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RESEARCH ARTICLE

COPING MECHANISMS OF SEXUAL DYSFUNCTION AMONG COUPLES

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ABSTRACT

Sex and sexuality are an aspect of relationship that people rarely talk about perhaps, due to shame or stigmatization. This has made it difficult for individuals to seek help when their sexuality is threatened. In view of this, this study investigated sexual dysfunction among married couples as well as their coping mechanism so as to make suggestions that will help married couples achieve sexual satisfaction. The study was guided by five research questions and based its theoretical analysis on functionalism. This is because the theory effectively explains the cause of sexual dysfunction in human. The study adopted a qualitative research design which enable people share their lived-in experiences. Data was collected through an in-depth interview in which, 14 persons; 7 males and 7 females were interviewed. These persons were sampled through snowball sampling technique. This is to ensure that the persons selected for the interview, are knowledgeable enough to answer the interview questions. This implies that, the non-probability sampling technique was adopted for this study. Data was however, analysed using thematic method of data analysis that allows the researcher to categorize the research findings adequately for better understanding. The study found out that, the sexual dysfunction experienced by women are, dried vagina, painful intercourse and low sexual drive while men experienced quick ejaculation, delayed ejaculation, erectile dysfunction and low sexual drive. It was also found out that the causes of sexual dysfunction are, drugs, diet and stress. Therefore, the study recommended that, individuals experiencing sexual dysfunction should eliminate the triggers of sexual dysfunction and seek medical and therapeutic help.

Keywords: Sexual activity, sexual dysfunction, coping mechanism, sexual satisfaction.

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1.0. INTRODUCTION

Human sexuality is determined by biological and health factors. According to DeLamater, Koepsel & Johnson (2017), it is not solely guided by hormonal functioning or health conditions but is also influenced by a variety of interactive biopsychosocial factors (Ayalon, Levcovich & Gewirtz-Meydan, 2019). Studies have observed that, changes that occur in sexual functioning includes, erectile dysfunction and a decline in desire results as a result of old age, ill health and other related factors like drugs, Lee et al. (2017) loss of a spouse or partners and changes in appearance and attitudes Ayalon, Levcovich & Ge-Meydan (2018), vaginal dryness, fatigue McCready (2023); all of which manifests into sexual dysfunction.

Johansen (2020) explained that, sexual dysfunction are difficulties which may occur at any stage of normal sexual activity and can include; sexual desire, plateau, ejaculation/orgasm, or resolution. It is referred to as difficulties experienced in the course of sexual activities that prevents an individual from attaining sexual satisfaction. Bayram, Yildiz & Karaca-Sivrikaya(2021) observed that, female sexual dysfunction (FSD) is very common among breast cancer patients worldwide and its prevalence ranges from 31 – 77. Al-Ezzi (2017) further stated that, women with Sjögren's syndrome (SS) had significantly poorer sexual function than healthy women, with disruptions observed in levels of desire, arousal, lubrication, orgasm, sexual satisfaction, and pain experienced during vaginal penetration (dyspareunia).

In furtherance to this, Rosen and Bergeron (2019) explained that, the sexual function of women was significantly impaired when their partners displayed more negative behaviors (expressions of hostility or frustration) or solicitous behaviors (expressions of attention and sympathy) and improved when their partners displayed facilitative behaviors, such as affection and encouragement. Though, the difference between the prevalence rates for the various sexual dysfunctions and the numbers of people seeking treatment for these disorders makes very clear that most men and women with a sexual dysfunction never seek treatment for these problems (Gavey, 2018).

Instead, these men and women find ways to cope by tolerating and managing the sexual dysfunction. This is worst especially for women; who are restricted from discussing sexual issues or seeking sexual satisfaction due to social norms. Brotto (2016) opined that, even couples that have been together for many years, been physically intimate hundreds of times, and shared so much with each other, are still often most reluctant to reveal their sexual desires, fears, and concerns to each other. In fact, this lack of honest communication about sex between partners may be one of the reasons for some sexual problems.

Indeed, discussing sex maybe uncomfortable for many but at the same time, Cherven, Demedis & Frederick (2024) observed that sexual dysfunction leads to frustration and distress, anxiety, depression, harmed relationships and disruptions to other areas of life. More worrisome, it continues to exist in intimate relationships. Though, around 20% of men and 32% of women with persistent sexual dysfunction seek help, Chadwick (2024) observed that there are several reasons for seeking help but more significantly, the percentage of those who maybe seeking seem to be less than those who have failed to seek help. In view of this, this study examined the sexual dysfunctions experienced by couples and their coping strategies.

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Sexual satisfaction is a critical part of intimate relationship which is often neglected. Nevertheless, many factors such as, sexual dysfunction, impedes sexual satisfaction thereby, leading to sexual dissatisfaction. Elin et al. (2024) observed that, sexual dysfunction is highly prevalent, a multifactorial condition; often associated with several conditions. It is experienced by individuals irrespective of their gender. But, while most studies seem to have focused on sexual dysfunction in patients and sexual dysfunction as a reaction from drugs, a few studies have focused on sexual dysfunction in other parts of Nigeria, except the south-eastern part of Nigeria. These studies identified numerous causes of sexual dysfunction but, failed to examine the coping strategies of sexual dysfunction amongst married couples in South-East.

Ran, Peng, Guo, Cui, Chen, & Wang (2024) observed that the most frequent sexual dysfunction among women is reduced sexual desire while men, are most commonly affected by erectile dysfunction and premature ejaculation. Generally, treatment for sexual dysfunction could be herbal or medical but, in most instances, couples experiencing sexual dysfunction rarely seek help due to social norms or perhaps, shame or stigmatization. Nevertheless, these individuals may rather seek self-help or device other ways of coping with these problems instead of seeking professional medical help.

Though Elin et al. (2024) opined that, for a diagnostic criterion for sexual dysfunction to be met, a problem must be recurrent or persistent and cause personal distress or interpersonal difficulty. However, it is important to understand patients' perceptions of sexual dysfunctions as well as its impacts so as identify better ways of attaining sexual satisfaction (Elin et al., 2024). Elin et al. observed that, the topic; sexual dysfunction is frequently broached by female patients and healthcare workers who in most cases feel uncomfortable to discuss the topic or are too busy to discuss sexual desire, inadequate lubrication, impaired arousal, inability to active orgasm, or vulvovaginal pain or discomfort with sexual activity.

Therefore, this study is aimed at investigating the common sexual dysfunction among married couples and the strategies used by married couples to manage these sexual dysfunctions. This study was guided by the following questions. They are;

1. How prevalent is sexual dysfunction among married couples?
2. What is the most common sexual dysfunction among married couples?
3. What are the causes of sexual dysfunction?
4. What are the implications of sexual dysfunction?
5. How do married couples cope with sexual dysfunction?

2.0. LITERATURE REVIEW

2.1. Conceptualizations

Sexual Dysfunction

Montejo, de-Alarcon, Prieto, Acosta, Buch & Montejo(2021) explained that, sexual dysfunction is the impairment or disruption of any of the three phases of normal sexual functioning, including loss of libido, impairment of physiological arousal and loss, delay or alteration of orgasm. It is referred to as a problem that occurs during the sexual response cycle that prevents the individual from experiencing satisfaction from sexual activity. It is orchestrated by factors like senility, medical and surgical illnesses, medications and drugs of abuse Montejo, et al. (2021) and occurs in both men and women (Stringer, 2016).

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Ramlachan & Naidoo (2024) opined that, major sexual dysfunctions are classified into; (1) hypoactive sexual desire disorder, characterized by deficient or absent sexual fantasies and desire for sexual activity; and (2) sexual aversion disorder, characterized by extreme aversion to and avoidance of genital contact with a sexual partner. Halvorsen and Metz further explained that, sexual arousal disorders in females could include, sexual arousal disorder, characterized by failure to attain or maintain lubrication or by lack of a subjective sense of sexual excitement and pleasure during sexual activity; and in male, could include, erectile disorder, marked by failure to attain or maintain erection until completion of sexual activity or by lack of a subjective sense of sexual pleasure during sexual activity.

In addition to this, Che Ya et al (2021) asserts that, orgasm disorders includes (1) inhibited male and female orgasm, characterized by delayed or absent orgasm following a normal sexual excitement that is adequate in focus, intensity, and duration, and (2) premature ejaculation, which is defined as ejaculation with minimal sexual stimulation or before upon, shortly after penetration and before the man wishes it. While sexual pain disorders include (1) dyspareunia, characterized by genital pain in either sex before, during, or after sexual intercourse that is not caused exclusively by lack of lubrication or vaginismus; and (2) vaginismus, defined as involuntary spasm of the musculature of the outer third of the vagina that interferes with coitus.

It is caused by different psychiatric disorders, like mania, bipolar disorder, personality problems, especially borderline personality disorder Bala (2018) posttraumatic stress disorder, obsessive-compulsive and related disorders, and eating disorders because of the nature of these psychiatric disorders and their treatment modalities and substance use (Lo et al., 2024). Lo et al. emphasized that, prolonged use of alcohol causes erectile dysfunction, diminished sexual desire, and problems having an orgasm, and smoking may harm the nervous system, which is essential for the arousal of sexual desire.

Bitzer and Brandenburg (2009) identified the elements of assessing sexual dysfunction as Providers (1) sexual history and assessment of current sexual function; (2) medical and psychiatric history; (3) identification of all substances that may contribute to sexual dysfunction (drugs, alcohol, etc.); (4) laboratory measurements (total testosterone, thyroid function tests, prolactin and female levels, estradiol,); (5) physical examination (including neurological or genitourinary examination).

Coping strategy for sexual dysfunction

The management of sexual dysfunction should be preceded by the time of development or updating of the medical and sexual history and a careful physical examination. Although drug treatment includes a wide range of drugs such as topical anesthetics, antipsychotics, alpha-adrenergic receptor antagonists, tricyclic antidepressant anesthetics and selective serotonin reuptake inhibitors, pharmacotherapy may also, play a role in the treatment of a limited number of primary sexual dysfunction (Chiesa & Serretti, 2010).

But, when the cause of sexual dysfunction is major depression, it is possible that an antidepressant treatment to improve mood also works by reducing the symptoms of sexual dysfunction, at least in the early stages of therapy. This occurs at the same time as the development of adverse effects in the sexual area associated with long-term treatment, so that in a significant proportion of cases patients,

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despite a good clinical response, prefer to discontinue therapy (Bandelow, 2017) as all antidepressants, in fact, can be responsible for sexual dysfunction.

Montorsi et al., (2010) stated that, it is possible to achieve improvements in the patient's sexual functioning by minimizing the number and dosage of medicines when it is possible to replace the medicine with another that is less likely to cause sexual problems. Nevertheless, Clayton & Juarez (2019) recorded that a combination of pharmacotherapy and psychotherapy may have been found to be more effective than independent therapeutic intervention.

In another vein, Rothmore (2020) argued that, psychotherapy or counseling may be helpful for men who are experiencing sexual dysfunction as behavioral intervention tends to be most useful when psychological factors are a significant component of dysfunction (Rothmore, 2020). Wittmann, Mehta, McCaughan, Faraday, Duby, Matthew, & Mulhall (2022) asserts that, psychotherapy involves general strategies that can address the educational aspects of the problem, teaching basic communication skills, managing expectations, helping to develop emotional control, reducing anxiety and so on.

Montejo asserts that, hypoactive sexual desire disorder or delayed orgasm, as well as female DSs, are difficult to treat with drug therapy alone as men who receive a drug agent often report that the sexual problem recurs when it disappears. Hence, Abdel-Hamid and Ali (2018) suggests a combination of psychosocial and pharmacological interventions to restore sexual pleasure and satisfying sexual function.

2.2. THEORETICAL FRAMEWORK

The study anchored on the functionalist theory. It was propounded in the late 19th and early 20th centuries; with key figures like, Emile Durkheim, Herbert Spencer etc. The theory assumes that the society is a complex system that depends on the function of its component parts to work effectively. Same also, the human body is made up of component parts that work together for the effectively functioning of the body. However, when an individual begins to experience sexual dysfunction, it would only mean that a part of the body has either ceased to function or has failed to function effectively.

This therefore, metamorphosizes into sexual dissatisfaction that may consequently result to marital and procreation problems. as a social institution, the inability of marriage to serve the sexual needs of the couples breeds marital conflict and thus, social disability. Also, the inability for couples to procreate breeds underpopulation and does not ensure continuity; all of which are threat to the social order.

While this theory emphasized on social order and social equilibrium, the widespread of sexual dysfunction could disrupt social order thus, creating a need to address it as a social problem. Though explains the implication of sexual dysfunction in the society, it thus downplays social inequality and social change thereby, not taking into cognizance the fact that unlike in the past, individuals whose partners are experiencing sexual dysfunction could still get sexual satisfaction by using sex toys and procreate using technology (IVF).

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3.0. RESEARCH METHODS

This study focused on sexual problem that hinders sexual satisfaction in couples. It adopted a qualitative research design which enable people share their lived-in experiences. Due to the conservative nature of the study, 14 persons were interviewed. These persons included, 7 males and 7 females experiencing sexual dysfunction. These persons were sampled through snowball sampling technique.

In this method, some friends who is also work as health practitioners were able to give the researcher the phone number of the interviewees experiencing sexual dysfunction after seeking their consent and promised absolute confidentiality. The interviewee refused to be interviewed physically but opted for a phone interview.

This implies that, interview and a probability sampling technique was adopted for this study. the interviewees were married individuals who possess different socio-demographic characteristics. Data was however, analysed using thematic method of data analysis that allows the researcher to categorize the research findings adequately.

4.0. PRESENTATION OF RESULTS AND DISCUSSION

4.1. Presentation of Results

Have you experience sexual difficulty?

The 3 interviewees stated that they have experienced sexual difficulty in the past but 11 interviewees stated that they are still experiencing sexual difficulties. All the female interviewees stated that experience dried vagina, painful intercourse and low sexual drive. The male interviewees stated that, they experience quick ejaculation and low sexual drive. Another stated that, he has problem maintaining erection while the other added that he experienced delayed ejaculation. 3 interviewees opined that there is an improvement in their sexual function after seeking medical help while the other 11 stated that they experience sexual dysfunction whenever they engage in sexual activities.

Is there any trigger to this problem?

From the assessment, 3 interviewees stated that, their sexual dysfunction was as a result of psychological issues. One of these interviewees explained that, the dead of her only child drove her into depression; considering what she had to go through to get that child and how close they were, she couldn't take it. According to her, "I just couldn't take it. I had my family, my husband, friends but I discovered I was drifting away, nothing interested me. I would sit the whole day, not eating just crying until one day, my body could take it no more. I fainted, was rushed to the hospital. There I was diagnosed of depression and was placed on antidepressants. I don't know if it is the drugs or the depression." Another stated that, stress was a trigger.

According to him, "I had just lost my job, bills were pilling, my age parents depended on me, I had lost my wife to child birth and had used almost all I had to marry a new wife. All these began to affect me and I couldn't sustain an erection." Another stated that, diet was a contributing factor. According to him, "we went for a job and what we were given most times were carbonated drinks and biscuits. I didn't know I was killing myself until I visited home after two weeks and discovered that I couldn't

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perform as a man. E shock me o". Two interviewees stated that hypertension and diabetics drugs were their trigger. Though, the diabetic patient explained that, he thinks a diabetic was a trigger as he began to experience sexual dysfunction before he stated treatment. All the female interviewees stated that their trigger was hormonal. One of the interviewees stated that, she started experiencing sexual dysfunction after childbirth while another stated that as she ages, she stopped having sexual urges.

How do you cope with this difficulty?

All the interviewees still experiencing sexual dysfunction and those who had experienced sexual dysfunction agreed that they coped or are coping with sexual dysfunction but their coping strategies differ. A male interviewee stated that he had to buy a sex toy for his wife. According to him, "I cannot kill myself. I don do everything e no work. I have to tell myself the truth." Another stated that he got a job and eased himself of every form of stress while others stated that they had their drugs changed. The female interviewees stated that, they use lubricant to ease the dryness and avoid pain. They however, stated that, they sought professional (medical) help as some point. But, while the 5 male interviewees agreed that they were ashamed of their medical condition, 2 of the male interviewees agreed to have tried traditional medication and spiritual remedies before seeking medical help. All the female interviewees stated that they sought medical help without feeling shame.

How has it affected your relationship with your spouse?

All the interviewees stated that sexual dysfunction has not affected their relationship with their spouse. But a female interviewee stated that, she is aware that her husband gets sexual satisfaction outside their marriage then she added that all men cheat. Another female interviewee stated that, her husband married another wife so he doesn't disturb her. A male interviewee stated that, he has bought some sex toys for his wife and his wife knows it isn't his fault but if she can't cope, she can leave but if he catches her cheating, she will go back to her father's house. Nevertheless, another male interviewee stated that his wife has been understanding and even go out of her way to help him find solution.

4.2. Discussion of Findings

The findings revealed the sexual dysfunction experienced by women are, dried vagina, painful intercourse and low sexual drive while men experience quick ejaculation and low sexual drive, erectile dysfunction and delayed ejaculation. This is in line with the assertion of Halvorsen and Metz that, sexual dysfunction in females could include, sexual arousal disorder, characterized by failure to attain or maintain lubrication; and in male, could include, erectile disorder, marked by failure to attain or maintain erection until completion of sexual activity and premature ejaculation, which is defined as ejaculation with minimal sexual stimulation or before upon, shortly after penetration and before the man wishes it (Che Ya et al., 2021).

All these does not allow for sexual satisfaction thereby leading to leading to sexual dysfunction. Nagaraj, et al. explained that this happens during sexual activity and causes loss of libido, impairment of physiological arousal and loss, delay or alteration of orgasm. Though Waldinger (2015) stated that, this could be as a result of posttraumatic stress disorder, obsessive-compulsive, alcoholism and substance use Lam et al. (2006), the study found out that, the major trigger were depression, stress, diet, medication and hormones.

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Montorsi et al., (2010) asserts that, sexual dysfunction can be managed by minimizing the number and dosage of medicines when it is possible to replace the medicine with another that is less likely to cause sexual problems. This indicates that, by removing the trigger, sexual dysfunction could be managed. It was also revealed that while some individuals resigned to fate, some others helped their wives cope by buying sex toys for them. Others males stated that, they eased themselves of stress and had their medication changed while the females stated that, they use lubricant to ease the dryness and avoid pain. Nevertheless, while they have all sought medical help, it was found out that men were ashamed to seek help compared to their male counterpart. But their health condition has not affected their relationship with their spouse. This could be because their spouses are understanding and perhaps sympathetic to their health condition.

5.0. CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

Human sexuality is a broad concept that includes the behaviour and feelings that are related to sex and sexual satisfaction. Though these feelings are vital in marital relationship, they are rarely discussed as a subject perhaps due to social norms, especially when it has to do with dysfunction thereby, putting a strain on marital relationship. While sexual dysfunction is not isolated to men or women, it remains a complex issue that significantly affects the quality of life of individuals as well as their relationship with their spouse.

Most cases of sexual dysfunction have been attributed to hormonal factors, psychological factors, diet and prescription that manifested into dried vagina, painful intercourse and low sexual drive for women and experience quick ejaculation, problem maintaining erection, experienced delayed ejaculation as well as low sexual drive for men. These problems hinder sexual satisfaction and leads to sexual frustration.

5.2. Recommendations

Though, more women tend to seek professional (medical) help than their male counterpart. This is because, these men are ashamed to discuss sexual dysfunction perhaps because, they assume that it rubs off on their ego. But, while some individuals have sought medical help, some others may have relied on self-help and perhaps, adopted other ways of managing it.

Some of these ways included the use of lubricant, sex toys and seeking medical assistance. However, managing sexual dysfunction requires a multidimensional and comprehensive approach that may include the use of medication, therapies and perhaps, counselling. Hence, it is recommended that the following measure be taken to manage sexual dysfunction in marriage. They are,

Eliminating triggers of sexual dysfunction: individuals experiencing sexual dysfunction should endeavour to find out the cause of sexual dysfunction which could be stress, medication etc.

Seeking professional help: individuals experiencing sexual dysfunction should seek medical and therapeutic help. This will help them manage the health condition and possibly, treat the health condition.

Sensitization: there is need to sensitize the public through the mass media on sexual health and the need to seek help without fear of being stigmatized. This sensitization should educate the masses on the triggers of sexual dysfunction, forms of sexual dysfunction as well as coping strategies of sexual dysfunction.

Conflict of Interest

The author declares that no conflict of interest exist in this manuscript.

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