfied with connection sexual , while the other 48.8% not enough satisfied . Dissatisfaction This can affected by disturbance function sexual , changes image body , as well as condition health in a way general which lowers quality interaction intimate .

5. Function Overall Sexual Desire patient men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital

Following This is table depicting function overall desire sexual in patients men who undergo hemodialysis .

Table 10 Function Overview Overall Sexual Desire patient men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital

No	Function Overall Sexual Desire	Number (n)	Percentage (%)
1	Bad	27	62.8
2	Good	16	37.2
Total		43	100

Source : Primary Data, 2024

Based on description function overall desire sexual patient men in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital, were found that part big patient men (62.8%) reported function desire sexual in a way overall in category bad . This is show that in a way general , patient fail kidneys undergoing hemodialysis experience decline quality desire sexual , which has an impact on the quality life and well-being psychosocial they .

6. Function of Sexual Desire patient women in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital

The following table show function desire sexual in patients women who undergo hemodialysis .

Table 11 Description of Sexual Desire Function Female patient in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital



No	Function of Sexual Desire	Number (n)	Percentage (%)
1	Bad	10	37
2	Good	17	63
Total		27	100

Source : Primary Data, 2024

Based on description function desire sexual patient women in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital, the majority patient women (63%) have function desire good sexual , shows that although undergo therapy hemodialysis , desire sexual in part big Woman Still awake . However , there were 37% of patients who experienced disturbance desire , which is possible caused by hormonal changes , effects side medicine , and stress physical and emotional .

7. Function Satisfaction patient women in the hemodialysis unit of Prof. Dr. Aloe Saboe Regional Hospital

Following is description satisfaction sexual in patients Woman fail kidney .

Table 12 Function Overview Satisfaction patient women in the hemodialysis unit of Prof. Dr. Aloe Saboe Regional Hospital

No	Function Satisfaction	Number (n)	Percentage (%)
1	Bad	13	48.1
2	Good	14	51.9
Total		27	100

Source : Primary Data, 2024

Based on description function satisfaction patient women in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital, obtained that part big patient women (51.9%) reported satisfaction good sexual , even though almost half (48.1%) felt not enough satisfied . Satisfaction sexual influenced by many factors , including quality connection with couple , support emotional , and conditions health physical influences comfort in activity sexual .

8. Function Lubrication patient women in the hemodialysis unit of Prof. Dr. Aloe Saboe Regional Hospital

The following table serve description about function lubrication in patients Woman during undergo hemodialysis .

Table 13 Function Overview Lubrication patient women in the hemodialysis unit of Prof. Dr. Aloe Saboe Regional Hospital

No	Function Lubrication	Number (n)	Percentage (%)
1	Bad	10	37
2	Good	17	63
Total		27	100

Source : Primary Data, 2024



Based on description function lubrication patient women in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital, the majority patient women (63%) reported function good lubrication , which is important For comfort during relate sexual . As many as 37% experienced disturbance lubrication , which can causes pain and decreases quality connection intimate , often related with decline estrogen levels due to disease kidney chronicle .

9. Function Orgasm patient women in the hemodialysis unit of Prof. Dr. Aloe Saboe Regional Hospital

Following served description related function orgasm in patients women who experience fail kidney .

Table 14 Function Overview Orgasm patient women in the hemodialysis unit of Prof. Dr. Aloe Saboe Regional Hospital

No	Function Orgasm	Number (n)	Percentage (%)
1	Bad	12	44.4
2	Good	15	55.6
Total		27	100

Source : Primary Data, 2024

Based on description function orgasm patient women in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital, obtained that patient Woman own function good orgasm , which shows part big patient still can enjoy aspect physiological sexual . However , 44.4% experienced disturbance orgasm , which can related with factor physique and psychological like fatigue and stress chronic .

10. Function Comfort moment relate sexual in patients women in the hemodialysis unit of Prof. Dr. Aloe Saboe Regional Hospital

Following is description satisfaction sexual in patients Woman fail kidney .

Table 15 Function Overview Comfort moment relate sexual in patients women in the hemodialysis unit of Prof. Dr. Aloe Saboe Regional Hospital

No	Function Comfort moment relate sexual	Number (n)	Percentage (%)
1	Bad	12	44.4
2	Good	15	55.6
Total		27	100

Source : Primary Data, 2024

Based on description comfort moment relate sexual in patients women in the hemodialysis unit of Prof. Dr. Aloe Saboe Hospital, Most of them patient women (55.6%) feel comfortable moment relate sexual , while 44.4% reported discomfort . Comfort This influenced by conditions physical , such as lubrication and pain , as well as factor psychosocial like communication and support role- playing couple important in quality connection sexual .



Discussion

Based on Function sexual is aspect essential in quality life someone who often experiences decline in patients with disease chronic , especially in patients fail kidney chronic (GGK) undergoing therapy hemodialysis . In the study this , was found that part big patient men (58.1%) still maintain function good erection , while the rest (41.9%) experienced disturbance erection . This is describe that although therapy hemodialysis can extend life patient and help guard vital organ function , disorders sexual like dysfunction erection Still become problem significant impact welfare physical and psychological patient . Dysfunction erection in CKD patients has mechanism complex , which includes hormonal disorders due to decline level testosterone , disorders vascular disease caused by atherosclerosis as well as neuropathy uremic destructive track nerve peripheral . In addition , the factor psychological like stress chronic , depression , and accompanying anxiety disease chronic too contribute to the decline function erection . Research by Bakris et al. (2006) and Koutroumpakis & Papagianni (2013) showed that hormonal and vascular factors hold role main in pathophysiology dysfunction erection in patients fail kidneys . Therefore that , intervention Handling dysfunction erection in patients hemodialysis must nature multidisciplinary , combining maintenance medical with support psychological For increase effectiveness therapy .

Apart from the function erection , function orgasm in patients man in study This show sufficient results positive , with 65.1% of patients report ability reach good orgasm . Findings This show that orgasm No always depends on the function optimal erection , but is also influenced by neurohormonal interactions and other aspects more psychological complex . Palmer et al. (2003) stated that factor psychosocial like reception self , support social , and acceptance condition health patient own significant impact to ability reach orgasm , especially in those who experience disease chronic . This is indicates importance aspect psychology and interpersonal relationships in guard quality function sexual although happen disturbance physique .

Function desire sexual in patients man show almost level balanced , with 51.2% of patients report Still own desire good sexual health , while the other 48.8% experience decline desire . Decrease desire sexual This often is complaint main patients undergoing hemodialysis term long , which is caused by the combination factor physical and psychological . Fatigue chronic that occurs consequence procedure hemodialysis , hormonal changes , especially decline level testosterone , as well as effect side drugs is factor the main factor that decreases libido. Finkelstein et al. (1986) revealed that patient hemodialysis often experience decline desire sexual consequence stress prolonged physical and emotional conditions . This the more aggravated with existence perception negative to body alone and uncertainty related to the prognosis of the disease that causes anxiety and depression .

From the side satisfaction connection sexual , only approximately 51.2% of patients a man who feels satisfied with connection sexual them . Satisfaction This No solely determined by function biological like erection and orgasm , but also by factors relational and emotional . Disorders image body , effects side medicines , as well as tension emotional experiences patient often hinder creation satisfaction in connection sexual . Laumann et al. (1999) emphasized that satisfaction sexual in patients chronic is greatly influenced by interpersonal relationships and support emotional from couple , not only factor physiological . Dissatisfaction sexual experience patients can also to worsen condition psychological they , created cycle negative hard was cut off . This is reflected in results study this , where as many as 62.8% of patients



man state own desire bad sexual in a way Overall . Condition This is indicator strong decline quality life sexual that must be become attention main in maintenance patient hemodialysis .

In patients women , results study show variation function enough sexual significant . As many as 63% of patients Woman report Still own desire good sexual , which is relatively more tall compared to with patient men . Differences This can explained by the differences biological and psychosocial factors that influence desire sexuality in women . Basson (2001) stated that desire sexual in women more influenced by factors emotional and interpersonal relationships compared only response physiological . Good communication and support from partner play role important in guard desire and satisfaction sexual women , especially in condition disease chronic . Satisfaction sexual also reported good by 51.9% of patients women , who show existence room For guard quality connection emotional and sexual although condition physique disturbed . This is indicates that satisfaction sexual women are very much related with factor psychosocial and context connection .

Function vaginal lubrication is aspect important influential direct to comfort and quality connection sexual women . In the study this , as many as 63% of patients report function good lubrication , while 37 % experienced disturbance lubrication . Disturbance vaginal lubrication causing pain and discomfort moment relate sexual can to worsen quality life patient women . This is can associated with decline estrogen levels due to disturbance endocrine in patients fail kidney chronic (Gordon et al., 2012). Hormonal therapy or use vaginal lubricant can become solution effective For overcome disturbance this , however matter This must done with consideration proper medical .

Function orgasm in patients women also still relatively good , with 55.6% of patients capable reach orgasm optimally . This number Enough exhilarating remember condition health frequent patients experience fatigue physical and stress psychological . Orgasm in women involving stimulation physical and mental, so that factor psychological and quality connection becomes very important (Meston & Buss, 2007). Comfort moment relate sexual , which was reported good by 55.6% of patients women , also become factor key in maintain function satisfying sexual intercourse . Research by Rosen et al. (2004) shows that feeling of comfort in connection intimate can increase satisfaction sexual in a way overall , even more influential compared to frequency connection sexual That myself . Therefore that , aspect communication and relationships healthy emotional must become focus intervention in patients Woman with disturbance function sexual .

Disturbance function sexual in patients hemodialysis own complex and multifactorial causes , involving interaction between aspect physiological , psychological , and social . In general physiological , hormonal disorders such as decline testosterone in men and estrogen in women become factor the main thing that bothers function sexual . Damage nerve peripheral consequence neuropathy uremic and disorders supply blood to the reproductive organs consequence Poor vascularization also worsens disturbance (Bakris et al., 2006). In addition , the use of common medications given For control disease accompanying like hypertension and depression can cause effect the inhibiting side function sexual (Hackett, 2002). Psychological factors like stress , depression , and anxiety consequence condition chronic as well as uncertainty prognostic disease also plays a big role in lower desire and satisfaction sexual . Condition fatigue chronic consequence procedure exhausting hemodialysis the more to worsen condition , reduce energy patient For do activity sexual . In addition , the problem in communication and interpersonal relationships with partner can become obstacle big in guard quality life sexual patients (Rosen et al., 2004).



In context clinical , treatment disturbance function sexual in patients hemodialysis must done with approach holistic involving evaluation and hormonal therapy Periodic . Therapy hormonal replacement can given For overcome deficiency hormone sex , such as testosterone in men and estrogen in women , with supervision strict from power medical . Use drugs such as PDE5 inhibitors for handle dysfunction erection in men as well as therapy vaginal lubricants and topical estrogen in women are also intervention effective medical treatment . Optimization of treatment regimens For minimize effect side effects that affect function sexual is very necessary . However , handling medical just No Enough without existence support psychosocial . Counseling sexual and psychological must given to patient and partner For build healthy communication as well as increase support emotional . Education to partner about condition patients and methods support it is part important from intervention This . Group support social can help patient reduce feelings of isolation and stress , while increase motivation and quality life in a way overall (Duroseau et al., 2016).

Study This own limitations , especially in quantity sample patient a relatively young woman small and use instrument measurement subjective in the form of potential questionnaire cause bias. Therefore that , research advanced recommended use method a mixture that combines quantitative and qualitative data , as well as involving measurement physiological For to obtain a better picture accurate and comprehensive . Longitudinal studies are also important. For monitor change function sexual patient from time to time as well as impact various intervention the therapy given .

In general overall , results study This confirm that although patient fail kidney chronic undergoing hemodialysis experience decline function sexual , still many are capable maintain aspect certain from function sexual . Disorders function sexual This nature multifactorial and requires approach multidisciplinary in handling . With giving intervention proper medical support psychological , educational couples , and groups Supporter social , expected quality life sexual and well-being patient can increase in a way significant . This is ultimately will contribute to the improvement quality life patient in a way comprehensive , even in the middle condition disease chronic difficult overcome .

4. CONCLUSION

Conclusion

This study shows that patients with chronic kidney disease (CKD) undergoing hemodialysis at Prof. Dr. H. Aloei Saboe Regional Hospital, Gorontalo City, experience various types of sexual dysfunction, with notable differences between male and female patients. Of the 70 respondents, 43 male patients reported the highest sexual function in the aspect of orgasm (65.1%), followed by erection (58.1%), and both sexual desire and sexual satisfaction (51.2% each). However, 62.8% of male patients experienced disturbances in sexual desire, making it the most affected aspect.

Among 27 female patients, lubrication and sexual desire were reported as the best-functioning aspects (63%), followed by orgasm and comfort during sexual intercourse (55.6% each). However, sexual satisfaction was the lowest aspect, with only 48.1%.

These findings indicate that male patients tend to experience dysfunction concentrated in one main aspect (sexual desire), while female patients show more evenly distributed disturbances across multiple aspects of sexual function. This highlights that sexual dysfunction is a common issue among CKD patients undergoing hemodialysis and significantly affects their quality of life.



However, this study has several limitations, including a relatively small sample size and the use of a single-center setting, which may limit the generalizability of the results. Future studies with broader and more diverse populations are recommended.

Suggestion

1. For Educational Institutions

Institutions education in the field of health , in particular nursing , recommended For enrich curriculum with more material deep about disturbance function sexual in patients with disease chronic like fail kidney chronicle . Curriculum need emphasize understanding holistic , including aspect physiological , psychological , and effective communication in handle problem sexual patients . In addition , the development training practice and simulation realistic cases are very important For prepare student face situation complex clinical . For study next , institutions education can develop studies intervention education For measure effectiveness learning This in increase competence nurse .

2. For Hospitals

Hospitals , especially hemodialysis units , are advised For integrate evaluation function sexual as routine part of evaluation patient fail kidney chronicle . Ongoing education program for patients and families about impact therapy hemodialysis to function sexual and the handling strategy is very necessary . In addition , the house Sick need strengthen service support psychosocial , such as counseling and therapy integrated psychology in service patient . Research furthermore can directed For to study effectiveness of education and support programs psychosocial the in increase quality life patient .

3. For Professions Nurse

Profession nurse expected increase knowledge and skills in handle disturbance function sexual in patients fail kidney chronicles undergoing hemodialysis with holistic and empathetic approach . Nurses must capable do communication open and sensitive about issue sexual , giving education and support psychosocial in a way sustainable , as well as Work The same with team other health for give intervention integrated . For study Next , it is recommended done studies intervention nursing that focuses on methods communication and support effective psychosocial in increase function sexual and well-being patient .

4. For Researchers Furthermore

Suggestions for researcher furthermore is to do study with amount more samples large and wider coverage area wide For increase generalization results . In addition , it is recommended For explore other factors that can influence function sexual , such as support psychosocial , condition psychological , and duration therapy hemodialysis . Research with approach qualitative or mixture can also be considered to obtain better understanding deep about experience patients . In addition , the study intervention related education or counseling sexuality is also important done For evaluate its effectiveness in increase quality life patient fail kidney chronicle .

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