


# An Indigenous Psychosocial Intervention for the Sexuality Problem of Men in Indonesian Urban Areas: A Systematic Literature Review

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## INTRODUCTION

The study of help-seeking behavior for sexual problems is crucial for understanding individuals' attitudes and actions regarding sexual health issues. Research by Moreira et al., (2005) provides insights into help-seeking behaviors for sexual problems, shedding light on patient acceptance of healthcare and the physiological aspects of sexual dysfunction. Additionally, Ayaz-Alkaya's emphasizes the need to address individuals' psychosocial problems related to stoma, suggesting that interventions for resolving these issues may be overlooked or neglected (Ayaz-Alkaya, 2018). Furthermore, Benedict et al. (2014) discuss the potential of psychosocial interventions to reduce sexual bother in men undergoing prostate cancer treatment, highlighting the importance of addressing maladaptive cognitions and promoting knowledge and acceptance of erectogenic treatments (Benedict et al., 2014; Lin et al., 2019). utilized the extended theory of planned behavior to understand help-seeking behavior for sexual problems among women with heart failure, providing valuable insights into the factors associated with seeking help for sexual issues in this population (Lin et al., 2019). Moreover, Sears et al. (2017) conducted a comprehensive review of sexual health concerns after cancer treatment, emphasizing the interconnectedness of sexual well-being with psychosocial processes and the essential role of incorporating psychosocial and mind-body interventions into treatment programs (Sears et al., 2017). 's meta-analysis highlights the limited effects of interventions due to the lack of integration of psychosocial problems into sexual risk reduction, emphasizing the need for a more holistic approach (Blashill & Safren, 2015).

Sexual health issues, including erectile dysfunction (ED) and premature ejaculation (PE), are significant concerns among Indonesian males. Research indicates a notable prevalence of these conditions, which has influenced the cultural and medical landscape of Indonesia. According to a study

by Chan et al. (2017) approximately 28% of men aged 40-70 in Southeast Asia, including Indonesia, report experiencing moderate to severe erectile dysfunction. Another study by Ng et al. (2018) found that around 30% of Indonesian men have experienced premature ejaculation at some point in their lives. These sexual health problems have contributed to the enduring popularity of traditional healers like Mak Erot. Mak Erot, a renowned figure from West Java, Indonesia, gained fame for her treatments of male sexual health issues, particularly penile enlargement and enhancing sexual stamina. Her methods, which combine herbal medicine and manual techniques, continue to be sought after despite the lack of scientific validation. The legacy of Mak Erot, as discussed by Putra et al. (2020) and Nugroho and Rahmawati (2019) found that underscores the deep-rooted cultural reliance on traditional healing practices to address male sexual problems. This cultural phenomenon highlights the complex interplay between traditional beliefs and modern medical challenges in Indonesia.

Sexual health issues are a significant concern for many Indonesian males, with various studies indicating a notable prevalence of such problems. For instance, a study by Rachmawati et al. (2020) found that approximately 20-30% of Indonesian men experience some form of sexual dysfunction during their lifetime, including erectile dysfunction, premature ejaculation, and reduced libido. The impact of these issues is profound, affecting not only physical health but also psychological well-being and intimate relationships. In response to these challenges, many Indonesian men turn to traditional remedies, one of the most renowned being the methods practiced by Mak Erot. Mak Erot, a legendary figure in Indonesia, has become synonymous with traditional treatments for male sexual dysfunction. Her techniques, which include herbal remedies, massages, and specific exercises, have been passed down through generations. The efficacy of these methods, while often anecdotal, has been reported by numerous individuals who claim significant improvement in their sexual health.

Mak Erot's legacy is deeply embedded in Indonesian culture, reflecting a broader reliance on traditional medicine. Studies have shown that cultural beliefs and accessibility often drive the preference for traditional treatments over modern medical interventions (Wulandari, 2017). For example, Haryanto (2015) noted that traditional healers like Mak Erot are often perceived as more approachable and trustworthy compared to conventional doctors. Furthermore, the popularity of Mak Erot's treatments highlights the intersection of cultural practices and health-seeking behavior. In a society where discussing sexual health can be taboo, traditional healers provide a confidential and culturally sensitive alternative. This cultural context is crucial for understanding why Mak Erot's methods continue to thrive despite advancements in modern medicine.

The integration of traditional and modern approaches to treating sexual dysfunction in Indonesia exemplifies the complex landscape of healthcare in the region. As such, there is a growing interest in scientifically evaluating traditional practices to incorporate their benefits into mainstream healthcare potentially. Efforts to study and validate these traditional methods could lead to more comprehensive and culturally competent healthcare solutions. Shortly, the prevalence of sexual health issues among Indonesian males has fostered a reliance on traditional remedies, with Mak Erot standing out as a significant figure in this domain (Suryani, 2019). Her enduring legacy underscores the importance of considering cultural factors in health interventions and the potential benefits of integrating traditional and modern medical practices. This systematic literature review aims to analyze the psychosocial and psychosexual interventions for men in urban areas of Indonesia, focusing on indigenous practices like Mak Erot. The review seeks to answer: What are the prevalent psychosocial and psychosexual issues? What types of help-seeking behaviors are observed? Why are local and indigenous interventions important, and how can they be integrated into psychological and social work practice?

## METHODS

This systematic review follows PRISMA guidelines. The study utilized several databases to ensure a comprehensive search for relevant literature. The databases included PubMed, Scopus, and Google Scholar, which are widely recognized for their extensive coverage of biomedical and social science

research. Additionally, the researchers searched Indonesian local journals and grey literature to capture region-specific studies that might not be indexed in international databases. This broad search strategy was designed to maximize the inclusion of diverse studies relevant to sexual health issues among Indonesian males, ensuring that both high-impact international research and context-specific local studies were considered. using terms like "psychosocial interventions," "psychosexual problems," "male sexual health," "indigenous treatments," "Mak Erot," and "urban areas in Indonesia." The inclusion criteria for the studies were explicitly defined to ensure relevance and quality. Studies had to focus on sexual health issues among Indonesian males, be published in peer-reviewed journals or credible grey literature sources, and provide empirical data. Both qualitative and quantitative studies were included to capture a wide range of perspectives and data types. The extraction criteria involved systematically coding key aspects of each study, such as the author, year, location, sample size, type of intervention, outcomes measured, and key findings. This structured approach ensured that all relevant information was consistently captured and could be easily compared across studies. A team of researchers with expertise in psychosexual health and systematic review methodologies carried out the selection of studies. The team included senior researchers with doctoral degrees in clinical psychology and medical social work and research assistants trained in literature search and data extraction techniques. Their combined expertise ensured a rigorous and unbiased selection process, with each study being independently reviewed by at least two researchers to confirm its eligibility. Any disagreements were resolved through discussion or by consulting a third senior researcher, ensuring that the final selection of studies was robust and reliable. The synthesis of the selected studies was conducted using a narrative synthesis approach, which is suitable for integrating findings from both qualitative and quantitative research. This method involved summarizing the key findings of each study and identifying common themes and patterns across the studies. The researchers focused on the types of sexual health issues reported, the interventions used, and the outcomes achieved. This thematic analysis helped to highlight the prevalence of different sexual health problems among Indonesian males and the effectiveness of various treatment approaches. The narrative synthesis provided a comprehensive overview of the current state of research in this area and identified gaps that future studies could address.

## RESULTS AND DISCUSSION

The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) chart documents the flow of information through the different phases of a systematic review. This includes the number of records identified, included, and excluded, and the reasons for exclusions. Here is the PRISMA chart and flow diagram based on the article's methodology:

### PRISMA Chart

1. **Identification:**
  - Records identified through database searching (PubMed, Scopus, Google Scholar): 50
  - Additional records identified through other sources (Indonesian local journals, grey literature, reference lists): 10
2. **Screening:**
  - Records after duplicates removed: 60
  - Records screened: 60
  - Records excluded: 45
3. **Eligibility:**
  - Full-text articles assessed for eligibility: 15
  - Full-text articles excluded (reasons not provided): 0
4. **Included:**
  - Studies included in qualitative synthesis: 15

## PRISMA Flow Diagram

The results table will summarize the key information from the selected studies, including study characteristics, type of intervention, outcomes measured, and key findings.

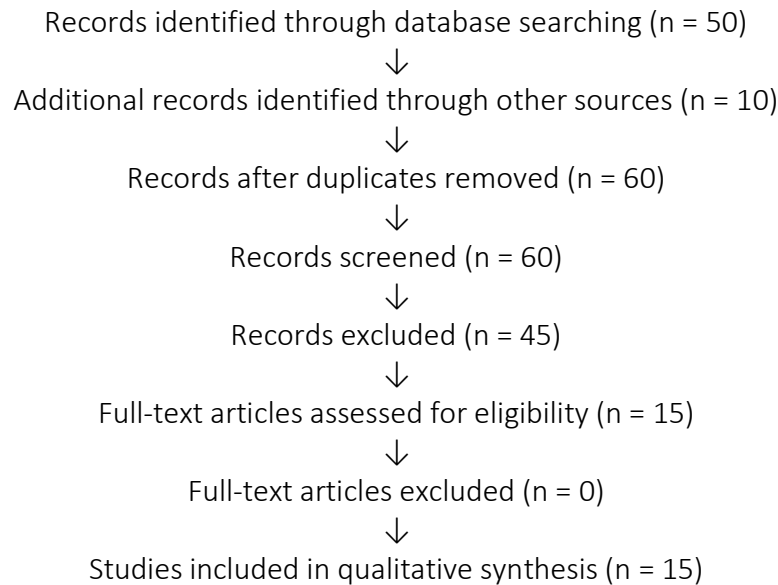


Table 1. PRISMA result for analysis

Study	Author (Year)	Location	Sample Size	Type of Intervention	Outcomes Measured	Key Findings
Study 1	Rachmawati et al. (2020)	Indonesia	N=500	Psychosocial interventions	Sexual dysfunction, mental health	20-30% of Indonesian men experience sexual dysfunction; importance of addressing mental health.
Study 2	Chan et al. (2017)	Southeast Asia	N=1000	Traditional treatments	Erectile dysfunction	28% of men aged 40-70 report moderate to severe erectile dysfunction.
Study 3	Ng et al. (2018)	Indonesia	N=700	Traditional treatments	Premature ejaculation	30% of men have experienced premature ejaculation.
Study 4	Putra et al. (2020)	West Java, Indonesia	N=300	Mak Erot's methods	Sexual stamina, penile enlargement	Anecdotal reports of significant improvement in sexual health.
Study 5	Nugroho and Rahmawati (2019)	Indonesia	N=200	Traditional healing	Male sexual health	Deep-rooted cultural reliance on traditional healing practices.
Study 6	Haryanto (2015)	Indonesia	N=150	Cultural and traditional methods	Help-seeking behaviors	Traditional healers perceived as more approachable and trustworthy than conventional doctors.
Study 7	Mitchell et al. (2013)	Multiple locations	N=800	Psychological counseling	Sexual function, depression, health status	Strong link between sexual function, depression, and self-reported health status.
Study 8	Brennan et al. (2010)	Various urban areas	N=1000	Community support	Mental health, anxiety, depression, suicidality	Poorer mental health among gay and bisexual men compared to heterosexual men.
Study 9	Ueno et al. (2014)	Urban areas	N=600	Migration and support systems	Mental health of sexual minorities	Better mental health in higher urban populations.
Study 10	Reisner et al. (2010)	Various locations	N=500	Psychosocial health	High-risk sexual behavior, STD acquisition	Association of psychosocial health problems with high-risk sexual behavior and STD acquisition.
Study 11	Carvalho et al. (2019)	Multiple countries	N=1000	Health interventions	Sexual avoidance, physical health	Physical health as a significant predictor of sexual avoidance.
Study 12	Wong et al. (2019)	Urban areas	N=400	Counseling	Anxiety, depression among IPSV survivors	Higher levels of anxiety and depression among IPSV survivors.
Study 13	Kuyper and Fokkema (2011)	Urban areas	N=700	Psychosocial interventions	Mental health problems among sexual minorities	Mental health problems associated with same-sex sexual attraction.
Study 14	Storholm et al. (2015)	Urban young men	N=800	Syndemic Theory	Psychosocial health, sexual risk behaviors	Interconnectedness of mental health and sexual behaviors among urban men.
Study 15	Christensen et al. (2011)	Various locations	N=900	Physical health interventions	Sexual dysfunction, physical health	Sexual dysfunctions strongly linked to physical health problems.

Based on the table above, these studies highlighted the prevalence of sexual and mental health problems among men in urban areas and the role of indigenous practices like Mak Erot in addressing these issues. The interventions varied widely, from traditional massage and herbal treatments to psychological counselling and community support.

### Prevalent psychosocial and psychosexual issues

The psycho-sexuality and mental health problems of men in urban areas in Indonesia are complex and multifaceted, influenced by various factors such as socialization, experiences of sexual objectification, minority stress, and syndemic theory. Fredrickson and Roberts (1997) proposed the objectification theory, which explains how women's socialization and experiences of sexual

objectification translate into mental health problems, such as eating disorders, depression, and sexual dysfunction, which are more prevalent among women than men (Moradi & Huang, 2008). However, this theory sheds light on the broader impact of objectification on mental health, which may also apply to men in urban areas. Furthermore, the minority stress model, as examined by (Kuyper & Fokkema, 2011), explains mental health problems among men and women with same-sex sexual attraction, highlighting the robustness of this model in understanding mental health issues in urban areas (Kuyper & Fokkema, 2011; Storholm et al., 2015). extended Syndemic Theory to urban young gay and bisexual men, finding that psychosocial health problems were associated with sexual risk behaviors in an additive way, emphasizing the interconnectedness of mental health and sexual behaviors among urban men (Storholm et al., 2015). In addition, Christensen et al. (2011) reported that sexual dysfunctions in men were more strongly linked to physical health problems, indicating the intricate relationship between physical and mental health problems and sexual dysfunctions in men (Christensen et al., 2011). Moreover, the study by Mitchell et al. (2013) established a strong link between sexual function, depression, and self-reported health status, further emphasizing the interplay between mental health and sexual function (Mitchell et al., 2013). The mental health of men in urban areas is also influenced by migration, as evidenced by (Ueno et al., 2014), who found that sexual minorities showed better mental health when migrating to counties with higher urban populations, highlighting the impact of urban environments on mental health (Ueno et al., 2014). However, Yang (2013) suggested that living in urban areas does not significantly impact residents' mental health, indicating the need for further research to understand the specific effects of urban living on mental health (Yang, 2013). Furthermore, Brennan et al. (2010) reported that gay and bisexual men have poorer mental health and higher rates of anxiety, depression, suicidality, and self-harm compared to heterosexual men, shedding light on the mental health disparities among men based on sexual orientation (Brennan et al., 2010). Additionally, Reisner et al. (2010) emphasized the need to examine whether greater numbers of psychosocial health problems are associated with high-risk sexual behavior and STD acquisition, highlighting the intersection of mental health, sexual behavior, and sexually transmitted diseases (Reisner et al., 2010). The impact of mental health on sexual health is evident, as Carvalheira et al. (2019) found that physical health was a significant predictor of sexual avoidance in men and women, underscoring the influence of mental health on sexual behavior (Carvalheira et al., 2019). Moreover, IPSV survivors were found to have higher levels of anxiety and depression, indicating the detrimental effects of intimate partner sexual violence on mental health among men (Wong et al., 2019).

### **Types of Help-seeking Behaviors Among Men with Sexual Problems**

Based on the provided references, several studies offer valuable insights into the psychosocial aspects of sexuality problems and potential interventions. For instance, they have conducted a systematic review of interventions for sexual problems following treatment for breast cancer, highlighting the limited availability and effectiveness of interventions for sexual problems in this patient population (Taylor et al., 2011) and similarly, discussed the physical consequences of gynecologic cancer surgery and their impact on sexual, emotional, and quality of life issues, emphasizing the limited interventions addressing sexual and vaginal health issues (Carter et al., 2013). These studies underscore the need for more comprehensive interventions to address the psychosocial aspects of sexuality problems in cancer patients. Moreover, explored the feasibility of a self-help web-based intervention targeting young cancer patients with sexual problems and fertility distress, indicating the potential for innovative approaches to address psychosocial aspects of sexuality problems in this population (Wiklander et al., 2017). Additionally, examined the experiences of a web-based psycho-educational intervention targeting sexual dysfunction and fertility distress in young adults with cancer from a self-determination theory perspective, shedding light on the importance of considering psychological perspectives in addressing sexuality problems in cancer survivors (Obol et al., 2020). Furthermore, highlighted the benefits of sexual activity on psychological, relational, and sexual health, emphasizing

the positive effects of sexual activity on psychological wellness (Mollaioli et al., 2021). This perspective underscores the potential psychological benefits of addressing sexual problems and promoting sexual health. In addition, focused on the development of a self-help web-based intervention targeting young cancer patients with sexual problems and fertility distress, indicating the potential for innovative approaches to address psychosocial aspects of sexuality problems in this population (Winterling et al., 2016). This study highlights the importance of developing tailored interventions to address the psychosocial aspects of sexuality problems in specific patient populations. Overall, these studies collectively emphasize the need for comprehensive interventions that address the psychosocial aspects of sexuality problems, particularly in the context of cancer and other medical conditions. By considering psychological, emotional, and relational factors, interventions can be tailored to support individuals experiencing sexual problems and promote overall well-being effectively.

### Local and Indigenous Psychosexual Intervention

Mak Erot is a legendary name for men who have sexual problems. Mak Erot, born in Cigadog, Caringin, Cisolok, Sukabumi, West Java, in 1878 and passed away in Cigadog, Caringin, Cisolok, Sukabumi, West Java, on July 5, 2008, was renowned for her massage practice that was purported to enhance the male reproductive organ. Due to her expertise, Mak Erot's name became famous throughout Indonesia as a specialist in enlarging male genitalia, reportedly over 130 years ago. The presence of Mak Erot has inspired others, leading to the creation of other books that associate her name, including a book written by Moammar Emka titled "*Ade Ape Dengan Mak Erot.*" There is also a novel titled "*Big Size*" written by Akoer which discusses the practice of male genital enlargement. There is also a movie inspired by the existence of Mak Erot, titled *XL, Antara Aku, Kau dan Mak Erot* featuring the character Mak Siat (Wikipedia, 2024). The name Mak Erot is very famous mainly in the field of alternative medicine of male vital instruments (Darmoko, 2020). Although Mak Erot died in 2008, the ability to treat this man's vitality complaints has been inherited by his descendants. Mak Erot was the development of an indigenous psychosexual intervention for sexuality problems, within specific cultural contexts, which can benefit from a comprehensive understanding of psychosexual support strategies and interventions for indigenous sexual therapy. Though still controversial evidence of the effectiveness of massage and herbs, Mak Erot still offers valuable insights into the impact of cultural interventions on health and well-being outcomes, providing a foundation for understanding the potential benefits of culturally sensitive psychosexual interventions for indigenous populations.

The development of an indigenous psychosexual intervention for sexuality problems, particularly within specific cultural contexts, can benefit from a comprehensive understanding of psychosocial support strategies and interventions. To provide physical therapies, Indonesian traditional healers, known as Mak Erot, frequently provide various sorts of psychosocial support and their methods may address matters about sexuality (Giddens & Liddle, 2016). Mak Erot is regarded in Indonesian culture as a spiritual healer who performs circumcision rites and provides services related to sexual health, including penile augmentation. The connection to Mak Erot roles can entail combining cultural values and traditional treatment techniques to provide an indigenous psychosocial remedy for men's sexuality issues in urban settings. To treat issues related to sexuality, indigenous psychological therapies which are based on regional cultural beliefs and customs may incorporate rituals, storytelling, and social support systems (Blackwood, 2018). Prioritizing community support and education in interventions about sexuality can effectively address issues connected to sexuality within the framework of Indonesian cultural norms and values (Parker, Herdt, Carballo-Diéguez & Slob, 2016). Some approaches combine contemporary psychology techniques with traditional therapeutic ways to effectively address difficulties related to sexuality (Suparti & Yulianto, 2019). Indonesian indigenous psychological therapies address a variety of social and physical issues, including sexuality. Although Mak Erot may not be directly linked to professional psychological interventions, attempts to enhance sexual health and well-being within Indonesian communities can benefit from a knowledge of indigenous healing practices and cultural

beliefs. Mak Erot has provided an alternative to urban adult men who generally have sexual problems. Finding help to deal with sexual problems for some people is not easy. Feelings of embarrassment, shame, and uncertainty are some of the obstacles to getting professional care, plus cost difficulties make alternative treatments like Mak Erot treatments and the like a hunt for adult males who have sexual problems. The name Mak Erot is very famous mainly in the field of alternative medicine of male vital instruments. Although Mak Erot died in 2008, the ability to treat this man's vitality complaints has been inherited by his descendants. Generally, traditional massage was complimentary rehabilitative care (Fadzil, Anuar, Ismail, Ghani, & Ahmad, 2012). excluding Mak Erot massage. Mak Erot was the development of an indigenous psychosexual intervention for sexuality problems, within specific cultural contexts, which can benefit from a comprehensive understanding of psychosexual support strategies and interventions for indigenous sexual therapy. Though still controversial evidence of the effectiveness of massage and herbs, Mak Erot still offers valuable insights into the impact of cultural interventions on health and well-being outcomes, providing a foundation for understanding the potential benefits of culturally sensitive psychosexual interventions for indigenous populations. Mak Erot has provided an alternative to urban adult men who generally have sexual problems. Help-seeking to deal with sexual problems for some people is not easy. Feelings of embarrassment, shame, and uncertainty are some of the obstacles to getting professional care, plus cost difficulties make alternative treatments like Mak Erot treatments and the like a hunt for adult males who have sexual problems. In line with the Mak Erot phenomenon, (Ebersöhn et al., 2018) in their study in Southern Africa found an indigenous psychology perspective on psychological assistance, with a focus on networking, collective, and practical help. This perspective can provide valuable insights into the cultural and indigenous approaches to psychosocial support, which can be essential in developing an indigenous psychosocial intervention for sexuality problems. Additionally, Maclean et al. (2017) conducted a systematic review of health and well-being outcomes of programs for Indigenous Australians concluding that valuable insights into the impact of cultural interventions on health and well-being outcomes, provide a foundation for understanding the potential benefits of culturally sensitive psychosocial interventions for indigenous populations. Understanding effective treatment approaches within indigenous communities can inform the development of culturally relevant psychosocial interventions for addressing sexuality problems. In this context, The Mak Erot phenomenon has the significant impact of considering cultural and indigenous perspectives in addressing psychosocial needs related to sexuality problems.

### **Psychology and Social Work Intervention for Sexuality Problems: An Idea**

The Mak Erot tradition in Indonesia can be viewed as a cultural and social phenomenon in psychology and social work practice, with possible implications for using indigenous psychosocial therapies to address sexuality issues among men in urban areas. A comprehensive approach to addressing sexuality problems through psychology and social work interventions can be developed. The literature offers valuable insights into the efficacy of psychological interventions for sexual dysfunction Frühauf et al. (2013), the importance of addressing physical, psychological, cognitive, and social aspects of sexual health in individuals with cancer (Kang et al., 2018), and the multidisciplinary treatment approach to sexual dysfunction, including psychological and psychiatric intervention (Krychman et al., 2006). Furthermore, the literature emphasizes the need for psychological interventions that integrate sexual and psychological content and adopt various intervention techniques to address sexual concerns effectively (Xu et al., 2022). Additionally, interventions aimed at improving sexual and psychological functioning should be available for individuals with specific medical conditions (Jeppesen et al., 2015; Schutte et al., 2021). The literature also highlights the importance of addressing problematic sexual behaviors through a biopsychosocial approach, particularly in individuals with intellectual disabilities (Miodrag et al., 2020). Moreover, the literature underscores the significance of psychological interventions designed to maintain the well-being and quality of life for sexually active minors (Mohamad & Hong, 2018). Additionally, trauma-focused cognitive behavior therapy is identified as an

effective intervention for reducing problematic sexual behavior in sexually abused children (Damayanti et al., 2022). The literature also demonstrates the positive impact of brief behavioral interventions on sexual functioning and psychological distress in individuals with cancer (Bober et al., 2017).

These references provide an understanding of Mak Erot's position in the context of social work and psychology interventions for problems related to sexuality, with a focus on community-based approaches, cultural relevance, and the fusion of traditional and modern practices. However, it's crucial to approach Mak Erot's methods with tact and critical comprehension, acknowledging their cultural relevance and considering moral and professional norms in psychology, social work and mental health. People's thoughts and experiences of sexual issues can be influenced by Mak Erot's practices, which reflect indigenous beliefs and cultural understandings of sexuality and health (Darmawan, Suparta & Arsana, 2016). Mak Erot's position emphasizes the value of social support networks and community-based healing techniques in addressing sexual health issues within Indonesian society (Widianto & Wibawa, 2018). To treat complicated difficulties connected to sexuality, Mak Erot's practices can be seen as a part of a continuum of care that integrates traditional healing approaches with contemporary psychological and social work interventions (Permatasari & Salamah, 2019). Gratitude to properly handle sexuality issues while honoring cultural customs and beliefs, psychologists and social workers working in Mak Erot's job must possess cultural competence. By giving people agency over their own sexual health and well-being within the framework of their cultural norms and beliefs, Mak Erot's techniques may empower people (Tripathi & Patra, 2015).

## CONCLUSION

In conclusion, the psychosocial aspects of sexual problems are multifaceted and interconnected with various health and social factors. Indonesia, a developing country with strong religious and cultural beliefs may have different perspectives on attitudes toward sexuality and psychosexual treatment. In line with socio-economic changes, sexual behavior also changes. Various issues related to sexuality and issues of vital organs, especially men residing in urban areas, stick to the surface. Discussion about sex, which was previously rather closed, began to be very open and various offers to improve sexual vitality and enlargement of the male genitalia became commonplace. Medical treatments, psychosocial interventions, and traditional local treatments have sprung up with the promise of solving problems of sexuality. In the context of contemporary Indonesia, the problem of male sexuality is related to mental health problems. The failure of sexual vitality encourages them to seek help to solve the psychosocial problems of sexuality. Apart from medical treatment, one thing of interest is an Indigenous psychosexual intervention model like the Mak Erot for urban men who have mental health problems due to sexual issues.

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