Volume 13 Issue 23
Originally issued as A3

Global Journal of human social science
Arts, Humanities & Psychology
Volume 13 Issue 3 Version 1.0 Year 2013
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals Inc. (USA)
Online ISSN: 2249-460X & Print ISSN: 0975-587X

# Self-Reported Psychosexual Lifestyles of University Students in Southwestern Nigeria: Implication for Professional Counseling Practice

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*Keywords :* *self-report, psychosexual, university students, counselling. nigeria.*

*GJHSS-A Classification :* *FOR Code: 130305*

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# Self-Reported Psychosexual Lifestyles of University Students in Southwestern Nigeria: Implication for Professional Counseling Practice

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## I. 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 social-cultural, psychological, and spiritual aspects of life.

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Africa Regional Sexuality Resource Centre contends that human sexuality encompasses sex, gender, identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction (Alaba, 2004). The biological aspect of sexuality focuses on basic biological drive and reproductive mechanism while emotional emphasizes the bond that exists between individuals as expressed through profound feelings of love. The socio-cultural aspects of sexuality discusses the historical developments and religious beliefs on sexual pleasure within the marriage and views on avoidance of sexual pleasures (Wikipedia, 2012). 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 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 anus and genital organ. Freud argued 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.). According to Greenblatt & Karpas, (1985) as cited in Van Zyl (1987) sex was never discussed and seldom written about until 40 years ago. In Africa context, Echezona-Johnson (2008) points out that sex is



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private, strictly for married couples and it is influenced by religion and cultural norms. In western culture, female sexuality is considered to be suppressed by some people (Baumeister & Twenje, 2002). 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 ±. A nationwide survey carried out by Papadopoulos, Stamboulides & Triantafillou (2000) among 3,584 students proportionally selected from all the universities in Greece indicated that only 9% of the participants did not report a first kiss or hug.

Similarly, Greatorex & Packer (1989) study among 264 first year undergraduates found that 43.6 % (males) and 40. 7% (females) had had sex with another person three months before the survey. It was also revealed that 63 males reported 79 relationships out of which 23 was described as 'casual' while 45 females reported 61 relationships out of which 15 was labeled 'casual'. Males and females had had casual sex without condom 72 and 37 times respectively and 22 males have experienced someone swallowed their semen while only 11 females reported that they had swallowed semen. In Tanzania, research findings indicated that most university students are involved in risky sexual undertakings which are influenced by sex, age, marital status, and entrance status (Jeckoniah & Mwageni, 2007). 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. The statistics from a survey carried out by Pirie & Worcester (1999) for Adam Institute among 905 students in 10 universities in England, Scotland, and Wales shockingly revealed that almost one in three students claimed to have sex a week and 39% reported that they have sex on regular basis. In Nigeria, Jinadu & Odesanmi (1993) survey study among 256 students revealed that 79% of the participants reported having had sex in the previous 12 months, 4.6% with prostitutes, and 55% with multiple partners. Another study carried out by Omoteso (2006) among 2,106 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 (positive regard for one's sexuality); sexual-preoccupation (tendency to think about sex excessively); internal-sexual-control (sexual aspects determined by self); sexual-consciousness (reflection about the nature of one's sexuality); and sexual-motivation (desire to be involved in a sexual relationship). Others are sexual-anxiety (feeling of discomfort about the sexual aspects of one's life); sexual-assertiveness (being assertive about the sexual aspects of one's life); sexual-depression (feelings of sadness about one's sex life); external-sexual-control (sexuality is determined by influences outside of one's personal control); sexual-monitoring (awareness of the public impression which one's sexuality makes on others); fear-of-sex (fear of engaging in sexual relations with others); and sexual-satisfaction (highly satisfied with the sexual aspects of one's life). 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 2,168 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).

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Apart from sexual satisfaction, there are empirical reports on sexual esteem, depression, preoccupation, self efficacy, and exchange approach to sexuality of university students. Although there are significant studies on sexual esteem on gender basis, Heinrichs (2007) observed that the concept has not been well represented in the literature. This assertion is also applicable to the concept of sexual depression. Specifically, and in relation to this study, there are scanty research reports on psychosexual lifestyles of male and female university students with particular reference to sexual esteem and depression. For instance, 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).

## II. 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; Egbochuku & Ekanem, 2008, Burack, 1999); high risk sexual beaviuor (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 (Rolfee & 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 differs when it comes to gender, yet 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.

## III. Purpose of the Study

This paper aims at determining the status as well as gender differences in12 aspects of psychosexual life-style of university students in Southwest, Nigeria.

## IV. Research Question

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

## V. Research Hypothesis

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

## VI. 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



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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.

## VII. Results

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.

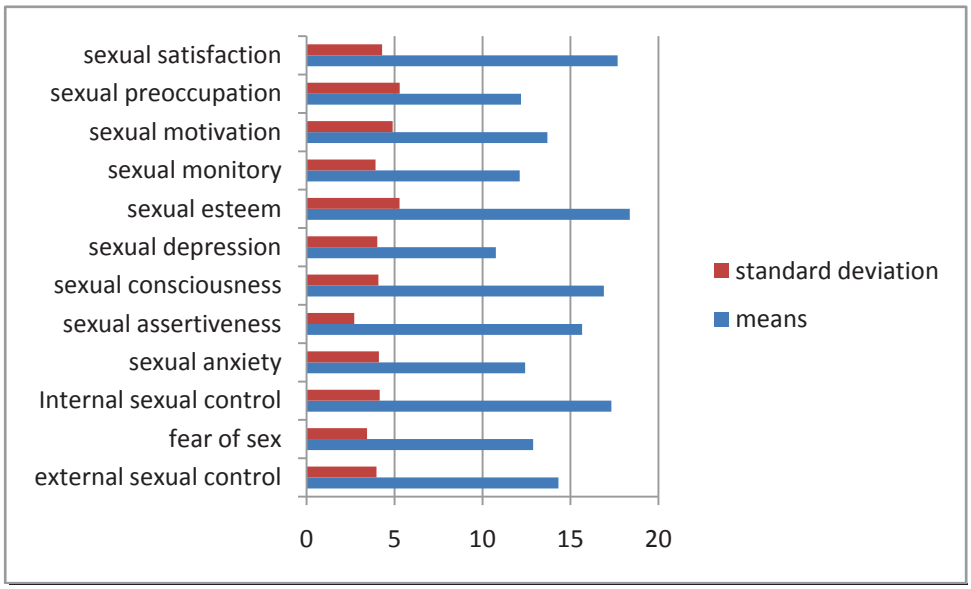


*Figure 1 :* Chart on psychosexual mean score ratings of participants

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

| S/N | Psychosexual 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 |



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| | | | | | |
|---|---|---|---|---|---|
| 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 I 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 that 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. Figure 2 below presents a chart for clarity purpose:

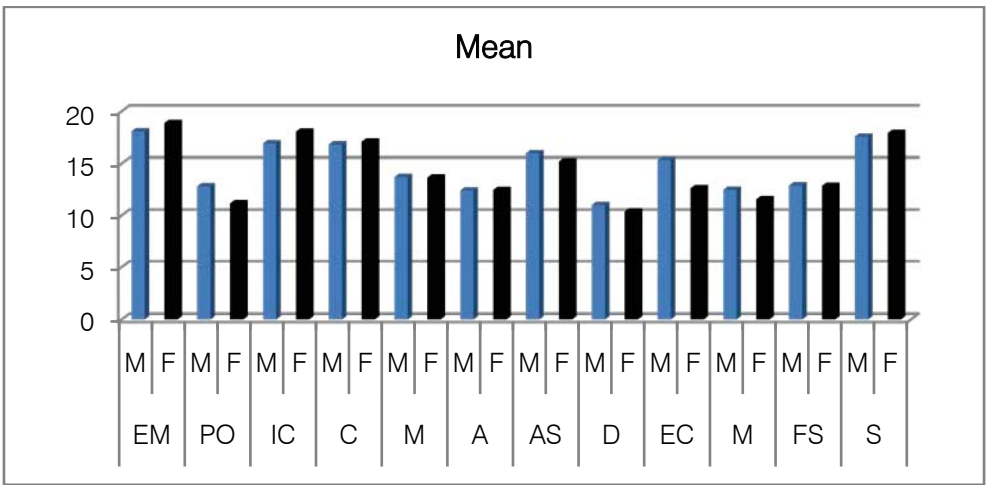


*Figure 2 :* Chart on mean scores rating of psychosexual relationships on gender basis

*Key : EM-sexual esteem; PO- sexual preoc- cupation; IC-internal sexual control; C-consciousness; M-motivation; A-anxiety; AS-assertiveness; D- depression; EC- external control; M-monitoring; FS-fear of sex; S-satisfaction.*



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

| S/N | Psychosexual Variable | Sex | N | Mean | SD | Df | t.obs | t.cri | Sig | Decision |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Esteem | Male | 376 | 18.06 | 5.41 | 606 | -1.81 | 1.96 | .071 | NS |
| | | Female | 232 | 18.86 | 5.05 | | | | | |
| 2 | Depression | Male | 376 | 11.00 | 4.13 | 606 | 1.85 | 1.96 | .065 | NS |
| | | Female | 232 | 10.38 | 3.82 | | | | | |

Table II presents gender difference in sexual esteem and depression reports of the participants. From the Table 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.

## VIII. 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 of psychosexual aspects of sexual esteem ( $\overline{X}$ =18.37), sexual satisfaction ( $\overline{X}$ =17.68), sexual internal control ( $\overline{X}$ =17.33),sexual consciousness ( $\overline{X}$ =16.89), sexual assertiveness ( $\overline{X}$ =15.66), external sexual control ( $\overline{X}$ =14.32), and sexual motivation ( $\overline{X}$ =13.68) were higher than rating for fear of sex ( $\overline{X}$ =12.88), sexual anxiety ( $\overline{X}$ =12.42), sexual monitoring ( $\overline{X}$ =12.18), sexual preoccupation ( $\overline{X}$ =12.12) and sexual depression ( $\overline{X}$ =10.76). Sexual esteem, satisfaction, internal control, consciousness, assertiveness, and motivation are positive psychosexual expressions that enable an individual attain a satisfactory heterosexual life-style. Hence, they are expected to be highly rated as an evidence of sexual adjustment. 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. The higher rating of external sexual control (( $\overline{X}$ =14.32) with these psychosexual aspects of life is not unexpected because it is the belief and practice in African traditional setting that parents and caregivers should exercise control on adolescents' sexual escapades in order not for them to be promiscuous and incur the wrath of God. Thus, adolescents are not allowed to live a care-free sexual life without strict control and restrain from significant others. The lower rating of fear of sex, sexuality anxiety, monitoring, preoccupation and depression may be as a result of moral training received from home, school and religion institutions. The knowledge acquired from the internet and sexuality education exposed to in the school or gotten from peer relationships could also be held accountable for this result.

The mean ratings for the twelve psychosexual aspects were found to be dissimilar for male and female students. Specifically, female undergraduate students unlike their male counterpart rated sexual esteem, internal-sexual control, consciousness, anxiety, and satisfaction higher. On the other hand, they rated preoccupation, motivation, assertiveness, depression, external control, monitoring, and fear of sex lower than their male counterpart. It has been reported that men have been found, generally, to report higher levels of sexual preoccupation, motivation, assertiveness, and external sexual control than their female counterpart while females have reported higher level scores for sexual esteem than males (Snell Rapini, 1989; Wiederman & Allgeier, 1993; Snell, Fisher, Walters, 1997; Thurman & Silver, 1997; Nick, 2008). Although, female participants in this study rated sexual anxiety higher than males, Rostosky, Dekhtyar, Cupp, & Anderman (2008), in the contrary, found that males reported higher level scores for sexual anxiety and lower levels of resistive self-efficacy than females.

The result of the hypothesis indicated that there were no significant differences in the reported psychosexual lifestyles of male and female undergraduates with respect to sexual esteem and depression. Females mean score was higher than that of the males for sexual esteem while it was lower that that of males for sexual depression. Blackwood (2000) proposed that sexuality is constructed in such a way that it has everything to do with the concept of gender. Snell & Papini (1989), in line with this finding, has reported no gender differences on measures of sexual esteem and sexual depression of students. Conversely, Kelly & Erickson (2007) empirical finding indicated that, on gender basis, there were differences in terms of coercion, victimization, gender role identity, and sexual



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esteem of undergraduate students. General self-esteem has been reported to be only marginally related to biological gender by Alpert-Gillis & Connell (1989), hence, it is not unexpected when the outcome of this study showed no significant difference on sexual esteem. Similarly, females have reported higher sexual esteem and lower sexual self-efficacy than males (Rostosky, Dekhtyar, Cupp, & Anderman, 2008) while males have reported lower score ratings for sexual esteem and higher score for sexual depression and sexual preoccupation (Thurman & Silver, 1997). Quite a number of biopsychosocial factors have been found to impact on female sexual esteem (Heinrich, 2007) and this might be responsible for higher mean scoring rating with males. Social constructionism strongly recognizes the impact of social experiences in shaping individual's sexual behaviour (Kelly, 2001) just as relational theories give account of factors facilitating or hindering sexual esteem (Heinrichs, 2007). Consequently, it might be propounded that social experiences of males and females have influenced their sexual esteem and depression status. Female undergraduates sexual esteem tends to swell up when there are social support, love, care, gifts from males especially while sexual depression may be the end result for males who have suffered rejection from females. In Africa, females are to be admired, loved and cared for. It is culturally unethical or unafrican for female to seek out for male hand in marriage. Males are expected to seek for females love, consent in marriage, provide for their daily needs, and generally make them happy. When these are available for females their sexual esteem tends to be higher than that of males who are made to provide all these. On the other hand, sexual depression may set in for males when all these efforts yielded no fruitful results.

## IX. 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 the participants were unable 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. Current psychosexual functioning of the participants, as revealed by this study, in all the twelve dimensions could still be improved upon. Professional counsellors, as a matter of urgency, should 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 addressed 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. Counsellors should, therefore, broaden sexual recovery psychotherapeutic intervention programmes that will further enhance psychosexual lifestyles of university students.

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