Orgasmic Disorder as Correlates of Marital Satisfaction among Couples in Tertiary Institutions in Benue State, Nigeria

Omojo Grace Adeyelu[1],Professor Beatrice Ker[2], Professor Peter Terfa Ortese[3],
[1]Department of Educational Foundations and General Studies, College of Agriculture Science Education, Joseph Sarwuan Tarkar University, Makurdi, Benue State-Nigeria.
[2,3]Department of Educational Foundations, Faculty of Education, Benue State University, Makurdi, Nigeria.

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ABSTRACT

The study examined orgasmic disorder as correlates of Sexual Satisfaction among couples in tertiary institutions in Benue State – Nigeria. Correlational survey design was adopted for the study. The population of the study was 2626 academic staff while 322 married academic staff were sampled using multi-stage sampling procedure for all the 9 tertiary institutions in Benue State for the study. The instruments for data collection used in the study were Couple Satisfaction Index (CSI) and Sexual Functioning Questionnaire (SFQ) with reliability coefficients of 0.793 for Couple Satisfaction Index (CSI) and 0.0675 for Sexual Functioning Questionnaire (SFQ) respectively. Pearson Product Moment Correlation Coefficient (PPMC) was used to test hypotheses at 0.05 significance. The result showed that there is a significant negative relationship between orgasmic disorder and marital satisfaction. Based on the findings, it is suggested that treatment plans for couples with orgasmic disorder should consider the client's connection with their spouse, recognizing the interdependence between the two. Counsellors can utilize a Mindfulness-Based approach to help couples identify their thoughts and feelings, model adjustments, and offer encouragement during therapy. This facilitates the development of acceptance, compassion, and control over intrusive and ruminative thoughts.

The study concluded that there is negative correlation between orgasmic disorder and marital satisfaction of couples in tertiary institutions in Benue State – Nigeria.

Keywords: Marriage, Couple, Marital satisfaction, Orgasmic disorder.

INTRODUCTION

Marriage constitutes a partnership between adults, irrespective of race, nationality, or religion, granting them the right to marry and establish a family. They are entitled to equal rights throughout the course of marriage, from its initiation to its dissolution. The decision to enter into marriage should be made freely and with the full consent of the intending couples. The functions of marriage encompass fulfilling the need for love, addressing various biological, social, psychological, and motivational needs of individuals, facilitating the creation of new generations, gaining societal acceptance, fostering feelings of security and protection, promoting cooperation, instilling confidence in the future, cultivating pride in each other, and ensuring a healthy sexual life. These functions contribute to the universal and meaningful nature of marriage in societies (United Nations, 2013).

The evaluation of happiness and stability in a marriage frequently involves the assessment of marital satisfaction as a pivotal concept. Marital satisfaction is perceived as the success of a marriage and the contentment of the married individuals rather than the institution itself. It can be defined as a situation where each member of a married couple experiences mutual contentment, happiness, satisfaction, and pleasure when considering all aspects of their shared life (Taghani, Ashrafizaveh, Ghanbari, Azmoude & Tatari,

2019). It serves as a representation of the overall well-being of each member of the couple and entails a subjective assessment of the general quality and stability of the marital relationship. Similarly, Khalatbari, Ghorbanshiroudi, Niaz, Bazleh & Safaryazdi (2013) characterize it as a psychological state that reflects an individual's perceived advantages and disadvantages of marriage. It is also described as the sense of happiness, satisfaction, and joy experienced by either spouse when considering all aspects of their marital union.

For certain couples, sexual intimacy and fulfillment hold significant roles in their overall marital well-being. Engaging in sexual intercourse has the potential to cultivate both physical and emotional closeness between partners, offering an avenue for intimate connection, affection, and the expression of love and desire. Couples with a gratifying sexual relationship commonly report heightened levels of marital satisfaction, attributing it to the bonding and emotional connection established through sexual intimacy. The satisfaction derived from sexual experiences is intricately tied to overall relationship contentment. Couples enjoying a mutually satisfying sexual relationship frequently express increased levels of relationship happiness and fulfillment. Sexual intimacy can enrich the overall quality of the relationship by intensifying feelings of closeness, trust, and intimacy. Successful engagement in sexual intercourse necessitates open and honest communication between partners about desires, boundaries, and needs. Engaging in effective communication about sexual preferences and being responsive to each other's needs can foster trust, understanding, and satisfaction within the marriage.

Participating in sexual intercourse has been demonstrated to yield stress-reducing effects. Involvement in sexual activity can trigger the release of endorphins, which are natural mood-enhancing chemicals in the brain. This process aids in alleviating tension and fostering relaxation, ultimately contributing to enhanced overall well-being and marital satisfaction. The incorporation of variety and adventure into sexual experiences has been identified as a factor that can positively influence marital satisfaction. Couples who engage in ongoing sexual exploration, try new activities together, and prioritize mutual pleasure and satisfaction often report elevated levels of both sexual and marital satisfaction. Additionally, couples who are sexually compatible, considering factors such as frequency, preferences, and levels of desire, typically experience heightened levels of satisfaction in both their sexual and marital aspects (Sanchez-fuentes,Santos-Iglesias & Sierra, 2014).

Sexual dysfunction encompasses challenges faced by an individual or a couple across various phases of regular sexual activity, including physical pleasure, desire, preference, arousal, or orgasm. According to the World Health Organization (2010), sexual dysfunction is defined as an individual's inability to engage in a desired sexual relationship, significantly impacting the perceived quality of one's sexual life. The DSM-5 diagnosis of sexual dysfunction identifies an individual as experiencing extreme distress and interpersonal strain related to sexual issues for at least six months (excluding substance- or medication-induced sexual dysfunction) (American Psychiatric Association, 2013). The term "sexual dysfunction" is employed to describe a couple's dissatisfaction with their sex life, causing genuine unhappiness or distress. This dissatisfaction may involve challenges such as arousal and orgasm difficulties, issues with sex drive, and discomfort or pain during sexual activity.

Sexual dysfunctions can stem from both physical and psychological factors. Various medical conditions, whether associated with physical health or overall well-being, may exert an impact on sexual function. These conditions include diabetes, heart and vascular diseases, neurological disorders, hormonal imbalances, chronic ailments like kidney or liver failure, as well as issues like alcoholism and drug abuse. Additionally, certain medications, particularly some antidepressants, may carry side effects that affect sexual function. Psychological elements, such as work-related stress, anxiety, performance concerns, issues in marital or relationship dynamics, depression, feelings of guilt, worries related to body image, and the

lingering effects of past sexual trauma, can also contribute to the occurrence of sexual dysfunctions (NIDDK, 2020). The following sexual dysfunction is focused on:

Orgasmic disorder: Orgasm represents a physiological and psychological response that frequently accompanies sexual activity, contributing to sensations of pleasure and contentment. When both partners in a marriage experience sexual pleasure and orgasm, it has the potential to enrich overall sexual intimacy and strengthen the emotional connection between them. This positive impact can extend to their marital satisfaction. According to McIntosh (2022), orgasm marks the pinnacle of sexual arousal, characterized by the relaxation of all muscles that were tense during sexual arousal. During orgasm, the release of hormones known as endorphins induces intense pleasure and a state of relaxation. Individuals may feel sensations of warmth, flushing, and rapid muscle spasms, particularly concentrated in the genital and anal areas. The body releases tension, and various muscles, including the perineal muscles, anal sphincter, and reproductive organs, contract rhythmically. In men, orgasm typically involves the release of ejaculatory fluid, while some women may also experience ejaculation during orgasm. Women's experiences with orgasm vary, and not all may experience it in the same way. It is entirely normal for both spouses and their partners not to have an orgasm during sex. Women, in particular, may be less likely to experience orgasms than men. Unlike men, where the physical evidence of orgasm is usually ejaculation, determining whether a woman has had an orgasm is not as straightforward, as there is often no physical evidence. Dyar, Newcomb, Mustanski, and Whitton (2020) note that sexual satisfaction, including the ability to achieve orgasm, is linked to increased relationship satisfaction, improved communication, and overall relationship quality. The experience of sexual pleasure and orgasm can foster feelings of closeness, strengthen the bond, and contribute to emotional fulfillment within the relationship. It also plays a role in establishing a sense of sexual compatibility and mutual understanding of each other's needs and desires.

Orgasmic dysfunction, also known as anorgasmia or Female Orgasmic Disorder (FOD) in women and male orgasmic disorder in men, is a medical condition characterized by challenges in achieving orgasm or experiencing delayed orgasms despite sexual arousal and stimulation. Fletcher (2019) describes it as the inability of couples to experience intense pleasurable feelings of release and involuntary pelvic floor contractions that typically occur at the peak of sexual arousal. While it can affect both males and females, it is more commonly observed in females, impacting the quality of marital relationships and individuals' self-esteem and mental well-being. Nolen-Hoeksema (2014) notes a higher prevalence in females (4.6 percent) compared to males and is particularly infrequent in younger men, becoming more pronounced in post-menopausal women. In males, it is closely associated with delayed ejaculation, potentially leading to sexual frustration. The disorder is characterized by persistent delays or the absence of orgasm in at least 75% of sexual encounters following a normal sexual excitement phase. Factors such as selective serotonin reuptake inhibitors (SSRIs) antidepressants are commonly linked to delayed or inhibited orgasms. Menopause is a common physiological element contributing to anorgasmia, affecting one in three women and leading to difficulties in achieving orgasm during sexual stimulation post-menopause. Salisbury and Fisher (2014) highlight the importance of female orgasms for men, emphasizing that men derive pleasure from their partners' orgasms and feel a physical responsibility to contribute to their female partner's orgasmic experience.

The association between orgasmic disorder and marital satisfaction is noteworthy, as orgasm is often regarded as a vital component of sexual fulfillment and contributes to overall relationship contentment. Orgasmic disorder can significantly affect sexual satisfaction within a marriage, diminishing pleasure for both couples and potentially impacting fertility in men (male infertility). It may induce stress or anxiety related to sexual performance, potentially leading to marital or relationship issues due to an unsatisfactory sex life (Wein, Kavoussi, Partin & Peters, 2016). Kaya, Gunes, Murat Gokce, and Kalkan (2014) similarly observed that premature ejaculation can hinder a female partner from achieving orgasm, impacting both partners in the relationship. The concern of not being able to bring the other partner to the height of sexual

pleasure due to premature ejaculation can create strain within the marriage. This strain of premature ejaculation, for couples, is revealed in three different levels; the emotional strain, the health strain, and the strain on the relationship (Sotomayor, 2005) In terms of emotional strain, there is often a sense of embarrassment and shame for not being able to satisfy their partners and the couples often have low self-esteem, feelings of inferiority, anxiety, anger, and disappointment. Male partners feel frustrated about the disorder and how it affects their intimacy with their partners and sexual relationship (Revicki, et al., 2008). This dysfunction makes them have lower rates of general life satisfaction and elevate the risk of depression (Zhang, Gao, Liu & Xia, 2013). The inability to achieve orgasm or experiencing delays can result in frustration, dissatisfaction, and a decrease in sexual enjoyment, consequently influencing overall sexual satisfaction and marital satisfaction. Janssen, McBride, Yarber, Hills, and Butler (2008) suggest that primary anorgasmia (the inability to orgasm) may be linked to lingering psychosocial beliefs that consider female sexual desire as inappropriate, possibly originating from the era of Victorian repression. This perspective has hindered some women, especially those brought up in more restrictive environments, from experiencing natural and healthy sexual feelings. However, with appropriate therapy, couples may have the potential to overcome these challenges and achieve climax (Krans, 2018).

STATEMENT OF THE PROBLEM

During counseling sessions conducted with several married couples amid the COVID-19 lockdown, researchers noted a prevalent trend of marital crises, potentially leading to divorce. The observations indicated a significant percentage of marriages in Nigeria, particularly in Benue State, facing challenges and crises primarily rooted in sexual dissatisfaction. The surge in divorce rates during the 2020 COVID-19 lockdown underscored the impact of marital dissatisfaction on relationships. Comments on social media further supported the researchers' hypothesis that sexual dysfunctions might be a key contributor to marital crises. Additionally, the researchers observed a notable increase in the use of sex-enhancing drugs (boosters) among married couples, highlighting a growing trend addressed in various advertisements. This prompted the researchers to explore the reasons behind the use of sex boosters by married partners and investigate why some individuals end marriages of significant durations (e.g., 12, 25, or even 40 years) due to sexual dissatisfaction. This curiosity led to an investigation into the potential relationship between orgasmic disorder, and the overall marital satisfaction of married couples.

Purpose of the Study

The purpose of this study was to investigate orgasmic disorder as a correlate of marital satisfaction among couples in tertiary institution in Benue State. Specifically, the study sought to:

1. Ascertain the relationship between Orgasmic disorder and marital satisfaction of couples in tertiary institutions in Benue State.

Hypotheses

The following null hypotheses that guided the study tested at .05 level of significance:

1. There is no significant relationship between orgasmic disorder and marital satisfaction of couples in tertiary institutions in Benue State.

METHODOLOGY

The design of the study was correlational survey design. The study area was Benue State, Nigeria. The population for this study was 2626 academic staff drawn from 9 tertiary institutions in Benue State, Nigeria. The sample size for the study was 322. This was determined using Research method to determining sample

size of the population. Multi-stage sampling procedures was employed for the study, which include purposive, proportional stratified and simple random sampling.

The instruments for data collection were adapted standardized instruments named "Couple Satisfaction Index (CSI)" developed by Funk and Rogge (2007) and "Sexual Functioning Questionnaire (SFQ)" developed by Clayton, McGarvey and Clavet (1997):

1. Couple Satisfaction Index (CSI): contains 25 items designed in Six-Likert scale. It was used to measure couple's relationship satisfaction namely – marital happiness, Warmth of the relationship, being together, right choice. The authors reported a Cronbach alpha coefficient of .98.
2. The Sexual Functioning Questionnaire (SFQ) consist of 18 items. This was used to assess the three phases of the sexual response cycle namely – desire (items 2-6), arousal (items 7-10), orgasm or completion phase (items 11-14) pleasure (item 1). The Cronbach alpha coefficient of .90 for the female version and .89 for the male version where obtained. The items where in five-point scale alternative responses of – Never (1), rare (once a month or less) (2), Sometimes (more than once a month, up to twice a week) (3), Often (more than twice a week) (4), and every day (5). Pearson Product Moment Correlation Coefficient (PPMC) was used to test the hypotheses.

The method of data collection. The researcher and the research assistants who were recruited among the institutions lecturers under study, administered the questionnaire to the lecturers on face to face basis in order to ensure accurate return of the questionnaire. The researcher and its assistants waited and collected the questionnaire the same day.

RESULTS

Hypothesis 1: There is no significant relationship between Orgasmic Disorder and marital satisfaction of couples in tertiary institution in Benue State.

Table 1: Pearson Product Moment Correlation Coefficient on Orgasmic Disorder and marital satisfaction of couples

		Orgasmic Disorder	marital satisfaction
Orgasmic Disorder	Pearson Correlation	1	-0.133
	P-value (Sig. (2-tailed))		**0.000**
	N	322	322
marital satisfaction	Pearson Correlation	-0.133	1
	P-value (Sig. (2-tailed))	**0.000**	
	N	322	322

P<0.05

Table 9 indicates correlation coefficient between orgasmic disorder and marital satisfaction of couples r = -0.133** and P-value = 0.000. Since P<0.05, the null hypothesis is rejected and alternative hypothesis is accepted. This means that there is a significant negative relationship between orgasmic disorder and marital satisfaction of couples in tertiary institutions in Benue State.

DISCUSSION OF FINDINGS

This study examined the relationship between orgasmic disorder and marital satisfaction of couples in

tertiary institutions in Benue State. The discussion of the major finding of the research was organised around the research question and hypothesis for ease of reading and comprehension.

The result of the hypothesis revealed that, there is a significant negative relationship between orgasmic disorder and marital satisfaction of couples. The implication of this is that, as orgasmic disorder increases, marital satisfaction of couples decreases. This finding is in consonance with the findings of Fletcher (2019) that orgasmic disorder can affect the quality of couple's marital relationships as well as their individual self-esteem and mental health. This finding agrees with the study of Kaya, Gunes, MuratGokce and kalkan (2014) who reported that orgasmic disorder can put couples under strain which can cause dissatisfaction in marriage. The study is also in agreement with Zhang, Gao, Lin and Xia (2013) reported, that orgasmic disorder makes couples have low rates of general life satisfaction, elevate the risk of depression and leads to dissatisfaction with the partner and the marital relationship. The finding is justified because orgasm is frequently regarded as a delightful and sensual sensation that strengthens the emotional bond between couples. An emotional split results when one spouse is unable to regularly have orgasm. This lack of sexual fulfilment causes the relationship to grow distant, dissatisfied, and resentful. This negatively impacts overall marital satisfaction. Sexual orgasmic dysfunction is the cause of low levels of sexual satisfaction for both partners. The inability to have orgasm makes the spouse with this disorder irritable and unhappy, which lessens their enjoyment of sexual activities. Additionally, such a partner experiences unhappiness and questions his ability to satisfy his partner's sexual needs that make both of them happy. Sexual orgasmic dysfunction can affect how a couple feels about her body and about herself. A partner may feel inadequate, flawed, or faulty as a result of her orgasmic issues. This negative self-perception could have an impact on both partners' self-assurance, overall self-esteem, and possibly even how content they are in their marriage. It might be challenging to talk about sexual concerns in marriages, such as sexual orgasmic disorder. Feelings of guilt, embarrassment or fear of hurting their partner can prevent open and honest discussion of the issue. The pair is unable to receive the necessary care, to comprehend one another or to come up with ideas to enhance their sexual happiness because of the lack of clear communication regarding the disorder and its repercussions. Persistent sexual orgasmic dysfunction exacerbates relationship issues and conflict. While the other partner may feel frustrated or inadequate, the partner with the disorder may feel pressure or guilt. These emotional tensions lead to arguments, emotional distancing and a decline in overall marital happiness.

CONCLUSION

The finding of the study indicated a significant negative correlation between couples' orgasmic disorder and marital satisfaction among couples in tertiary institutions in Benue State. This could have a significant negative effect on a couple's sexual connection and marital pleasure, resulting in emotional anguish that can lead to marital discontent and relationship issues. Therefore, while interacting with couples during counselling, sexual dysfunction such as orgasmic disorder should be intentionally taken into mind. By raising people's knowledge of these concerns, providing them with the proper counselling and sexual health education, counsellors can potentially lower the rate of divorce and other relationship challenges brought on by sexual dysfunctions while also encouraging individuals to seek treatment for these critical health issues.

RECOMMENDATIONS

Based on the finding, it is recommended that treatment plans In addressing orgasmic disorders during marital therapy by the counsellors should consider a combination of psychological, relational, and medical strategies which is a holistic approach. This encompasses open communication, sexual education, sensate focus exercises, behavioural techniques, cognitive-behavioural therapy, relaxation methods, fostering emotional intimacy, medical consultations if required, couple's sex therapy, and assigned homework. The emphasis is on empathy, patience, and a holistic focus on the well-being of both partners, encouraging

collaboration and, if necessary, engaging other healthcare professionals for a thorough treatment approach. In addition, a Mindfulness-based approach can be applied during therapy to instill the capacity to recognize thoughts and feelings, which can be taught, modeled, modified, and encouraged in couples. This contributes to cultivating acceptance, compassion, and control over intrusive and ruminative thoughts.

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