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Causes of Sexual Dysfunction among Married Women as Expressed by Nurses in Public Health Institutions in Kwara State, Nigeria (Pp. 259-266)

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Abstract
This study examined the causes of sexual dysfunction among married women as expressed by nurses in health institutions in Kwara State. A total of 210 Nurses from the General Hospitals in Ilorin, Lafiagi and Offa representing the three senatorial districts in Kwara State participated in the study. The instrument used to collect data was Cause of Sexual Dysfunction among Married Women Questionnaire. The data were analyzed using frequency count, simple percentage and t-test statistics. Three research hypotheses were tested at 0.05 levels of significance. The result of the findings indicated that there was no significant difference in the perception of causes of sexual dysfunction among respondents on the basis of sex, religion and educational qualification. It was recommended that couples who experience any form of sexual discomfort at any stage of their marital relationship should seek professional assistance from medical doctors and marital counselors, since most of the causes identified are either medical or psychological.

Key words: *Sex, sexual dysfunction, married women, public health institution.*

Introduction

Marriage is a socially acknowledged and approved union between men and women for the purpose of procreation (Ogunde, 1997). Every religious institution enjoins man and woman to marry. Each of the religions asserted that there is happiness, compassion and love in it, and thereby encourages the adherents to marry in order to shun vices like adultery and fornication (Akinade, 2008). It is therefore important to say that marriage is a social institution for legalizing sexual intercourse and it is expected to greatly reduce the rate of sexual infidelity and abuse in the society. Also, one of the traditional and fundamental functions of marriage is the provision of opportunity to couples to express their sexual desires legitimately and productively and to prepare for child bearing.

The success or otherwise of any marriage largely depends on the sexual relationship between the husband and the wife. However, sexual intercourse should not be a competitive indoor sport, but a physical and emotional expression of a warm relationship between two mutually attracted people (Jones, 2001). Sexual relationship serves many functions related to physiological and psychological development and it provides individuals with the opportunity of expressing their feelings demonstrate care and communicate intimacy. Sexual relationship is a source of pleasure and fulfillment to couples and it is a powerful form of communication (Oniye, 2008). In the light of this, it is more or less a weakness for any of the marital couple to fail in performing up to the expectation of his/her partner in terms of sexual relationship. Nwobi (1997) described the inability to respond actively or appropriately to sexual stimuli as sexual dysfunction. According to Welsh (2002), sexual dysfunction is anything that inhibits a person from enjoying sex. Many homes have broken as a result of the couple's ignorance of each other's sexual needs and functions and some couples engage in extra-martial affairs due to sexual problems (Oniye, 2008).

The prevalence of sexual dysfunction in a study of 4000 randomly selected patients in USA as reported by Arulkumaran (2005) was 54% among men and 46% among woman. Oniye (2003) had equally reported high prevalence of sexual dysfunctions among married women in Ilorin metropolis. For instance, 85 percent of the respondents indicated manifestations of one form

of sexual dysfunction or the other. As a follow-up, this study examined the causes of sexual dysfunctions among married women as expressed by nurses in health institutions in Kwara State.

Statement of the Problem

The study investigated the causes of sexual dysfunction among married women from the perspective of nurses in the tertiary health institutions in Kwara State. This is necessitated by the realization that many married women had reported high incidence of sexual dysfunction as revealed by the findings of Oniye (2003). The major purpose of this study therefore is to gain insight into the causes of sexual dysfunction through the nurses who are in constant contact with married women especially on issues related to family planning. The study is also meant to examine the relative influence of variables of sex, religion and lenght of service on the respondents" views of the causes of sexual dysfunction among married women.

Research Questions

The following research questions have been raised in the study:

(1) Is there any difference in the causes of sexual dysfunction among married women as expressed by male and female Nurses in Kwara state?

(2) Is there any difference in the causes of sexual dysfunction among married women as expressed by Christian and Muslim Nurses in Kwara state?

(3) Is there any difference in the causes of sexual dysfunction among married women as expressed by Nurses in Kwara state on the basis of their length of service?

Research Hypotheses

Based on the research questions, the following hypotheses have been formulated:

(1) There is no significant difference in the causes of sexual dysfunction among married women as expressed by Male and Female Nurses in Kwara state.

(2) There is no significant difference in the causes of sexual dysfunction among married women as expressed by Christian and Muslim Nurses in Kwara state.

(3) There is no significant difference in the causes of sexual dysfunction among married women as expressed by Nurses in Kwara state on the basis of their length of service.

Methodology

The research method adopted for this study was the descriptive survey method. The sample comprised male and female nurses randomly selected from the General Hospitals in Ilorin, Lafiagi and Offa representing the three senatorial districts in Kwara State. A total of 219 copies of questionnaire forms were distributed, out of which 200 were found to be valid for computation and statistical analysis.

The research instrument used for the study was a self-developed questionnaire tagged Causes of Sexual Dysfunction among Married Women Questionnaire (PCSDQ). It has two sections. Section A comprises the personal data of the respondents while Section B contains 30 items on possible causes of sexual dysfunction. The questionnaire was personally administered on the respondents by the researcher and later scored and interpreted. The instrument was validated by three professional counsellors and two medical practitioners in the field of Gynecology. Eventually, the modified copy of the instrument was used in conducting this study, while the reliability co-efficient of 0.71 was obtained with the use of the test-re-test method of reliability. The data collected from the respondents were analyzed using frequency count, simple percentage and t-test statistics at 0.05 levels of significance.

Results

The various results obtained were presented on the basis of the hypotheses generated. The personal data of the respondents shows that on the basis of sex 108 (54%) of the respondents are female and 92 (46%) male. Religious wise, 84 (42%) are Christians, while 116 (48%) are Muslims. However, on the length of service, 80 (40%) of the respondents are less than five years in service while the remaining 120 (60%) are above five years in service.

Hypothesis Testing

Hypothesis 1*: There is no significant difference in the Causes of sexual dysfunction among Married women as expressed by Nurses in Public Health Institutions in Kwara state.*

Table 1 shows a calculated t-value of 1.06 and a critical t-value of 1.96. Since the calculated t-value is less than the critical t-value at 0.05 alpha levels, the null hypothesis is accepted. This indicates that male and female Nurses in Kwara state are not significantly different in their expression of causes of sexual dysfunction among married women.

Hypothesis 2:
There is no significant difference in the causes of sexual dysfunction among married women as Expressed by Muslim and Christian Nurses in Kwara state.

Table 2 show a calculated t-value of 0.78 and a critical t-value is 1.96, since the calculated t-value is less than the critical t-value at 0.05 alpha level , the null hypothesis is accepted. This means that there is no significant difference between Muslim and Christian Nurses in their perception of causes of sexual dysfunction.

Hypothesis 3:
There is no significant difference in the causes of sexual dysfunction among married women as expressed by Nurses in Kwara state on the Basis of their length of service.

Table 3 shows a calculated t-value of 0.31 and critical t-value, of 1.96. Since the calculated t-vale is less than the critical t-value at 0.05 alpha levels, the hypothesis is accepted. This implies that there is no significant difference in the causes of sexual dysfunction as expressed by Nurses based on the length of service.

Discussion of Findings
The three hypotheses formulated and tested indicated that there was no significant difference in the causes of sexual dysfunction among married women as perceived by nurses in public health institutions in Kwara state based on sex, religion and length of service. The finding revealed that the nurses in Kwara State irrespective of sex, religion and length of service, are similar in their perception of the causes of sexual dysfunction among married women. This therefore implies that nurses in public health institutions in Kwara state are of the view that sexual dysfunction among married women can be traced to almost the same factors. The factors identified as causes of sexual dysfunction among married women cut across four main areas

namely: physical, psychological, social and biological factors. These factors are similar to those mentioned by Laumann (2003).In the same vein this finding corroborated the submission by Heiman(2002),who identified physical, hormonal, psychological and social factors as causes of sexual dysfunction among matured women. This finding is not surprising bearing in mind that even here in Nigeria, Oniye (2008), equally identified seven broad causes of sexual dysfunction among women to include ignorance, inadequate stimulation, psychological, physical/organic, physical illness, poor nutrition and use of tobacco. This finding tends to explain the view stressed by Harms (2002), that testosterone plays a vital role in women's sexual desire. However, it has been noted further that life events known to affect hormonal patterns include premenstrual tension, childbirth, pregnancy, and menopause.

The perception of the nurses as shown in this finding is possibly a result of their professional background and constant interaction with the women at different medical forum such as outpatient clinic, ante natal clinic, family planning clinic, and post natal clinic among others.

The implications of these findings for counseling practice are many and instructive. Specifically, these findings are supposed to intimate the marital counselor with the fact that some pleasant life events like pregnancy and childbirth could invariably constitute sources of sexual dysfunction. The counselor's understanding of these facts in turn would prepare the counselor for the task of providing meaningful, informative and curative assistance to the clients who may be experiencing one form of sexual dysfunction or the other. Furthermore, these findings would help to allay the fear and confusion which usually accompany incidence of sexual dysfunction among uninformed couples. This in turn would enable them appreciate what their partners are passing through and thus demonstrate genuine understanding and commitment to their relationship.

Conclusion

Based on the findings of the study and the discussions that followed, the following conclusions were drawn:

The Nurses in public health institutions in Kwara state appear to be unanimous in their perception of the causes of sexual dysfunction among married women irrespective of their sex, religion and length of service. It is also clear that the causes of sexual dysfunction could be addressed under four

broad factors of physical, psychological, social and biological/hormonal causes. Similarly it has been noted that certain life events such as pregnancy, childbirth, and menopause could constitute sources of sexual dysfunction for which couples would have to be counseled. From the foregoing, it can be said that the causes of sexual dysfunction especially as perceived by nurses in Kwara State are almost the same.

Recommendations

In line with the findings of the study, the following recommendations are made:

1. Sex education should be introduced as a viable course in our educational curriculum and in-depth knowledge on sexuality education in order to prevent sexual problems among the youth.
2. Marital counseling should be introduced as a general course in higher institutions of learning to prepare would-be couples for the task of inculcating a positive sexual behaviour.
3. Couples should be enlightened on the need to discuss sex freely and orientated on how to overcome psychological confusion and other sources of fear that may result from couple's experience of sexual dysfunction.
4. Seeking professional assistance from marital counselors is imperative for couples who experience any form of sexual dysfunction at any stage of their marital relationship.
5. The general medical practitioners should collaborate with counselors in order to assist in reducing incidence of sexual dysfunction among married couples.

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Table 1: t-test table comparing nurses' perception of causes of sexual dysfunctions on the basis of their sex

Sex	No of Cases	$\overline{\chi}$	SD	df	Cal t-value	Critical t-value
Male Female	92 108	25.09 25.54	2.52 1.69	198	1.06	1.96

Table 2: t-test table comparing nurses' perception of the causes of sexual dysfunction on the basis of their religion

Religion	No of Cases	$\overline{\chi}$	SD	df	Cal. t-value	Crit. t-value
Muslim Christian	116 84	24.66 25.07	2.95 2.32	198	0.78	1.96

Table 3: t-test table comparing nurses' perception of the causes of sexual dysfunction on the basis of their length of service

Length of Service	No of Cases	$\overline{\chi}$	SD	df	Cal. t-value	Crit. t-value
1-5years 5years Above	80 120	25.25 25.38	2.71 1.63	198	-0.31	1.96