



Research Paper

## Knowledge of Sexual Dysfunction among Married Men in Port Harcourt City Local Government Area of Rivers State, Nigeria

<sup>1</sup> Kpe-Nobana, Christiana Leesi

*Department of Human Kinetic, Health and Safety Education  
Ignatius Ajuru University of Education, Port Harcourt*

<sup>2</sup> Etor Nwakaji Emmanuel

*Department of Preventive and Social Medicine  
University of Port Harcourt*

<sup>3</sup> Ngbenekpigi, James Dayor

*Department of Human Kinetic, Health and Safety Education  
Ignatius Ajuru University of Education, Port Harcourt*

### ABSTRACT

*This study aimed to investigate knowledge of sexual dysfunction among married men in Port Harcourt City Local Government Area of Rivers State, Nigeria. The descriptive cross-sectional survey design was adopted for the study. The sample size for this study was three hundred and eighty. Data was collected using a semi-structured questionnaire and analyzed using descriptive statistics such as frequencies, percentages, mean and chi-square test was used for testing the hypotheses at 0.05 level of significance. The findings of the study revealed that majority (98.2%) of the respondents had good knowledge of sexual dysfunction. The tested hypotheses showed that there was a significant association between age ( $X^2 = 14.770$ ,  $p < 0.05$ ) and knowledge of sexual dysfunction among men. It was concluded that socio-demographic characteristics such as age and education influences knowledge of sexual dysfunction. The study recommended among others that Government, ministries of health and non-governmental organizations at all level should mount more intensive enlightenment campaigns through public talk, seminars, conferences and workshop to create more awareness on the need for knowledge of sexual dysfunction among men*

**KEYWORDS:** *knowledge, sexual dysfunction, married men*

*Received 09 June, 2021; Revised: 21 June, 2021; Accepted 23 June, 2021 © The author(s) 2021.*

*Published with open access at [www.questjournals.org](http://www.questjournals.org)*

### I. INTRODUCTION

Sexual dysfunction remains as one of the most prevalent sexual disorders among men, especially the married ones but is often ignored in clinical assessment and management. The reasons include both embarrassment and ignorance (Idung, 2012), patients may not wish to disclose or talk about their problems or may be ignorant of the root causes. It is becoming less stigmatized and increasingly people are beginning to talk about their problems and seek help (Bullough, 2006).

However, it has caused a lot of problems in relationships and families as well, especially where medical prescriptions cannot provide solutions (WHO, 2016). Idung (2012) has it that in the African settings, sexual problems especially that of low libido, premature ejaculation and erectile dysfunction is often attributed to strong cultural beliefs making it hard for the society to seek for spiritually solutions rather than seek medical attention and preventable lifestyles of these problems.

Sexual problems are highly prevalent in men, yet frequently under-recognized and under-diagnosed in clinical practice. Even among clinicians who acknowledge the relevance of addressing sexual issues in their patients, there is a general lack of understanding of the optimal approach for sexual problem identification and evaluation (Hatzichristou, 2004). Nolen-Hoeksema (2014) added that some major causes of sexual dysfunction such as low libido, premature ejaculation and erectile dysfunction include medical factors such as endocrinal abnormalities, diabetes, and hypertension, cardiovascular, gynaecological and urological disorders. However,

almost all medications, whether these are anti-diabetic, anti-hypertensive, antidepressants, anti-psychotics, or diuretics, can cause sexual problems.

Knowledge is a driver to the awareness of sexual problems among men. For instance, the study of Idung (2012) in sub-urban and rural Nigeria showed that knowledge towards sexual problems in the Niger delta region is low especially among rural men. Sexual problems comes with both economic and social problems such as infertility, insanity or mental disorder, marital disruption, poor societal relationships, wife and husband abandonment, violence and divorce, low productivity and paralysis or even death as victims find themselves in a serious dilemma they cannot help especially when they have requested for medical attention without any solution.

However, some individuals keep the problems to themselves as a result of the social implication of stigmatization. This is not too far from the men of Port Harcourt City Local Government as they have also observed some of these dysfunctions. Therefore, this study intends to investigate the knowledge of sexual dysfunction among married men in Port Harcourt City Local Government Area of Rivers State, Nigeria.

## II. RESEARCH METHODS

The design of the study was a descriptive survey research design. The study was carried out among married men aged 20-60 years in Port Harcourt Metropolis. A sample size of three hundred and eighty was determined using a random sampling method. A self-developed and structured questionnaire was composed to extract information on the variables of the study. The researcher personally administered the questionnaire to respondents. The questionnaire was designed to obtain responses using alternative responses pattern. Data collected were entered into the computer using Statistical Package for Social Science (SPSS 20.0) software for analysis and data were presented using frequency, percentages and chi-square.

## III. RESULTS

**Table 1: knowledge of sexual dysfunction**

Variables	Frequency (n=360)	Percentages
<b>Have you heard of sexual dysfunction</b>		
True	354	98.3
False	6	1.7
<b>Sexual dysfunction causes poor sexual performance</b>		
True	355	98.6
False	5	1.4
<b>Ejaculation that occurs before or too soon after penetration is a form of sexual dysfunction</b>		
True	330	91.7
False	30	8.3
<b>Inability to get and keep an erection for sexual intercourse is a form of sexual dysfunction</b>		
True	309	85.8
False	51	14.2
<b>Decreased desire or interest in sexual activity is a form of sexual dysfunction</b>		
True	290	80.6
False	70	19.4
<b>Sexual dysfunction is a medical condition</b>		
True	196	54.4
False	164	45.6
<b>Sexual dysfunction can be treated if detected early</b>		
True	294	81.7
False	66	18.3
<b>Sexual dysfunction is usually a spiritual issue</b>		
True	265	73.6
False	95	26.4

Table 1 revealed the knowledge of sexual dysfunction. It revealed that 98.3% indicated that they have heard of sexual dysfunction, 98.6% agreed that sexual dysfunction causes poor sexual performance, 91.7% indicated that ejaculation that occurs before or too soon after penetration is a form of sexual dysfunction, 85.8% agreed that inability to get and keep an erection for sexual intercourse is a form of sexual dysfunction, 80.6% agreed that inability to get and keep an erection for sexual intercourse is a form of sexual dysfunction, 54.4% agreed that decreased desire or interest in sexual activity is a form of sexual dysfunction, 81.7% agreed that sexual dysfunction is a medical condition, 73.6% agreed that sexual dysfunction can be treated if detected early while 87.2% agreed that sexual dysfunction is usually a spiritual issue

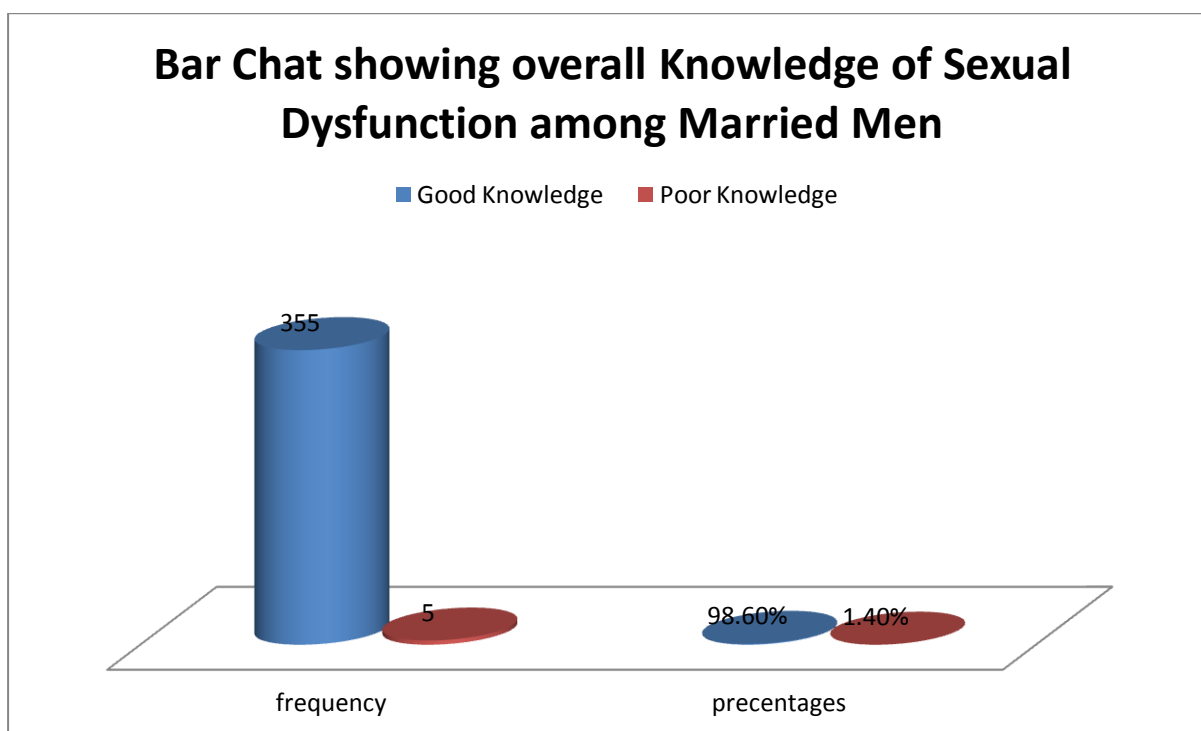


Figure 1 shows that 355(98.6%) had good knowledge of sexual dysfunction among married men.

#### Testing of hypotheses

**Hypothesis 1:** There is no significance relationship between age and knowledge of sexual dysfunction among married men in Port Harcourt City Local Government Area of Rivers State.

**Table 2: Chi-squared test showing relationship between knowledge and age of married men towards sexual dysfunction**

Age	knowledge		Total	df	X <sup>2</sup> -value	p-value	Decision
	High	Low					
20-25	87(24.2)	5(1.4)	92(25.6)	4	14.770	.005	H <sub>0</sub> Rejected
26-30	65(18.1)	0(0)	65(18.1)				
31-35	71(19.7)	0(0)	71(19.7)				
36-40	81(22.5)	0(0)	81(22.5)				
≥41	51(14.2)	0(0)	51(14.2)				
<b>Total</b>	355(98.6)	5(1.4)	360(100)				

The table above shows the Chi-squared test of significant relationship between knowledge and age of married men towards sexual dysfunction in Port Harcourt City Local Government Area of Rivers State. The finding of the study showed that age has a significant relationship with knowledge of sexual dysfunction ( $X^2$ -value = 14.770, df = 4,  $p < 0.05$ ). Therefore, the null hypothesis which states that there was no significant relationship between age and knowledge of sexual dysfunction among married men in Port Harcourt Local Government Area of Rivers State was rejected.

#### IV. DISCUSSIONS

The finding of the study revealed that majority of the population had good knowledge of sexual dysfunction among married men. This finding is in keeping with that of Aschka et al (2001) who reported a good knowledge of sexual dysfunction among participants. The study also corroborates that of Wang et al (2008) whose study reported good knowledge of sexual dysfunction among participants. The study of Meena et al (2015) also reported good knowledge of sexual dysfunction among males but this time was moderate.

The knowledge reported in the present and previous studies might be attributed to the fact that men who may have experienced any form of sexual dysfunction or who might have noticed any among men may have one form of knowledge or the other. However, this issue has been a major topic for discussion especially among traditional African men. They see sexual dysfunction to be more spiritual rather than medical hence their misconceptions. This alone has contributed to the level of its awareness and popularity though level of education and other factors can play important roles.

The finding of the study showed a significant relationship between age and knowledge of sexual dysfunction among married men indicating that age can influence sexual knowledge. The finding of the study is in line with that of Delamater and Sill (2005) whose study reported a significant relationship between age and knowledge of sexual dysfunction. The finding of the study also corroborates with the studies of Wang et al (2008) and Van et al (2017) whose study reported that age is associated with the knowledge of sexual disorders among men. The similarities between these studies might be due to the fact that as men become mature in age through physiological development, there is that tendency that they may experience one form of sexual disorder and then begin to have knowledge of it. However, the rise in communicable and non-communicable diseases may also play a role in the knowledge of sexual dysfunction among men.

## V. CONCLUSION

Based on the findings of the study, it was concluded that participants had good knowledge of sexual dysfunction and that socio-demographic characteristic such as age influences knowledge towards sexual dysfunction among men.

## VI. RECOMMENDATIONS

In view of the findings of this study, the following recommendations were made:

1. Government, ministries of health and non-governmental organizations at all level should mount more intensive enlightenment campaigns through public talk, seminars, conferences and workshop to create more awareness on the need for knowledge of sexual dysfunction among men.
2. The Government through policy makers should make reproductive health a compulsory package to men by enacting policies that encourages the establishment of male reproductive clinics
3. The Government, Ministries of Health and Education Planners should make Sexually educations a compulsory package in the school curriculum at all level of education in order to inculcate good knowledge towards sexual dysfunctions
4. Targeted, staged based information, education and communication intervention should be implemented by NGOs such as FHI -360, SFH, PPFN etc to improve the knowledge of men towards sexual disorders

## REFERENCES

- [1]. Aschka, C., Himmel, W., Ittner, E., & Kochen, M. M. (2001). Sexual problems of male patients in family practice. *Journal of family Practice*, 50(9), 773-773.
- [2]. Bullough, V. (2006). *Sexual Variance in Society and History*. Buffalo, NY: University of Buffalo Press.
- [3]. DeLamater, J. D., & Sill, M. (2005). Sexual desire in later life. *Journal of sex research*, 42(2), 138-149.
- [4]. Hatzichristou, D., Rosen, R. C., Broderick, G., Clayton, A., Cuzin, B., Derogatis, L., ... & Sadovsky, R. (2004). Clinical evaluation and management strategy for sexual dysfunction in men and women. *The journal of sexual medicine*, 1(1), 49-57.
- [5]. Idung, A. U., Abasiubong, F., Udoh, S. B., & Akinbami, O. S. (2012). Quality of life in patients with erectile dysfunction in the Niger Delta region, Nigeria. *Journal of Mental Health*, 21(3), 236-243.
- [6]. Meena, J. K., Verma, A., Kishore, J., & Ingle, G. K. (2015). Sexual and reproductive health: knowledge, attitude, and perceptions among young unmarried male residents of Delhi. *International journal of reproductive medicine*, 2015.
- [7]. Nolen-Hoeksema, S. (2013). *Sexual Dysfunctions*. In *Abnormal Psychology*. McGraw Hill Education.
- [8]. Van Vo, T., Hoang, H. D., Nguyen, T., & Phuc, N. (2017). Prevalence and associated factors of erectile dysfunction among married men in Vietnam. *Frontiers in public health*, 5, 94.
- [9]. Wang, T. F., Lu, C. H., Chen, I. J., & Yu, S. (2008). Sexual knowledge, attitudes and activity of older people in Taipei, Taiwan. *Journal of Clinical Nursing*, 17(4), 443-450.
- [10]. World Health Organization (2016). *The ICD-10 Classifications of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva: WHO.