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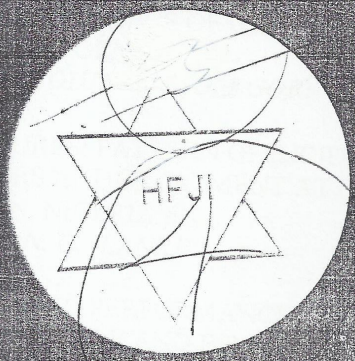

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MANIFESTATION OF SEXUAL DYSFUCTION BY LITERATE MARRIED WOMEN: IMPLICATIN FOR MARITAL COUNSELLING

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ABSTRACT

The paper examined the concept of human sexuality in the context of sexual dysfunction manifested by literate married women in Ilorin metropolis. Two research hypotheses were generated and tested for the study. The sample for the study are 200 literate married women in Ilorin metropolis drawn from four occupational areas viz; banking, teaching, trading and administrative cadre. It was found that the sample manifest ten broad behavioural features of sexual dysfunction and that there exist educational and age difference in their manifestation of sexual dysfunction. The provision of marital counseling with emphasis on sexuality education was recommended among other things.

INTRODUCTION

Human sexuality is concerned with the impact of sex on personality and emotional life and involves vital issues like the sexual impulses, the use of sex as an expression of love, the psychological, physical and emotional behaviours associated with the sex act. Understanding human sexuality is crucial because the ability to use, control and enjoy sex in a responsible manner is an important part of healthy living since mutually satisfying sex relation provides a solid base for a happy marriage. Marriage is the coming together of a man and a woman to raise a family and to meet the satisfaction of security and an enduring affection and companionship (Omari, 1989). Marriage is meant primarily for procreation of children and satisfaction of human sexual desires at least in the contemporary African society. However, it has been observed that sexual problems are the bane of many marital instability in or society today. According to Maqsood (2003) one of such sexual problem is that of husbands who are baffled that sex which seems very enjoyable to them, does not seem in the least enjoyable to their wives-she is probably experiencing sexual dysfunction.

Sexual dysfunction is defined as a disturbance in or pain during sexual intercourse or in any of the sexual response cycle. It is any problem that

manifest during any phase of the sexual response cycle that prevents the individual or couple from experiencing satisfaction from sexual activity (Shoemaker, 2003). In the submission of Nwobi (1995) the sexual response cycle are basically four namely: excitement, plateau, orgasm and resolution.

Sexual dysfunction has been classified into four main categories viz: desire, arousal, orgasm disorders and sexual pain disorders (sexual function health council, 1998). According to the American Medical Association (1998) at least 43% of all American women experience one form of sexual dysfunction or the other, unlike their men counterpart with 31% of their population. It has been noted also that half of these 43% women have marital problems emanating from their sexual dysfunction.

A well-adjusted sex life depends on the capacity of an individual to know what normal sex impulses are, how to control and direct them in responsible manner. According to Hurt (198), there are two meanings to the word sex. The first is whether a child is born male or female sex. The second is the act of making love having sex. Hurt maintained that sex is good. However, it is the misuse of sex that is evil. Thus, in her own submission Njoku (2002), noted that if any kingdom needs to be reclaimed by the society especially the married couples, and properly understood, it is the kingdom of sex. The reality is that, in our society today, a lot of parents fail to introduce or talk about sexuality to their children and even those about to get married. It has been observed that so serious is the societal avoidance of this issue that many marriages have been ruined because the couple could not understand talk less of managing their sexual desire or sex life successfully.

Among the functions of marriage is sexual gratification. In the views of Omojola (1993), many males see marriage as an opportunity to satisfy their sexual appetites that were at least partially starved during their single days. Thus, the relationship serves the need for regulation of sexual activity. Sexual intercourse is a primary factor for marital fulfillment, although, it is also a primary cause of problems in marriage. Thus, in the opinion of Masqood (2003), should every partner take care of the sexual need of the other, most problems in marriage become easy to solve and marital stability is guaranteed.

It follows from the proceeding discourse that marital instability is likely to occur in marriage whenever the couple experience unsatisfactory sexual relationship among others. The main cause of this problem is ignorance because no one has spoken with the young man or woman about

these matters prior to marriage. Thus, it has been noted by scholars and writers alike Munroe, (1991) and Akinade, (1997) that among the factors likely to cause marital instability are financial problems, cultural difference, poor communication childlessness and above all unsatisfactory sexual relationship.

It is unfortunate to note that the marital happiness of many women have been destroyed at the instance of unsatisfactory sexual relationship otherwise known as sexual dysfunction. Shoemaker (2003) citing the journal of the American Medical Association observed that 43% of all American women suffer from one form of sexual dysfunction or the other. It was stated further that of these 43 percent, more than half have marital problems of difficulties resulting form their sexual dysfunction. Although, the figure for Nigerian wómen is not known, available research findings, court case records and newspaper reports tend to suggest that Nigerian women might not fare better. For example Olakunle (2003) in a study of sexual dysfunction experienced by married women in Ifelodun local government area of Kwara State found that 85% of the respondents have problem of sexual arousal during coitus, while inner conflict within the women was reported to be the major cause of their sexual dysfunction.

According to Shoemaker (2003), it is unfortunate that, while sexual acts abound in the world around us, there are few places women can go to educate themselves about how their body responds-or insn't responding-to arousal. The fact is, sexual arousal is comprised of two basic parts: response to physical sensation and response to mental or emotional conditions. Ideally, these two types of response work together, and in most women's lives, they must be equally considered when understanding arousal and arousal problems. In the submission of Brody (2003), the main reasons women lack sexual excitement or desire fall into three categories: psychological, physiologic or physical. For instance, psychological or emotional conditions responsible for sexual dysfunction include inner conflict, relationship problems, depression, stress or anxiety. It has been noted that more than men, women seem to connect their sexuality with their partners. Sometimes this is conflated with love. Similarly, negative experiences can certainly hinder a woman's ability to become aroused. Essentially, many women need to feel safe before letting go into arousal. Thus, bad experiences under cut this feeling of safety (Brody, 2003).

Physiologic or hormonal causes of sexual dysfunction have been linked to the result of an abnormality in steroid levels in the body, in thyroid

unction or systemic diseases. Furthermore, hormone imbalance can cause liminished libido in women. Specifically, women's testosterone levels gradually decrease as women mature. Testosterone which is an androgen is thought of as a "male" hormone, but it is important for women too (Ahlgrimm, 2003).

Physiologic or hormonal causes of sexual dysfunction among women are many. These causes can be due to pelvic adhesions, ovarian cysts, fibroid tumors, cervical or uterine abnormalities, skin abnormalities, infection or most commonly, endometriosis. It has been observed that most women do not achieve orgasm during vaginal penetration and do not get strong enough clitoral stimulation from intercourse alone. Such women would need extra clitoral stimulation and fore play for increased moisture. It is essential to state however, that vaginal dryness once considered only a problem for menopausal women, can be experienced by women of all ages – even young women. According to Nardone-gynecologist and medical advisor to the vagisil women's health center, vaginal dryness is a condition more prevalent among older women, it can and does occur throughout a women's life for a variety of reasons. Specifically, the causes in younger women include taking over-the-counter allergy medications, normal monthly hormone fluctuations, using the wrong soap and taking oral contraceptives.

Specifically, the main focus of this present study is to examine the indices of manifestation of sexual dysfunction among literate married women in Ilorin metropolis with particular reference to their implications for marital counseling. The following major hypothesis were set for the study

Hypotheses:

(i) There is no significant difference in the manifestation of sexual dysfunction by married women on the basis of their education attainment.

(ii) There is no significant difference in the manifestation of sexual dysfunction by married women on the basis of their age.

METHODOLOGY

The sample for the study consists of 200 literate married women drawn from four main occupational areas in Ilorin metropolis through simple random sampling technique (teaching, banking, trading administrative Cadre). The sample is also made up of women within the age bracket of 20-50 and above. Their educational background ranges from ordinary secondary school certificate to post graduate degrees.

The instrument used for the study is a questionnaire tagged "Manifestation of Sexual Dysfunction Questionnaire" (MSDQ) developed by the researcher. The questionnaire is a fifteen item instrument divided into two main parts viz: parts A and B. Part a of the instrument elicits information on the respondents demographic background while part B focuses on behaviours considered to be manifestation of sexual dysfunction.

RESULTS

The results of data collected for this study are presented in three parts i.e demographic data of the respondents, item by item analysis (ranking) of the questionnaire items on behavioural manifestation of sexual dysfunctions by the respondents and hypothesis testing.

Table 1: Distribution of respondents by educational attainment

Variable: educational attainment	Frequency	Percentage%
Sec. Sch. Cert. Only	25	12.5
NCE/Diploma cert. Only	60	30.0
First Degree/HND only	90	45.0
Postgraduate degree	25	12.5
Total	200	100.0

Table 1 reveals that 25 (12.5%) of the respondents had only secondary school certificates, 60(30.%) NCE/Diploma certificates only, 90(45.0%) had first degrees only while the remaining 25(12.5%) possess post graduate degrees

Table 2: Distribution of respondents by occupational area

Variable: occupation	Frequency	Percentage%
Banking	60	30.0
Teaching	100	50.0
Trading	30	15.0
Administrative cadre	10	5.0
Total	200	100.0

Table 2 shows that 60(30.0%) respondents of the sample are into banking, 100(50.0%) teaching, 30(15.0%) are traders or into trading while the remaining 10(5.0%) are civil servants in the administrative cadre.

Table 3 Distribution of respondents on the basis of age

Variable: Age	Frequency	Percentage%
20-30 years	75	37.5
31-40 years	65	32.5
41-50 years	40	20.0
51 years and above	20	10.0
Total	200	100.0

Table 3 reveals that majority of the respondents 75(or 37.5%) are within the age bracket of 20-30 years, followed by6 65(32.5%) who are in the age bracket of 31-40 years. Next are those in the age bracket of 41-50 years who are 40(20.0%) in number, while the most elderly i.e those in the age bracket of 51 years above represent only 10 percent of the sample i.e 20 in number.

Table 4: Analysis of questionnaire items on behavioural manifestation of sexual dysfunction by the respondents.

S/No	Questionnaire items	Freq.	%	Ranking
1	Delay in attaining orgasm	170	85	1st
2	Inability to maintain sufficient sexual excitement during fore play	150	80	4th
3	Lack of satisfaction during intercourse	170	85	1st
4	Inability to secure arousal	130	65	6th
5	Involuntary closure of vaginal	90	45	10th
6	Experiencing pain during intercourse	110	55	9th
7	Sudden lose of interest in coitus during intercourse	120	60	8th
8	Resistance to sexual advances	140	70	5th
9	Feeling of incomfortability during genitalia manipulation and caressing	130	65	6th
10	Irritation from vaginal discharge.	160	80	3rd

It is clear from table four that ten broad behaviours are manifested by married women experiencing sexual dysfunction. These behavirous ranges

from delay in attaining orgasm during coitus, lack of satisfaction during coitus (ranked first) to involuntary closure of the vaginal during fore play and at the initial stage of coitus (ranked tenth) in order of frequency of occurrence and experience.

Hypotheses Testing

Hypothesis one: There is no significant difference in the manifestation of sexual dysfunction of married women on the basis of their educational attainment.

Table 5: Analysis of variance (ANOVA) on the manifestation of sexual dysfunction of married women on the basis of their educational attainment

Source	Of	Sum of square	Mean square	F-value	Critical value
Model	3	626.29504195	107.3258043	1.73	0.76
Error	196	13118.457896	72.85438412		
Corrected					
Total	199	13442.656316			

Table 5 shows the result of analysis of variance carried out to test hypothesis one of this study. It is revealed by the table that there is significant difference in the manifestation of sexual dysfunction of married women on the basis of their educational attainments. This is because the calculated F-value of 1-73 is greater than the critical v-ratio of 0.76 at 0.05 alpha levels.

Hypothesis two: There is no significant difference in the manifestation of sexual dysfunction of married women on the basis of their age

Table 6: Analysis of variance on the manifestation of sexual dysfunction of married women on the basis of age.

Source	Of	Sum of square	Mean square	f-value	Critical value
Model	3	626.35304195	625.35304195		
Error	196	11319.3575896	11319.3575896		
Corrected				1.72	0.81
Total	199	11953.6536326	11953.6536326		

Table 6 reveals the result of analysis of variance carried out on hypothesis two. The table shows that there is significant difference in the manifestation of sexual dysfunction by married women on the basis of their age. This is because the calculated F-value of 1.72 is grater than the critical F-ratio of 0.81 at 0.05 alpha level.

DISCUSSION

A major finding of this study is that literate married women in Ilorin metropolis manifest ten broad behavioural features of sexual dysfunction. These behavioural manifestations range from delay in attaining orgasm, lack of satisfaction during intercourse to problem of involuntary closure of vaginal during pre-coitus foreplay and at the initial stage of coitus. This finding is in agreement with the submission of Sexual Function Health Council of America Foundation of Urologic Disease (1998) which defined sexual dysfunction as a disturbance in or pain during, the sexual response. Similarly, the finding of this study corroborate earlier postulation of Shoemaker (2003) that sexual dysfunction may involve an inability to experience sexual pleasure (arousal dysfunction), or an inability to achieve orgasm (chronic dysfunction). According to the submission, frequent signs and symptoms include, lack of sexual desire, inability to have sex, lack of vagina lubrication, etc.

Another major finding of this study has to do with the realization that there are dysfunction. This is not surprising bearing in mind the submission of Filani (1985) that age at marriage has a substantial impact on marital adjustment. In her view, the older the spouses, the more mature and better equipped psychologically they are to handle the various problems inherent in marital relationship. Furthermore, the finding of this study in a way tends to reinforce the assertion that low education, low occupational status and low

income are indicators of marital maladjustment. Expectedly, the relationship between marital adjustment and satisfactory sexual relationship is underscored by the realization that sexual dysfunction is the persistent impairment of a couple's normal or usual patterns of sexual interest and/or responses.

Implication for marital counseling

It has been observed that satisfactory sexual relationship is a requisite for establishment of a fulfilling marital relationship. Thus a major implication of the finding that majority of literate married women in Ilorin metropolis manifest sexual dysfunction is that their marriages are at risk. In other words these marriages are prone to marital instability and eventual break-up. This is not surprising bearing in mind the observation by Maqsood (2003) that one of the problems confronting many married couples today is that of sex. Maqsood noted that many husbands are baffled that sex which seems very enjoyable to them, does not seem in the least enjoyable to their wives. The problem according to Maqsood lies in the husband's ignorance of women's sexuality. It is therefore the responsibility of marital counsellors to educate the youngsters and even couples about sexuality.

Another implication of this findings is that personality maladjustment is likely to occur among married couples as a result of their unsatisfactory sexual life. Marital adjustment has been identified as a basic necessity for all round personality development of the couple in the relationship and even children who are the product to such relationship. This proposition is in agreement with the submission of Nwoye (1991) that marriage entail exchange of the formal consent by two people (man and woman) to live a live of vocation of love and sharing for each other for the purpose of promoting their mutual growth and welfare as partners in their journey together through life. Thus, without meaningful sexual union, couples might find it difficult to use their marriage for all round personality development. This is a challenge to marital counseling especially when it is realized that sexuality has to do with how we see ourselves as girls and boys, women or men, whether we fall in love with people of the opposite or same sex. Essentially, our sexuality influences decisions that we make and how we behave. Sexuality in the view of Njoku (2002) has to do with our values in life, love and in our friendships. It is how we experience love, happiness, joy and sadness.

Furthermore, the awareness that literate married women manifest sexual dysfunction implies that marital counselors should emphasis the provision of premarital education. The pre-marital education to be provided should be all-encompassing with its focus on fortifying prospective couples with requisite information and skills for marital harmony. This is essential noting the stance of Akinade (1997) that marital counselling is meant to facilitate growth and development of a marriage and those in it, not necessarily the pathological dimension. Thus, in the submission of Nadir (2003), the major goals of marital enrichment education are to increase self and express thoughts and feelings with honesty and empathy and to develop and use skills important in relationships such as communication, problem solving and conflict resolution.

The necessity for sex education is another implication derivable from the findings of this study. According to the Journal of American Medical Association (2003), there are many factors responsible for the incidence of sexual dysfunction among women and even men. These factors include poor self-esteem, sexual abuse of incest, feeling of shame or guilt about sex, fear of pregnancy, stress and fatigue, in experience or inadequate information about sexuality on the part of either partner just to mention but a few. It follows therefore that if couples are to be assisted to maximize the potentials inherent in their marriages, efforts must be intensified to provide all prospective couples with all-embracing sex education. This implication is further reinforced bearing in mind the postulation of Hurt (1998), Njoku (2002) and Nwobi (1997) that it is not uncommon to find out that the prospective couple is unaware about the physical make up of the human body or is unaware of his/her responsibility and right to intimate fulfillment in marriage. With sex education, couple would be equipped with learning experience capable of facilitating the integration of the somatic (bodily), emotional, intellectual, and social aspect of sexual being in ways that are positively enriching and that enhance personality development, communication and love.

Lastly, the finding of this study implies that couples should be orientated on the need for mutual and all round communication in their marital life. The importance of spousal all embracing communication is imperative bearing in mind that communication is a dual traffic affair that requires clarification, openness and clarity if the communicators must understand themselves. In the opinion of Nadir (2003) good communication

brings understanding that leads to unity and harmony in marriage. It is thus recommended, that, in every conversation in marriage the couple should adopt love and be transparent.

CONCLUSION

It can be concluded from the findings of this study that literate married women in Ilorin metropolis do manifest ten broad behavirourl features of sexual dysfunction in the following order of magnitude:
(i) Delay in attaining orgasm; (ii) lack of satisfaction during inter course; (iii) irritation from vaginal discharges; (iv) inability to maintain sufficient sexual excitement; (v) resistance to sexual advances; (vi) inability to secure arousal; (vii) feeling of uncomfortably during genitalia manipulation and caressing; (viii) sudden lose of interest in coitus during inter course; (ix) experiencing pain during intercourse and (x) involuntary closure of the vaginal during pre-coitus foreplay and at the initial stage of coitus.

Another important conclusion drawn from the findings of this study is that there exist educational and age.influence in the manifestation of sexual dysfunction by literate married women in Ilorin metropolis.

RECOMMENDATIONS

In the light of the findings of this study and their implications for marital counseling, it is recommended that:

(i) Women should try to know their own anatomy and make an honest assessment of their stress, anxiety or depression as ignorance can affect their sexual interest.

(ii) Women with sexual dysfunction should be enlightened to realize that they are not the only one with the problem because many of the sexual difficulties confronting them are based on emotional upset. Therefore, they should be courageous enough to talk about their problem(s) to their partners and if unresolved, they should approach a marital counsellor for appropriate counseling.

(iii) Collaborative intervention by medical experts and professional counselors should be provided for women experiencing sexual dysfunction. There, issues such as sexual preference, domestic violence, fears of pregnancy, human immunodeficiency virus (HIV), and impact of sexually transmitted disease should be discussed.

(iv) Married women and prospective spouses should talk with their partners about their sexual needs and feelings. They should also feel

free to seek counseling assistance to resolve feelings about past sexual trauma and abuse.

(v) Women experiencing sexual dysfunction should not hide their problem, rather they should admit the problem and try to establish open communication with their partners.

(vi) Nigerian education curriculum should be enriched with adequate provision for sexual education. All students should be given education about human anatomy, sexual function and the normal changes associated with aging, as well as sexual behaviour and responses.

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