

# Correlates of Sexual Problems among the Aged in Mbaise, Imo State, Nigeria

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**Abstract** This study investigated correlates of sexual problems among the aged in Mbaise, Imo State, Nigeria. The sample consists of 446 literate respondents from the area aged 60 years and above. They were composed through stratified random sampling technique from 15 autonomous communities in the area. Relevant data for testing one hypothesis which guided the study were collected through the administration of Sexual Problems Questionnaire of the Aged (SPQA) on the respondents by the researchers. The test-retest reliability co-efficient of this instrument with 50 respondents within an interval of 2 weeks was 0.95. The hypothesis was tested with Factorial Analysis of variance. The results show that gender, level of education, type of previous work and marital status do not significantly influence the sexual problems of the aged. The result was discussed and some recommendations were also made. One of the recommendations is that functional guidance and counselling offices should be established in all social settings and not the school setting alone.

**Keywords:** *correlates, sexual, problems, aged, Nigeria*

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## 1. Background of the Study

The nature of sexual life among the aged is believed to be the aspect of their life that is least known. One of the reasons responsible for this state of affair relates to the problem of carrying out research in the field since the sexual behaviour of most aged people remain largely unknown. The second reason responsible for the low level of research reports in the area of sexual life of the aged is the widely held conservative belief that it is embarrassing to the society if the aged engage in open discussion of sexual matters or participate in sexual research.

Like the adolescents, engagement in sexual activities by the aged serve a number of purposes which include:

- To express love, affection, admiration and loyalty to one's partner.
  - To satisfy or please one's partner
  - To satisfy one's desire for erotic or physical pleasure.
  - To affirm the functioning of one's body.
  - To assert oneself.
  - To feel valued by one's partner.
  - To obtain relief from stress.
  - To provide nurturance to one's partner.
  - To experience the power of one's partner, [1,2].
- When the aged can no longer benefit from any of

these purposes, they feel disturbed, anxious and experience other psychological problems.

Just as it applies to other human beings, sexual activities among the aged take many forms ranging from the actual performance of sexual intercourse to masturbation, romance, sexual fantasy, etc. The degree of engagement of the aged in sexual activities are determined by their health condition, fatigue and general aging. Other factors that influence it according to Hyde [3] are personality characteristics such as attitude towards oneself and others, regularity of sexual expression as well as the demands and constraints of both primary groups and community characteristics.

Sexual activities like any other biological process changes and declines with advancing age. Review of literature by Agbakwuru [4] show that for the males, the changes and declines that are most noticeable include:

- Gradual and progressive decline in the production of testosterone.
- Erection problems.
- Morning erections become less frequent, declining from about two per week in thirties to about 0.5 per week at age 70.
- There is also the lengthening of the retractory period that is, the time after reaching orgasm before another erection or orgasm can occur for about 24 hours after an orgasm during which the aged cannot have or get another erection.
- Sex flush and muscle tension also diminish with age.

- The ejaculate gradually decreases in volume and force.
- The tastes become smaller.
- There is also decreased sexual desire, arousal, coital frequency and prevalence of erectile problems.

For the females on the other hand, the significant changes and declines according to Hyde [3] relate to gradual decline in the functioning of the ovaries with the onset of menopause and gradual decline in the production of estrogen. This situation causes the walls of the vagina to become thin and inelastic unlike it used to be during the reproductive period. Sequel to this situation, it becomes difficult for the vagina of the aged woman to absorb the pressure of the thrusting penis as it used to absorb during the reproductive years. This condition irritates the bladder and the urethra forcing aged women to feel the pressure of urinating in the course or immediately after sexual intercourse. Furthermore, the vagina and the labia Major shrink in width and length resulting to constriction at the entrance of the vagina. This situation makes penile insertion difficult and the vagina finds it difficult to accommodate the size of a fully erect penis. With the accompanying decrease in vaginal lubrication, there is also a feeling of pain during sexual intercourse.

Furthermore, a survey by Brecher and the Editors of Consumer Reports Books [5] has provided rich information concerning the nature of sexual life among the aged. In this survey, over 10,000 copies of questionnaire were mailed to men and women over 50 years. Four thousand, two hundred and forty six copies of the questionnaire were completed and returned. The result of the survey showed that for women in their 50s, 60s and 70s and above.

- The rate of orgasm when asleep or while waking up was 26%, 24% and 17% respectively.
- The percentage of those who masturbated was 47%, 37% and 33% respectively.
- The frequency of masturbation among those who masturbated was 0.7 per week, 0.6 per week and 0.7 per week respectively.
- The percentage of wives who were still having sex with their husbands was 88%, 76% and 65% respectively.
- The frequency of sex with their husbands was 1.3 per week, 1.0 per week and 0.7 per week respectively.

In a related way, the survey showed that for men in their 50s, 60s and 70 and above.

- The rate of orgasm when asleep or while waking up was 25%, 21% and 17% respectively.
- The percentage of those who masturbated was 66%, 50% and 43% respectively.
- The frequency of masturbation among those who masturbated was 1.2 per week, 0.8 per week and 0.7 per week respectively.
- The percentage of husbands who were still having sex with their wives was 87%, 78% and 59% respectively.
- The frequency of sex with their wives was 1.3 per week, 1.0 per week and 0.6 per week respectively.

From what has been said so far, it is evident that the aged engage in all forms of sexual activities but their engagement in these activities decline with age [6]. These declines are accompanied by many distressing and intense feelings of depression, hostility and guilt, headaches,

insomnia and emotional instability. The occurrence of these problems is understandable because sex serve many useful functions to human beings including the aged and any undesirable change or decline in any aspect of it is bound to create problems for them.

Sadly, despite the recognition of the fact that the aged have sexual problems, available research reports of their sexual lives have concentrated on the problems and coping strategies [7] in alter disregard of the factors influencing these problems. In other words, there is still an apparent lack of research reports that have investigated the correlates of these sexual problems among the age. Correlates here refer to factors that influence these sexual problems among the aged. This study was embarked upon to fill this gap in knowledge by investigating the influence of gender, level of education, type of previous work and marital status on the sexual problems of the aged. It is expected that the results of this study will contribute immensely to better understanding of the aged in our midst. This understanding will be very useful to professional guidance counsellors and other psychological care givers in rendering effective professional assistance to the over 8.7 million aged people in Nigeria [8].

This study is guide by one research question and one corresponding hypothesis thus:

- To what extent do gender, level of education, type of previous work and marital status influence the sexual problems of the aged?

**Ho:** Gender, level of education, type of previous work and marital status do not significantly influence the sexual problems of the aged.

## 2. Research Methodology

This study was carried out in Mbaise, Imo State, Nigeria. Mbaise is situated between 5-6 degrees North latitude and 7-7½ degrees East longitude, [9]. The area occupies a landmass of about 404 square kilometers with a rural population density of 2,500 persons per square kilometers, [10]. The high population density of the area guarantees adequate population for the study. The design of the study is descriptive survey because the researchers' simply elicited and described the responses or opinions of the respondents on their sexual problems and factors influencing them. The population of the study consists of all the aged, that is, individuals aged 60 years and above in the area of the study. However, the accessible population consists of all the literate aged in the area of study. Sixty years was adopted as the lower age limit for old age in line with the United Nations definition of the aged as individuals who are aged 60 years and above. From the population, a sample of 446 respondents was drawn through stratified random sampling technique from 15 autonomous communities in the area of study. In these 15 autonomous communities, all the literate aged were first identified with the help of the leaders of these communities. From the list of the aged identified, the researchers then drew randomly 30 subjects from each community. Stratified random sampling technique was considered appropriate for the study because of the need to compose a sample that will truly represent the population.

Relevant data for analysis were obtained through the administration of Sexual Problems Questionnaire of the Aged (SPQA) by the researchers on the sample. Out of the 450 copies of the questionnaire that were administered, 4 suffered mortality hence the final sample was 446. The test-retest reliability co-efficient of SPQA with 50 respondents who did not form part of the study group within an interval of two weeks from the first administration was 0.95. This shows that the instrument is very reliable hence it was used for the study. The hypothesis was tested with factorial Analysis of Variance (factorial ANOVA) and the 2x2x3x2 design was used.

### 3. Results

The results of statistical analysis of data are presented in the following tables and figures.

The result of the factorial ANOVA of the influences of gender, level of education, type of previous work, and marital status of aged people in Mbaise, Imo State Nigeria shows that none of the F-ratios is significant. This means none of the four factors has a significant influence on

problem of low sexual activities among the aged. So, the null hypothesis is not rejected for any of them. However, two of the six 2-ways interaction influences (that is, gender by marital status and educational level by previous work) are significant. The null hypothesis is therefore rejected for these 2 interaction influences and not rejected for the other four 2-ways interaction influences. The meaning of these significant influences are further explored in Table 3 and Figure 1 and Figure 2. The figures in parentheses in Table 1 indicate the cell sizes.

The information on Table 3 and Figure 1 shows that for the married (level 1), both the males and females experience about the same level of sexual problems, but for the singles (level 2), females experience more sexual problems than the males. On the other hand, the information on the same table and Figure 2 reveals that for the former public servants (level 1), both those possessing below N.C.E and those possessing N.C.E and above experience about the same level of sexual problems. For the old staff of private establishments (level 2), those below N.C.E experience more sexual problems than those having N.C.E and above. For the self-employed (level 3), those with N.C.E and above experience more sexual problems.

**Table 1. Groups means and standard deviations of respondents' scores on psychosocial problems of low sexual activities**

S/N	Factor	Group	N	$\bar{X}$	S.D
1.	Gender	1(male)	295	14.75	2.45
		2 (female)	151	14.82	2.56
2.	Level of education	1(below N.C.E)	356	14.83	2.40
		2(N.C.E and above)	90	14.54	2.79
3.	Type of previous work	1(Public servant)	394	14.70	2.52
		2(Staff of private establishment)	41	15.34	2.36
		3 (self-employed)	11	15.18	1.47
4.	Marital status	1(Married)	380	14.81	2.47
		2(Single)	66	14.56	2.59
	Total sample		446	14.77	2.49

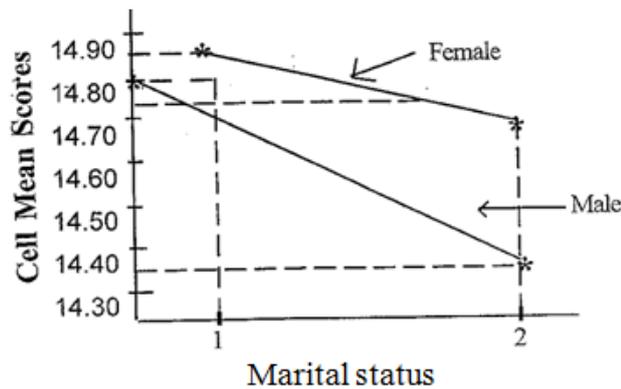
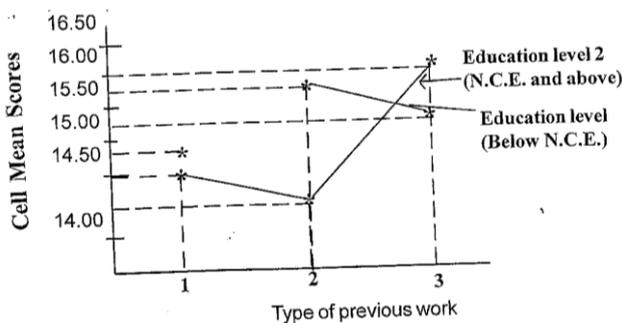
**Table 2. Results of factorial ANOVA of influences of gender, level of education, type of previous work, and marital status of aged people in Mbaise on their psychosocial problem of low sexual activities**

Source of variation	Sum of squares	Df	Mean square	F	Significance of F
Main influence	21.00	5	4.20	0.68	.76
Gender	0.66	1	0.66	0.11	.74
Educational level	3.04	1	3.04	0.49	.48
Previous work	12.55	2	6.28	1.02	.36
Marital status	4.75	1	4.75	0.78	.38
2-way interactions	128.36	9	14.26	2.31	.04
Gender by education level	12.39	1	12.39	2.01	.16
Gender by previous work	3.32	2	1.66	0.27	.76
Gender by marital status	35.39	1	35.39	5.74	.02
Educational level by previous work	43.85	2	21.93	3.56	.03
Educational level by marital status	18.66	1	18.66	3.03	.08
Previous work by marital status	14.75	2	7.38	1.20	.30
3-way interactions	78.96	3	26.32	4.27	.03
4-way interactions	00.00	0	0.00	0.00	
Explained (model)	108.48	17	6.38	1.03	.62
Residual	2639.65	428	6.17		
Total	2748.13	445	6.18		

$R^2 = .04$  \* significant at 0.5 level.

**Table 3. Display of the cell means and sizes for the significant interaction influence of factors on problem of low sexual activities**

Gender By Marital Status Interactions			
	Marital Status		
	1	2	
Gender 1	14.80 (264)	14.35 (31)	
2	14.94 (116)	14.74 (35)	
Educational level by type of pervious work interaction			
Educational level	Previous work type		
	1	2	3
1	14.74 (314)	15.63 (32)	15.10 (10)
2	14.55 (80)	14.33 (9)	16.00 (1)

**Figure 1.** Plot of cell means of significant gender by marital status interaction on problem of low sexual activity**Figure 2.** Plot of cell means of significant educational level by type of previous work interaction on problem of low sexual activity

## 4. Discussion of Findings

The result of statistical analysis of data reveals that none of the four independent variables –gender, level of education, type of previous work and marital status and the six 2-ways interactions has a significant influence on the sexual problems of the aged. This finding disagrees with the reports of Knox [11] and Bischof [12] who discovered gender and marital status related problems respectively on the sexual problems of the aged. The disparity in results can be appreciated when one views it from cultural background. The Igbo culture is very conservative in matters of sexual expression especially among the aged [13]. This cultural attitude towards the expression of sexual feelings and problems does not

respect gender, level of education, type of previous work or marital status of the aged. With this knowledge of the culture of the aged respondents, one can clearly justify the results of the statistical analysis of data.

Furthermore, the revelation of Table 3 and Figure 1 which shows that the female singles experience more sexual problems than the male singles is understandable. This is so because such sexual problems as vaginal dryness, difficulty of pencil insertion, feeling of pain during sexual relationship, irritation of the bladder and urethra during sexual intercourse, etc are only experienced by women.

## 5. Recommendations

In the light of the results of this study, the following recommendations are made:

- With the growing population of the aged, professional guidance counsellors should develop more interest in specializing in gerontological counselling. This is necessary to produce adequate number of psychological manpower who will effectively assist the aged in managing their psychosocial problems.
- Functional guidance and counselling offices should be established in all social settings and not the school setting alone. This is also necessary to cater adequately for the psychological and social challenges of the aged in those settings.

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