

3rd World Conference on Psychology, Counselling and Guidance (WCPCG-2012)

Self-reported psychosexual lifestyles of university students in South-Western Nigeria: implication for professional counselling

^aAbiodun .M. Gesinde, ^aGbadebo .O. Adejumo, ^bA. Motunrayo Ariyo

^a*Department of Psychology Covenant University, Ota, Nigeria*

^b*Department of Science and Management University of Agriculture, Abeokuta, Nigeria*

Abstract

Human sexuality is generally described as the sum total of manner through which people experience and articulate their sexual sensation. It encompasses physiological make-up as well as socio-cultural, psychological and spiritual aspects of life. Considerable researches have been conducted on human sexuality among university students but this paper measures twelve psychosexual constructs among six hundred and eight university students (376 males and 232 females) randomly selected from three universities in South-western, Nigeria. Snell (1997) Multidimensional Sexuality Questionnaire (MSQ), consisting of 12 different psychological constructs related to sexual relationships was used to gather data. One research question and one research hypothesis guided the study. Descriptive statistics of frequency count, mean and t-test statistic were employed to analyze the data. The findings indicated that the participants reported higher mean score of 18.37 for psychosexual constructs of sexual esteem and the lowest mean rating of 10.76 for sexual depression,. Further analysis showed that there were no significant differences on sexual esteem and depression of the participants on gender basis. It is recommended that counsellors should broaden sexual recovery psychotherapeutic intervention programmes that will further enhance psychosexual lifestyles of university students.

© 2013 The Authors. Published by Elsevier Ltd.

Selection and peer-review under responsibility of Prof. Dr. Huseyin Uzunboylyu & Dr. Mukaddes Demirok, Near East University, Cyprus

Keywords: Psychosexual, university students, counselling, Nigeria.

Introduction

Human sexuality is generally described as the sum total of manner via which people experience and articulate their sexual sensation. It is regarded to be part of God created good gift to man from the beginning of the creation (Trujillo & Sgreccia, 1995). It encompasses not only the physiological make-up but also socio-cultural, psychological, and spiritual aspects of life. It is therefore inapt to view human sexuality as a single entity. Holistic research reports on all these aspects of human sexuality are very germane to understanding and predicting human sexual practices.

Consequent upon the fact that interest in sexual engagement typically increases at puberty and the fact that adolescent period is characterized with lots of sexual escapades considerable number of researches have been conducted on human sexuality among university students majority of whom are adolescents. Adolescents, as reported by Pardun (2001), are becoming more sexually active unlike in the past with some researchers reporting that as many as one in 12 kids have sex before they turn 13. Ziherl & Masten (2010) equally observe that the period of life as student is a period of transition to adult life when students tend to experiment with romantic partnerships as

Corresponding author name: Abiodun M. Gesinde Tel.: +00 000 00000

Email: abiodungesinde@gmail.com

well as gathering knowledge and active experience of sexuality. Psychoanalytic theory of Sigmund Freud explains that the origin of psychosexual development is traceable to availability of libidinal energy in human beings from birth. This is expressed in five psychosexual stages from the activities of the mouth from where it moves to the anus and the genital organs. Freud further explains that development of psychosexual problems would occur in an individual if the process of expressing instinctual libido is faulty.

Discussions about human sexuality are generally shrouded in secrecy and taboo to the point that most health professionals, including doctors, feel uncomfortable to discuss the subject with patients (Calvin, n.d.). Evidences from research reports have demonstrated that university students have diverse sexual behaviours. For instance, the findings of a descriptive study conducted by Ozkan, Baser, & Gun (2008) among 1,500 students from Erciyes University in Turkey revealed that 51.7% (males) and 10.9% (females) had had a sexual intercourse experience while the average age of first sexual intercourse experience was put at ± 18.2 . The findings of a repeated survey of sexual behaviour of 345 female university students in Sweden by Tyden, Palmqvist, & Larsson (2012) indicated that 99% of the participants had had intercourse, 97% had received oral sex, 94% had given oral sex, and 39% had experience anal sex. In Nigeria, a study carried out by Omoteso (2006) among 2106 undergraduates in southwest, Nigeria showed that 54% of the participants had steady boy/girl friends, 63% had had sexual intercourse, and 43% had intercourse with their lovers while 20% had it with just somebody. It was also revealed that 99% frequently engaged in hand holding, 39.5% in kissing, 58% in hugging and 52.5% in caressing.

Involvement in sexual relationships, no doubt, has its consequences. The consequences may come in form of sexual health (enjoyment) or difficulties in diverse areas of human sexuality. Expression of sexual health or difficulties is expected to cover every aspects of human sexuality. Quite a number of such aspects of human sexuality have been identified by sex researchers. Snell, Fisher & Walters (1997) identified 12 aspects of human sexuality where effects of sexual relationships could be established and assessed. These include sexual-esteem; sexual-preoccupation; internal-sexual-control; sexual-consciousness; and sexual-motivation. Others are sexual-anxiety; sexual-assertiveness; sexual-depression; external-sexual-control; sexual-monitoring; fear-of-sex; and sexual-satisfaction. This categorization clearly points to the fact that sexual relationships could be reported in positive or negative ways. Medicine Plus (2012) observes that sexual difficulties, which may be physical, psychological, or both, may start early in life or after an individual has experienced enjoyable or satisfying sex. Calvin (n.d) supports this assertion when he remarked that sexual impairment can crop up at one or more points of the normal sexual response cycle such as desire, arousal and orgasm levels.

There is the need for self-report on sexual difficulties or enjoyment on gender basis because it is critical in the process of understanding and management of psychosexual functioning. Andersen & Broffitt (1999) and Schrimshaw, Rosario, Meyer-Bahlburg, & Scharf-Matlick, (2006) assert that sex researchers and clinicians relied on participants or clients' verbal reports or self reports questionnaire for the assessment of sexual behaviours. No wonder then that gender differences and similarities in psychosexual functioning of university students have been well documented. In the United States of America, a survey which requested 2168 university students to rate their physiological and psychological satisfaction with their current sexual lifestyles indicated that close to half of the respondents were satisfied while approximately one third were very satisfied. Further analysis showed that self esteem (especially among men), sexual frequency, guilt, self comfort, and relationship status were correlates of both physiological and psychological satisfaction (Higgins, Mullinax, Trussell, Davidson, & Moore, 2011).

Apart from sexual satisfaction, there are empirical reports on sexual esteem, depression, preoccupation, self efficacy, and exchange approach to sexuality of university students. Thurman & Silver (1997) sample of 124 undergraduate students (49 males and 75 females) in a study indicated that male students scored higher than female students in sexual preoccupation while those who scored high on the exchange approach to sexuality have lower score ratings for sexual esteem and higher score for sexual depression and sexual preoccupation than those who scored low on exchange. Study on associations between sexual-concept and sexual efficacy among students has

indicated that females reported higher sexual esteem and lower sexual self-efficacy than males whereas males reported higher level scores for sexual anxiety and lower levels of resistive self-efficacy than females (Rostosky, Dekhtyar, Cupp, & Anderman, 2008). Another study on association revealed that Goldberg Big 5 measures of neuroticism was positively correlated with sexual anxiety, sexual depression, and sexual motivation when tested among 10,000 students comprising of European- American, African-American, and Hispanic-American by Dorlac & Snell (2007).

Statement of the Problem

Sexual health is an integral part of an individual's general health and well-being. A satisfactory sexual life is recognized by Pamoukaghlian (2012) as a significant component of an individual's overall mental and physical health. Hence, knowledge of psychosexual lifestyles is paramount to the understanding of sexual health status of human beings. Although there are studies on psychosexual functioning of human beings, most of these have their focus on married couples and adults out of the school setting. Previous studies that have their settings in schools were unable to capture most of the aspects of psychosexual functioning or failed to account for gender differences in psychosexual functioning. Rather than concentrating on psychosexual functioning much of the research in school up to now has been on pregnancy rates (Finer & Zolna, 2011); knowledge and attitudes towards sex (Manju & Renuka, 2006; Egbokuku & Ekanem, 2008, Burack, 1999); high risk sexual behaviour (Katz, Fortenberry, Tu, Harezlak, Orr, 2001) and so on. Of all these studies reviewed so far there is no single study from southwest Nigeria which adequately addresses psychosexual lifestyles of university students. Adegunloye (n.d) attests to this when he remarked that human sexual practices and problems have not been well researched in Nigeria despite the fact that it has been observed that there is high incidence of sexual problems.

Recent developments in human sexual behaviour, such as the fact that psychosexual problems affect about 40% of the population (Rolfée & Henderson, 2010), make it imperative to have additional information that would improve current knowledge base on diverse aspects of human sexuality. Besides this, Petersen & Hyde (2011) has pointed out that although sexual behaviours and attitudes are typically believed to be large and differ when it comes to gender, events in recent times tend to suggest that some gender differences in sexual behaviour are much smaller than what a common knowledge would suggest. Therefore, the actual gender differences in psychosexual functioning ought to be investigated with a multidimensional instrument since no one factor could single-handedly account for psychosexual relationships in human sexuality.

Purpose of the Study

This paper aims at determining the status as well as gender differences in 12 aspects of psychosexual life-style of university students in Southwest, Nigeria.

Research Question

To what extent will male and female university students rate 12 specific aspects of their psychosexual relationships?

Research Hypothesis

Male and female university students will not significantly differ in their sexual esteem and sexual depression reports.

Methods

The study adopted descriptive survey design. The participants are six hundred and eight (376 males and 232 females) university students randomly selected from three universities in three of the six states in Southwest Nigeria. Snell, Fisher, & Walters (1997) Multidimensional Sexuality Questionnaire (MSQ), an objective self-report measure consisting of 12 different psychological factors (Sexual-esteem, preoccupation, internal-sexual-control,

consciousness, motivation, anxiety, assertiveness, depression, external-sexual-control, sexual-monitoring, fear-of-sex, and satisfaction related to sexual relationships was used to gather data. It has 60 items arranged in 5point Likert format of (A) Not at all characteristic of me. (B) = Slightly characteristic of me. (C) = Somewhat characteristic of me. (D) = Moderately characteristic of me and E = Very characteristic of me. Higher scores corresponded to greater amounts of each tendency measured by the MSQ. One research question and one research hypothesis were posed to guide the study at 0.05alpha level. Descriptive statistics of mean and t-test statistic were employed to analyze the data. The alpha coefficients for each of the subscales, according to Snell, Fisher, & Walters, (1993) were .87, .94, .80, .71, .91, .83, .77, .92, .86, .90, .82, and .90 respectively while the test-retest reliability were .85, .73, .63, .75, .83, .64, .65, .70, .68, .69, .67, and .76. For the purpose of this study, test-retest reliability at interval of two weeks administration showed Pearson Moment Correlation Coefficient of .81, .75, .62, .80, .80, .68, .72, .65, .69, .62, and .78.

Results

Table I: Mean scores rating of participants on psychosexual relationships scale (N = 608)

Psychosexual Variable	N	Mean	Std. Deviation
sexual depression	608	10.76	4.02
sexual monitoring	608	12.12	3.92
sexual preoccupation	608	12.18	5.29
sexual anxiety	608	12.42	4.11
fear of sex	608	12.88	3.44
sexual motivation	608	13.68	4.89
external sexual control	608	14.32	3.97
sexual assertiveness	608	15.66	2.71
sexual consciousness	608	16.89	4.08
Internal sexual control	608	17.33	4.16
sexual satisfaction	608	17.68	4.29
sexual esteem	608	18.37	5.29
Valid N (listwise)	608		

Table I presents the analysis of mean rating scores for each of the 12 psychosexual aspects in Multidimensional Sexuality Questionnaire. It is evident from this Table that the participants reported highest mean rating for sexual esteem and lowest rating for sexual depression. The chart below clearly presents the status of each of these psychosexual factors.

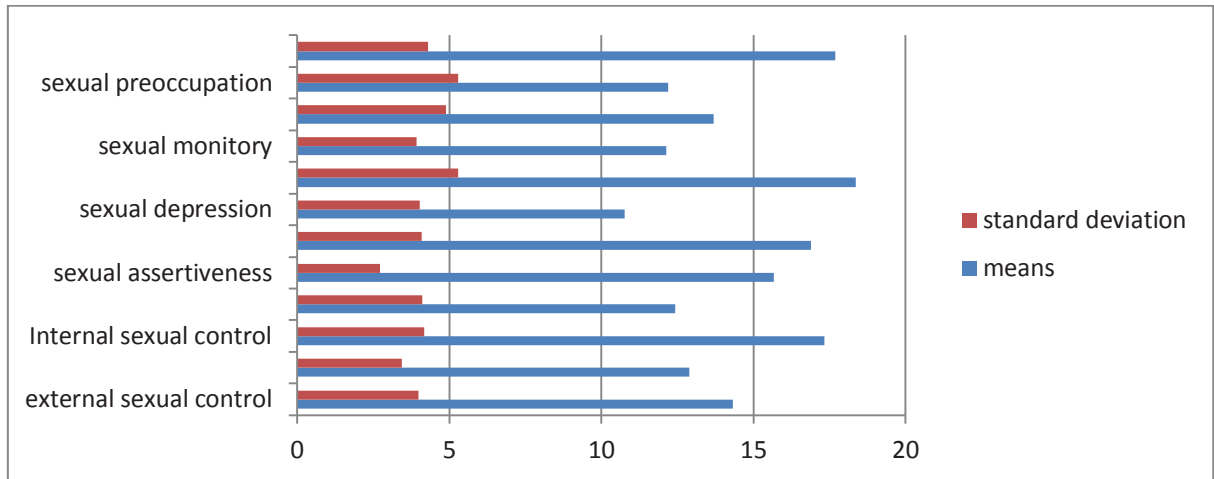


Figure 1: Chart on psychosexual mean score ratings of participants

Table II: Mean scores rating of psychosexual relationships of participants on gender basis (N = 608)

S/N	Variables	Sex	N	Mean	SD
1	Esteem	Male	376	18.06	5.41
		Female	232	18.86	5.05
2	Preoccupation	Male	376	12.81	5.20
		Female	232	11.17	5.30
3	Internal control	Male	376	16.89	4.39
		Female	232	18.03	3.66
4	Consciousness	Male	376	16.79	4.41
		Female	232	17.07	3.50
5	Motivation	Male	376	13.70	5.13
		Female	232	13.66	4.49
6	Anxiety	Male	376	12.40	3.80
		Female	232	12.45	4.59
7	Assertiveness	Male	376	15.94	2.96
		Female	232	15.21	2.19
8	Depression	Male	376	11.00	4.13
		Female	232	10.38	3.82
9	External control	Male	376	15.36	4.02
		Female	232	12.62	3.25
10	Monitoring	Male	376	12.47	3.81
		Female	232	11.55	4.02
11	Fear of sex	Male	376	12.89	3.89
		Female	232	12.86	2.55
12	Satisfaction	Male	376	17.55	4.52
		Female	232	17.90	3.90

Table II presents the analysis of mean rating scores on gender basis. It is evident from this Table that male participants mean ratings for sexual preoccupation, motivation, assertiveness, depression, external sexual control, monitoring, fear were higher than those of their female counterpart while the female participants have higher mean ratings than males in psychosexual aspects of sexual esteem, internal-sexual control, consciousness, anxiety, and satisfaction.

Table II: t-test analysis of gender difference in sexual esteem and depression reports of the participants

S/N	Variables	Sex	N	Mean	SD	Df	t-Obs	T-crit	Sig	Dec
1	Esteem	Male	376	18.06	5.41	606	-1.81	1.96	.07	NS
		Female	232	18.86	5.05					
2	Depression	Male	376	11.00	4.13	606	1.85	1.96	.07	NS
		Female	232	10.378	3.82					

Table II presents gender difference in sexual esteem and depression reports of the participants. It is evident from the Table that the t –calculated for sexual esteem (-1.81) and sexual depression (1.85) was lesser than the t-critical value of 1.96. Consequently, the hypothesis which states that there will be no significant difference on sexual esteem and depression reports of the participants on gender basis is upheld.

Discussion

Psychosexual expressions of human beings are numerous and in diverse dimensions. This study employed multidimensional instrument to assess self-reported psychosexual functioning of university students in southwest, Nigeria. It is evident from the findings that the participants rating in the aspects of sexual esteem, satisfaction, sexual internal control, consciousness, assertiveness, external sexual control, and motivation were higher than rating for fear of sex, sexual anxiety, monitoring, preoccupation and depression. On gender basis, female rated sexual esteem, internal-sexual control, consciousness, anxiety, and satisfaction higher than males. Studies on psychosexual functioning of university students are scanty but available ones, such as Higgins, Mullinax, Trussell, Davidson, & Moore (2011), study confirmed that students were satisfied or very satisfied with their sexual life. Men have been found, generally, to report higher levels of sexual preoccupation, motivation, assertiveness, and external sexual control than their female counterparts while females have reported higher level scores for sexual esteem than males (Snell & Rapini, 1989; Snell, Fisher, Walters, 1997).

On the contrary, previous research results have also indicated that females are less satisfied with their sexual life (Ziherls, 2010) and have reported fear of sex (Snell, Fisher, Walters, 1997) than their male counterpart. In another study, women were found to have scored higher on sexual satisfaction than men (Heaven, Fitzpatrick, Craig, Kelly & Sebar, 2000). Rostosky, Dekhtyar, Cupp, & Anderman (2008) study showed that females reported higher sexual esteem and lower sexual self-efficacy than males whereas males reported higher level scores for sexual anxiety and lower levels of resistive self-efficacy than females Rostosky, Dekhtyar, Cupp, & Anderman (2008).

The hypothesis tested for this study revealed that male and female students do not significantly differ in their report in respect of sexual esteem and depression. The fact that sexual depression was lowly rated and no significant difference on gender basis lend credence to the assertion that recent researches have reported high prevalent of sexual problems in males and females (Heiman, 2002). However, one would have expected sexual depression in males to be different from females because Silverstein (1999) has reported that clinical manifestations of depression differ by gender.

Implication for Professional Counselling Practice

Sexual health of students in school is essential. As a result there are a number of personnel who are specifically responsible to meet their sexual health needs. One of such personnel is the school counsellor or counselling psychologist. The counsellor has been trained to satisfy socio-personal needs of the students of which their psychosexual functioning is paramount. Specifically, he/she is expected to provide psychosexual counselling which has been found to help people feel better about their sex life (Price, Reynolds, Cohen, 1981). The findings of this research which revealed that none of the participants was able to report maximum score for sexual esteem, satisfaction, internal sexual control or report absence of sexual depression, anxiety, sex fear and so on implies that professional counsellors still have a lot of contributions to make in all the aspects of psychosexual functioning of the students. Professional counsellors should as a matter of urgency ensure that broad range of human psychosexual issues as well as adequate assessment and management techniques are incorporated in the curriculum of counsellors in training so as to be able to adequately address psychosexual challenges presented by all categories of clients. It is also imperative for practising counsellors to periodically assess psychosexual lifestyles of clients so as to predict and manage abnormal sexual behaviours.

Conclusion and Recommendation

It is evident from the analysis of data that the mean ratings for the diverse aspects of the participants' psychosexual life still give room for improvement. Counsellors should therefore broaden sexual recovery psychotherapeutic intervention programmes that will further enhance psychosexual lifestyles of university students.

References

- Adegunloye, O. A. (n.d) Sexual dysfunction: A way out in Nigeria. Retrieved 22nd January, 2012 from www.unilorin.edu.ng/publications/adgunloye/.edu.ng/publications/adgunloye/SEXUAL_DYSFUNCTION_A_WAY_OUT_IN_NIGERIA.htm
- Andersen B L & Broffitt, B (1999). Is there a reliable and valid self reports measure of sexual behaviour. *Achieves of Sexual Behaviour*, 17, (6) 509- 525.
- Burack, R. (1999). Teenage sexual behaviour: attitudes towards and declared sexual activity. *British Journal of Family Planning*, 24 (4), 145-148.
- Calvin, F (n.d). Psychosexual disorders. Retrieved 25th March, 2012 from <http://www.med.nus.edu.sg/pcm/book/25.pdf>
- Dorlac, D.A., & Snell, E. (2007). Personality traits and sexuality among female university students. Retrieved 12th April, 2011 from <http://www.kon.org/urc/v6/dorlac.html>
- Egbochuku, E. O & Ekanem, E. B (2008). Attitude of Nigerian Secondary School Adolescents toward sexual practices: Implications for counselling practices. *European Journal of Scientific Research*, 22(2), 177- 183.
- Finer, L. B. & Zolna, M.R. (2011). Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception*, 84(5), 478-485.
- Heiman, J.R.(2002). Sexual dysfunction: overview of prevalence, etiological factors, and treatments - Statistical Data Included. *Journal of Sex Research*, 73-78.
- Higgins, J. A., Mullinax, M., Trussell, J., Davidson, J.K., & Moore, N. B, (2011). Sexual Satisfaction and Sexual health among university students in the United States. *American Journal of Public Health*, 101(9), 1643- 1654.
- Katz, B. P., Fortenberry, J. D., Tu, W., Harezlak, J., & Orr, D (2001). Sexual behavior among adolescent women at high risk for sexually transmitted infections. *Sexually Transmitted Diseases*, 28(5), 247-251.
- Manju, D., & Renuka, V. (2006). Knowledge regarding human sexuality among adolescent girls. *Indian Journal of Pediatrics*, 73,743.
- Medicine Plus (2012) Sexual problems overview. <http://www.nlm.nih.gov/cgi/medicineplus/medicineplus.html>
- Omotoso, B. A. (2006). Study of the Sexual Behaviour of University Undergraduate Students in Southwestern Nigeria. *Journal of Social Science*, 12 (2), 129-133.
- Ozkan, T., Baser, M, Gun, I. (2008). Determining Erciyes University students' knowledge about and attitudes toward sexuality. *Social Behaviour and personality*, 36 (10), 1401-1410.
- Pamoukaghlian, V (2012). Your Brain on Sex and Love – Can You Get Satisfaction? Retrieved 15th March, 2012 from <http://brainblogger.com/2011/03/01/your-brain-on-sex-and-love-can-you-get-satisfaction/>
- Pardun, C. (2001). Professors study media, adolescent sexual behaviour. Retrieved 15th, January, 2012 from <http://www.ibiblio.org/jomc/carolinacommunicator/arcieives/april/2001/adolescents.html>
- Petersen, J. L., & Hyde, J.S. (2011). Gender differences in sexual attitudes and behaviors: A review of meta-analytic results and large datasets. *Journal of Sex Res*, 48 (2-3), 149-65.

- Price, S.C., Reynolds, B.S., & Cohen, B.D. (1981). Group treatment of erectile dysfunction for men without partners: a controlled evaluation. *Archives of Sexual Behaviour*, 10, 253-268.
- Rolfe, A., & Henderson, P. (2010). Management of psychosexual problems in primary care. *InnovAiT*, 3 (3): 128-136.
- Rostovsky, S.S., Dekhtyar, O., Cupp, P.K., & Anderman, E. M. (2008). Sexual self-concept and sexual self-efficacy in adolescents: a possible clue to promoting sexual health? *Journal of Research*, 45(4):402.
- Schrimshaw, E. W., Rosario, M., Meyer-Bahlburg, H. F., & Scharf-Matlick, A. A. (2006). Test-reliability of self-reported sexual behavior, sexual orientation, and psychosexual milestones among gay, lesbian, and bisexual youths. *Achieves of Sexual Behaviour*, 35(2): 225–234.
- Silverstein, B. (1999). Gender differences in the prevalence of clinical depression: the role played by depression associated with somatic symptoms. *American Journal of Psychiatry*, 156, 480–482.
- Snell, W.E. & Rapini, D.R. (1989). The sexuality Scale: An instrument to measure sexual esteem, sexual depression, sexual preoccupation. *The Journal of Sex Research*, 26 (2), 256-263.
- Snell, W. E., Jr., Fisher, T. D., & Walters, A. S. (1997). Multidimensional sexuality questionnaire. Retrieved 12th July, 2011 from <http://www4.semo.edu/snell/scales/MSQ.htm>
- Thurman, J. M & Silver, N.C (1997). Sexual esteem, sexual depression, and sexual preoccupation in the exchange approach to sexuality.
- Trujillo, A. C L., & Sgreccia, E. (1995). Truth and meaning of human sexuality. Retrieved 10th December, 2011 from http://www.theologyofthebody.net/index.php?option=com_content&task=view&id=70&Itemid=50&limit=1&limitstart=8
- Tyden, T., Palmqvist, & Larsson, M. (2012). A repeated survey of sexual behavior among female university students in Sweden. *Acta Obstetricia et Gynecologica Scandinavica*, 91(2), 215-219.
- Ziherl, S & Mastern, R. (2010). Differences in predictors of sexual satisfaction and in sexual satisfaction between female and male university students in Slovenia. *Psychiatria Danubina*, 23 (3), 425-429. *The electronic age* (pp. 281-304). New York: E-Publishing Inc.