

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

4 Abiodun Gesinde¹

5 ¹ Covenant University, Ota.

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7

8 **Abstract**

9 Human sexuality is generally described as the sum total of manner through which people
10 experience and articulate their sexual sensation. Consequent upon the fact that interest in
11 sexual engagement typically increases at puberty considerable research has been conducted on
12 human sexuality among university students. However, most of these studies have their focus
13 on premarital sexual behaviour, knowledge and attitudes towards sex, high risk sexual
14 behaviour, and contraceptive usage with restricted attention on socio-psychological aspects of
15 sexual behaviours. Recent developments in human sexual behaviour make it imperative for us
16 to increase our knowledge base about diverse aspects of human sexuality. On this premise,
17 this paper investigated twelve psychosexual construct of 608 university students in Nigeria as
18 well as established gender differences in their sexual esteem and depression. Descriptive survey
19 design was adopted and Multidimensional Sexuality Questionnaire (MSQ), was used to gather
20 data. One research question and one research hypothesis guided the study. Descriptive
21 statistics analysis indicated that the participants reported higher mean scores for psychosexual
22 constructs of sexual esteem, satisfaction, internal control, consciousness, assertiveness,
23 external control, and motivation respectively and lower mean ratings for sexual depression,
24 monitoring, preoccupation, anxiety, and fear of sex in that order. Further analysis showed
25 that there were no significant differences on sexual esteem and depression of the participants
26 on gender basis. It is recommended among others that counsellors should therefore broaden
27 sexual recovery psychotherapeutic intervention programmes that will further enhance greater
28 or lesser self report as the case may be on university students' psychosexual lifestyles.

29

30 **Index terms**— self-report, psychosexual, university students, counselling. nigeria.

31 **1 Introduction**

32 Human sexuality is generally described as the sum total of manner via which people experience and articulate
33 their sexual sensation. It is regarded to be part of God created good gift to man from the beginning of the
34 creation (Trujillo & Sgreccia, 1995). It encompasses not only the physiological make-up but also social-cultural,
35 psychological, and spiritual aspects of life.

36 Africa Regional Sexuality Resource Centre contends that human sexuality encompasses sex, gender, identities
37 and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction (Alaba, 2004). The biological aspect
38 of sexuality focuses on basic biological drive and reproductive mechanism while emotional emphasizes the bond
39 that exists between individuals as expressed through profound feelings of love. The socio-cultural aspects of
40 sexuality discusses the historical developments and religious beliefs on sexual pleasure within the marriage and

1 INTRODUCTION

41 views on avoidance of sexual pleasures (Wikipedia, 2012). It is therefore inapt to view human sexuality as a
42 single entity. Holistic research reports on all these aspects of human sexuality are very germane to understanding
43 and predicting human sexual practices.

44 Consequent upon the fact that interest in sexual engagement typically increases at puberty and the fact that
45 adolescent period is characterized with lots of sexual escapades considerable number of researches have been
46 conducted on human sexuality among university students majority of whom are adolescents. Adolescents, as
47 reported by Pardun (2001), are becoming more sexually active unlike in the past with some researchers reporting
48 that as many as one in 12 kids have sex before they turn 13. ??herl & Masten (2010) equally observe that the
49 period of life as student is a period of transition to adult life when students tend to experiment with romantic
50 partnerships as well as gathering knowledge and active experience of sexuality. Psychoanalytic theory of Sigmund
51 Freud explains that the origin of psychosexual development is traceable to availability of libidinal energy in human
52 beings from birth. This is expressed in five psychosexual stages from the activities of the mouth from where it
53 moves to anus and genital organ. Freud argued that development of psychosexual problems would occur in an
54 individual if the process of expressing instinctual libido is faulty.

55 Discussions about human sexuality are generally shrouded in secrecy and taboo to the point that most health
56 professionals, including doctors, feel uncomfortable to discuss the subject with patients ??Calvin, n.d.). According
57 to Greenblatt & Karpas, ??1985) as cited in Van Zyl (1987) sex was never discussed and seldom written about
58 until 40 years ago. In Africa context, Echezona-Johnson (2008) points out that sex is private, strictly for married
59 couples and it is influenced by religion and cultural norms. In western culture, female sexuality is considered to be
60 suppressed by some people (Baumeister & Twenje, 2002). Evidences from research reports have demonstrated that
61 university students have diverse sexual behaviours. For instance, the findings of a descriptive study conducted by
62 Ozkan, Baser, & Gun (2008) among 1,500 students from Erciyes University in Turkey revealed that 51.7% (males)
63 and 10.9% (females) had had a sexual intercourse experience while the average age of first sexual intercourse
64 experience was put at $18.2 \pm$. A nationwide survey carried out by ??apadopoulos, Stamboulides & Triantafillou
65 (2000) among 3,584 students proportionally selected from all the universities in Greece indicated that only 9%
66 of the participants did not report a first kiss or hug.

67 Similarly, Greatorex & Packer (1989) study among 264 first year undergraduates found that 43.6 % (males)
68 and 40. 7% (females) had had sex with another person three months before the survey. It was also revealed
69 that 63 males reported 79 relationships out of which 23 was described as 'casual' while 45 females reported 61
70 relationships out of which 15 was labeled 'casual'. Males and females had had casual sex without condom 72
71 and 37 times respectively and 22 males have experienced someone swallowed their semen while only 11 females
72 reported that they had swallowed semen. In Tanzania, research findings indicated that most university students
73 are involved in risky sexual undertakings which are influenced by sex, age, marital status, and entrance status
74 (Jeckoniah & Mwageni, 2007). The findings of a repeated survey of sexual behaviour of 345 female university
75 students in Sweden by Tyden, Palmqvist, & Larsson (2012) indicated that 99% of the participants had had
76 intercourse, 97% had received oral sex, 94% had given oral sex, and 39% had experience anal sex. The statistics
77 from a survey carried out by Pirie & Worcester (1999) for Adam Institute among 905 students in 10 universities
78 in England, Scotland, and Wales shockingly revealed that almost one in three students claimed to have sex a
79 week and 39% reported that they have sex on regular basis. In Nigeria, Jinadu & Odesanmi (1993) survey study
80 among 256 students revealed that 79% of the participants reported having had sex in the previous 12 months,
81 4.6% with prostitutes, and 55% with multiple partners. Another study carried out by Omoteso (2006) among
82 2,106 undergraduates in southwest, Nigeria showed that 54% of the participants had steady boy/girl friends, 63%
83 had had sexual intercourse, and 43% had intercourse with their lovers while 20% had it with just somebody. It
84 was also revealed that 99% frequently engaged in hand holding, 39.5% in kissing, 58% in hugging and 52.5% in
85 caressing.

86 Involvement in sexual relationships, no doubt, has its consequences. The consequences may come in form
87 of sexual health (enjoyment) or difficulties in diverse areas of human sexuality. Expression of sexual health or
88 difficulties is expected to cover every aspects of human sexuality. Quite a number of such aspects of human
89 sexuality have been identified by sex researchers. Snell, Fisher & Walters (1997) identified 12 aspects of human
90 sexuality where effects of sexual relationships could be established and assessed. These include sexual-esteem
91 (positive regard for one's sexuality); sexual-preoccupation (tendency to think about sex excessively); internal-
92 sexual-control (sexual aspects determined by self); sexual-consciousness (reflection about the nature of one's
93 sexuality); and sexual-motivation (desire to be involved in a sexual relationship). Others are sexual-anxiety
94 (feeling of discomfort about the sexual aspects of one's life); sexual-assertiveness (being assertive about the
95 sexual aspects of one's life); sexual-depression (feelings of sadness about one's sex life); external-sexual-control
96 (sexuality is determined by influences outside of one's personal control); sexual-monitoring (awareness of the
97 public impression which one's sexuality makes on others); fear-of-sex (fear of engaging in sexual relations with
98 others); and sexual-satisfaction (highly satisfied with the sexual aspects of one's life). This categorization clearly
99 points to the fact that sexual relationships could be reported in positive or negative ways. Medicine Plus (2012)
100 observes that sexual difficulties, which may be physical, psychological, or both, may start early in life or after
101 an individual has experienced enjoyable or satisfying sex. Calvin (n.d) supports this assertion when he remarked
102 that sexual impairment can crop up at one or more points of the normal sexual response cycle such as desire,
103 arousal and orgasm levels.

104 There is the need for self-report on sexual difficulties or enjoyment on gender basis because it is critical in
105 the process of understanding and management of psychosexual functioning. Andersen & Broffitt (1999) and
106 Schrimshaw, Rosario, Meyer-Bahlburg, & Scharf-Matlick, 2006) assert that sex researchers and clinicians relied
107 on participants or clients' verbal reports or self reports questionnaire for the assessment of sexual behaviours. No
108 wonder then that gender differences and similarities in psychosexual functioning of university students have been
109 well documented. In the United States of America, a survey which requested 2,168 university students to rate
110 their physiological and psychological satisfaction with their current sexual lifestyles indicated that close to half
111 of the respondents were satisfied while approximately one third were very satisfied. Further analysis showed that
112 self-esteem (especially among men), sexual frequency, guilt, self comfort, and relationship status were correlates
113 of both physiological and psychological satisfaction (Higgins, Mullinax, Trussell, Davidson, & Moore, 2011).

114 Apart from sexual satisfaction, there are empirical reports on sexual esteem, depression, preoccupation, self
115 efficacy, and exchange approach to sexuality of university students. Although there are significant studies on
116 sexual esteem on gender basis, Heinrichs (2007) observed that the concept has not been well represented in the
117 literature. This assertion is also applicable to the concept of sexual depression. Specifically, and in relation to
118 this study, there are scanty research reports on psychosexual lifestyles of male and female university students
119 with particular reference to sexual esteem and depression. For instance, Thurman & Silver (1997) sample of 124
120 undergraduate students (49 males and 75 females) in a study indicated that male students scored higher than
121 female students in sexual preoccupation while those who scored high on the exchange approach to sexuality have
122 lower score ratings for sexual esteem and higher score for sexual depression and sexual preoccupation than those
123 who scored low on exchange. Study on associations between sexual-concept and sexual efficacy among students
124 has indicated that females reported higher sexual esteem and lower sexual selfefficacy than males whereas males
125 reported higher level scores for sexual anxiety and lower levels of resistive self-efficacy than females (Rostosky,
126 Dekhtyar, Cupp, & Anderman, 2008). Another study on association revealed that Goldberg Big 5 measures of
127 neuroticism was positively correlated with sexual anxiety, sexual depression, and sexual motivation when tested
128 among 10,000 students comprising of European-American, African-American, and Hispanic-American by Dorlac
129 & Snell (2007).

130 **2 II.**

131 **3 Statement of the Problem**

132 Sexual health is an integral part of an individual's general health and well-being. A satisfactory sexual life is
133 recognized by Pamouaghlian (2012) as a significant component of an individual's overall mental and physical
134 health. Hence, knowledge of psychosexual lifestyles is paramount to the understanding of sexual health status of
135 human beings. Although there are studies on psychosexual functioning of human beings, most of these have their
136 focus on married couples and adults out of the school setting. Previous studies that have their settings in schools
137 were unable to capture most of the aspects of psychosexual functioning or failed to account for gender differences in
138 psychosexual functioning. Rather than concentrating on psychosexual functioning much of the research in school
139 up to now has been on pregnancy rates (Finer & Zolna, 2011); knowledge and attitudes towards sex (Manju
140 & Renuka, 2006;Egbochukwu & Ekanem, 2008, Burack, 1999); high risk sexual beavior (Katz, Fortenberry, Tu,
141 Harezlak, Orr, 2001) and so on. Of all these studies reviewed so far there is no single study from southwest
142 Nigeria which adequately addresses psychosexual lifestyles of university students. Adegunloye (n.d) attests to
143 this when he remarked that human sexual practices and problems have not been well researched in Nigeria despite
144 the fact that it has been observed that there is high incidence of sexual problems. Recent developments in human
145 sexual behaviour, such as the fact that psychosexual problems affect about 40% of the population (Rofee &
146 Henderson, 2010), make it imperative to have additional information that would improve current knowledge base
147 on diverse aspects of human sexuality. Besides this, Petersen & Hyde (2011) has pointed out that although
148 sexual behaviours and attitudes are typically believed to be large and differs when it comes to gender, yet events
149 in recent times tend to suggest that some gender differences in sexual behaviour are much smaller than what a
150 common knowledge would suggest. Therefore, the actual gender differences in psychosexual functioning ought
151 to be investigated with a multidimensional instrument since no one factor could single-handedly account for
152 psychosexual relationships in human sexuality.

153 **4 III.**

154 **5 Purpose of the Study**

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

157 IV.

158 **6 Research Question**

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

12 DISCUSSION

161 V.

162 7 Research Hypothesis

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

165 8 VI.

166 9 Methods

167 The study adopted descriptive survey design. The participants are six hundred and eight (376 males and (232
168 females) university students randomly selected from three universities in three of the six states in Southwest
169 Nigeria. ??nell

170 10 Results

171 Table I presents the analysis of mean rating scores for each of the 12 psychosexual aspects in Multidimensional
172 Sexuality Questionnaire. It is evident from this Table that the participants reported highest mean rating for
173 sexual esteem and lowest rating for sexual depression. The chart below clearly presents the status of each of
174 these psychosexual factors. Table I presents the analysis of mean rating scores on gender basis. It is evident from
175 this Table that male participants mean ratings for sexual preoccupation, motivation, assertiveness, depression,
176 external sexual control, monitoring, fear were higher than that of their female counterpart while the female
177 participants have higher mean ratings than males in psychosexual aspects of sexual esteem, internal-sexual
178 control, consciousness, anxiety, and satisfaction. Figure 2 below presents a chart for clarity purpose: Table II :
179 t-test analysis of gender difference in sexual esteem and depression reports of the participants Table II presents
180 gender difference in sexual esteem and depression reports of the participants. From the Table the t -calculated
181 for sexual esteem (-1.81) and sexual depression (1.85) was lesser than the t-critical value of 1.96. Consequently,
182 the hypothesis which states that there will be no significant difference on sexual esteem and depression reports
183 of the participants on gender basis is upheld.

184 11 VIII.

185 12 Discussion

186 Psychosexual expressions of human beings are numerous and in diverse dimensions. This study employed
187 multidimensional instrument to assess selfreported psychosexual functioning of university students in southwest,
188 Nigeria. It is evident from the findings that the participants' rating of psychosexual aspects of sexual esteem ($X =18.37$), sexual satisfaction ($X =17.68$), sexual internal control ($X =17.33$), sexual consciousness ($X =16.89$),
189 sexual assertiveness ($X =15.66$), external sexual control ($X =14.32$), and sexual motivation ($X =13.68$) were
190 higher than rating for fear of sex ($X =12.88$), sexual anxiety ($X =12.42$), sexual monitoring ($X =12.18$), sexual
191 preoccupation ($X =12.12$) and sexual depression ($X =10.76$). Sexual esteem, satisfaction, internal control,
192 consciousness, assertiveness, and motivation are positive psychosexual expressions that enable an individual
193 attain a satisfactory heterosexual life-style. Hence, they are expected to be highly rated as an evidence of sexual
194 adjustment. Studies on psychosexual functioning of university students are scanty but available ones, such as
195 Higgins, Mullinax, Trussell, Davidson, & Moore (2011) study confirmed that students were satisfied or very
196 satisfied with their sexual life. The higher rating of external sexual control (($X =14.32$) with these psychosexual
197 aspects of life is not unexpected because it is the belief and practice in African traditional setting that parents
198 and caregivers should exercise control on adolescents' sexual escapades in order not for them to be promiscuous
199 and incur the wrath of God. Thus, adolescents are not allowed to live a care-free sexual life without strict control
200 and restrain from significant others. The lower rating of fear of sex, sexuality anxiety, monitoring, preoccupation
201 and depression may be as a result of moral training received from home, school and religion institutions. The
202 knowledge acquired from the internet and sexuality education exposed to in the school or gotten from peer
203 relationships could also be held accountable for this result.

204 The mean ratings for the twelve psychosexual aspects were found to be dissimilar for male and female students.
205 Specifically, female undergraduate students unlike their male counterpart rated sexual esteem, internal-sexual
206 control, consciousness, anxiety, and satisfaction higher. On the other hand, they rated preoccupation, motivation,
207 assertiveness, depression, external control, monitoring, and fear of sex lower than their male counterpart. It has
208 been reported that men have been found, generally, to report higher levels of sexual preoccupation, motivation,
209 assertiveness, and external sexual control than their female counterpart while females have reported higher level
210 scores for sexual esteem than males (Snell Rapini, 1989;Wiederan & Allgeier, 1993;Snell, Fisher, Walters,
211 1997;Thurman & Silver, 1997; ??ick, 2008). Although, female participants in this study rated sexual anxiety
212 higher than males, Rostosky, Dekhtyar, Capp, & Anderman (2008), in the contrary, found that males reported
213 higher level scores for sexual anxiety and lower levels of resistive self-efficacy than females.

214 The result of the hypothesis indicated that there were no significant differences in the reported psychosexual
215 lifestyles of male and female undergraduates with respect to sexual esteem and depression. Females mean score

217 was higher than that of the males for sexual esteem while it was lower than that of males for sexual depression.
218 Blackwood (2000) proposed that sexuality is constructed in such a way that it has everything to do with the
219 concept of gender. ??nell & Papini (1989), in line with this finding, has reported no gender differences on
220 measures of sexual esteem and sexual depression of students. Conversely, ??elly & Erickson (2007) empirical
221 finding indicated that, on gender basis, there were differences in terms of coercion, victimization, gender role
222 identity, and sexual esteem of undergraduate students. General selfesteem has been reported to be only marginally
223 related to biological gender by Alpert-Gillis & Connell (1989), hence, it is not unexpected when the outcome
224 of this study showed no significant difference on sexual esteem. Similarly, females have reported higher sexual
225 esteem and lower sexual self-efficacy than males (Rostosky, Dekhtyar, Cupp, & Anderman, 2008) while males have
226 reported lower score ratings for sexual esteem and higher score for sexual depression and sexual preoccupation
227 (Thurman & Silver, 1997). Quite a number of biopsychosocial factors have been found to impact on female
228 sexual esteem (Heinrich, 2007) and this might be responsible for higher mean scoring rating with males. Social
229 constructionism strongly recognizes the impact of social experiences in shaping individual's sexual behaviour
230 ??Kelly, 2001) just as relational theories give account of factors facilitating or hindering sexual esteem (Heinrichs,
231 2007). Consequently, it might be propounded that social experiences of males and females have influenced their
232 sexual esteem and depression status. Female undergraduates sexual esteem tends to swell up when there are
233 social support, love, care, gifts from males especially while sexual depression may be the end result for males who
234 have suffered rejection from females. In Africa, females are to be admired, loved and cared for. It is culturally
235 unethical or unafrican for female to seek out for male hand in marriage. Males are expected to seek for females
236 love, consent in marriage, provide for their daily needs, and generally make them happy. When these are available
237 for females their sexual esteem tends to be higher than that of males who are made to provide all these. On the
238 other hand, sexual depression may set in for males when all these efforts yielded no fruitful results.

239 **13 IX.**

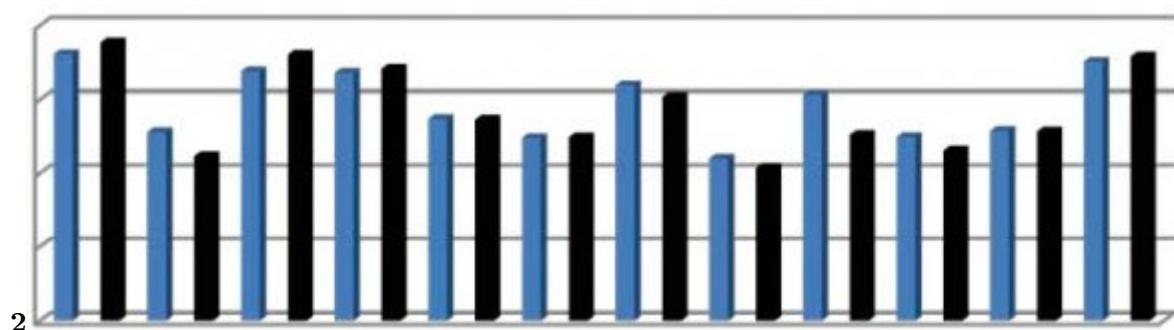
240 **14 Implication for Professional Counselling Practice**

241 Sexual health of students in school is essential. As a result there are a number of personnel who are specifically
242 responsible to meet their sexual health needs. One of such personnel is the school counsellor or counselling
243 psychologist. The counsellor has been trained to satisfy socio-personal needs of the students of which their
244 psychosexual functioning is paramount. Specifically, he/she is expected to provide psychosexual counselling
245 which has been found to help people feel better about their sex life (Price, Reynolds, ??ohen, 1981). The findings
246 of this research which revealed that the participants were unable to report maximum score for sexual esteem,
247 satisfaction, internal sexual control or report absence of sexual depression, anxiety, sex fear and so on implies that
248 professional counsellors still have a lot of contributions to make in all the aspects of psychosexual functioning
249 of the students. Current psychosexual functioning of the participants, as revealed by this study, in all the
250 twelve dimensions could still be improved upon. Professional counsellors, as a matter of urgency, should ensure
251 that broad range of human psychosexual issues as well as adequate assessment and management techniques are
252 incorporated in the curriculum of counsellors in training so as to be able to adequately addressed psychosexual
253 challenges presented by all categories of clients. It is also imperative for practising counsellors to periodically
254 assess psychosexual lifestyles of clients so as to predict and manage abnormal sexual behaviours. Counsellors
255 should, therefore, broaden sexual recovery psychotherapeutic intervention programmes that will further enhance
256 psychosexual lifestyles of university students. ¹



1

Figure 1: Figure 1 :



2

Figure 2: Figure 2 :

I

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

6 Anxiety	Male	376	12.40
	Female	232	12.45
7 Assertiveness	Male	376	15.94
	Female	232	15.21
8 Depression	Male	376	11.00
9 External control	Female	232	10.38
	Male	376	15.36
	Female	232	12.62
sexual satisfaction			
sexual preoccupation	Male	376	12.47
10 Monitoring	Female	232	11.55
external sexual control	Male	376	12.89
fear of sex	Female	232	12.86
Internal sexual control	Male	376	17.55
sexual anxiety	Female	232	17.90
sexual assertiveness	Male	376	
sexual consciousness	Female	232	
sexual depression	Male	376	
sexual esteem	Female	232	
sexual monitoring	Male	376	
sexual motivation	Female	232	
11 Fear of sex	Male	376	
12 Satisfaction	Female	232	
0	5	10	
S/N	1 Esteem	Sex	20
	Psychosexual Variables	Male	Mean
2	2	Female	18.06
Preoccupation	Male	376	18.86
3	232		1
Internal control	376		
	232		
	376		
4 Consciousness	Female	232	18.03
	Male	376	16.79
5 Motivation	Female	232	17.07
	Male	376	13.70
	Female	232	13.66

Figure 3: Table I :

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