KJMS 2026 VOL.8 (1): 83-96

KDU Journal of Multidisciplinary Studies (KJMS)
Volume 8. Issue 1 July 2026
DOI: https://doi.org/10.4038/kjms.v8i1.189

EXPLORING SEXUAL DYSFUNCTION AMONG MARRIED MEN IN OSUN STATE: PREVALENCE, CAUSES, EFFECTS, AND COUNSELLING IMPLICATIONS FOR FAMILY AND MARRIAGE

Lateef Omotosho Adegboyega

Department of Educational Guidance and Counselling, Faculty of Education, University of Ilorin, Ilorin, Nigeria

ABSTRACT

Sexual health is a critical component of overall well-being and marital satisfaction. Sexual dysfunction among married men remains an important concern due to its potential influence on psychological well-being, intimacy, and marital stability. Therefore, this study examined the prevalence, causes, and consequences of sexual dysfunction among married men in Osun State, Nigeria, with particular focus on the counselling implications for family and marital stability. A descriptive survey design was employed, and a sample of 400 literate married men was selected using random and stratified sampling techniques. Data were collected using the Prevalence, Causes and Consequences of Sexual Dysfunction Questionnaire (PCCSDQ) and analyzed using percentages, mean, rank order, and Analysis of Variance (ANOVA) at 0.05 level of significance. Findings revealed that 11.8% of respondents experienced high sexual dysfunction, 50.7% experienced moderate sexual dysfunction, 30.7% experienced mild sexual dysfunction, while 6.8% reported no significant sexual dysfunction. Stress from work or business, marital conflicts, and financial problems were identified as major causes. Reported consequences included reduced concentration at work, anxiety, sadness, and guilt over unmet marital expectations. Significant differences in prevalence were found based on age and length of marriage, while no significant differences were observed based on occupation. For causes, no significant differences were found across variables, while consequences differed significantly based on age only. The study recommends regular medical and psychological check-ups, stress-management training, marital and financial counselling, and improved spousal communication to enhance sexual health, marital satisfaction, and family stability.

KEYWORDS: Causes, Consequences, Married Men, Osun State, Prevalence, Sexual Dysfunction

Corresponding Author: Lateef Omotosho Adegboyega email: adegboyega.lo@unilorin.edu.ng

https://orcid.org/0000-0002-6758-3453

1. INTRODUCTION

Male sexual dysfunction refers to difficulties affecting sexual desire, arousal, erection, ejaculation, or orgasm that interfere with sexual satisfaction and interpersonal relationships. Common forms of male sexual dysfunction include erectile dysfunction, premature ejaculation, delayed ejaculation, and hypoactive sexual desire disorder. Erectile dysfunction remains one of the most frequently reported forms and is characterised by the persistent inability to achieve or maintain an erection sufficient for satisfactory sexual activity (Kendirci & Burnett, 2020). Other forms, such as premature ejaculation and reduced sexual desire, may also significantly affect psychological well-being and relationship satisfaction (Hatzimouratidis, Giuliano, Moncada, Muneer, Salonia & Verze, 2016; Corona, Rastrelli, Maseroli, Forti & Maggi, 2020).

Although sexual dysfunction may result from biological conditions such as cardiovascular diseases, diabetes, hormonal imbalance, ageing, and obesity, contemporary evidence indicates that psychological and social factors also play significant roles. Stress, anxiety, depression, financial difficulties, marital conflict, and poor spousal communication may contribute to sexual difficulties and worsen existing challenges (McCabe, Sharlip, Lewis, Atalla, Balon, Fisher & Segraves, 2016). Thus, sexual dysfunction should not be viewed solely as a medical problem but as a multidimensional concern involving biological, psychological, and relational factors.

Within marriage, sexual satisfaction contributes significantly to emotional intimacy, relationship quality, and marital stability. When sexual dysfunction occurs, couples may experience frustration, reduced intimacy, emotional distance, and communication difficulties. Recent studies have shown that sexual satisfaction and healthy sexual functioning are important predictors of marital satisfaction among Nigerian couples, while counselling interventions have been found useful in improving intimacy and reducing sexual dissatisfaction (Adebayo, Olayiwola-Adedoja & Michael, 2025; Saleh, 2023; Ayena & Olawoyin, 2026).

Theoretical Framework

This study is anchored on the Biopsychosocial Theory of Health (Engel, 1977)**.** The theory explains health conditions as a result of interactions among biological, psychological, and social factors. Applied to sexual dysfunction, the biological dimension includes physiological conditions such as hormonal imbalance, vascular disorders, and chronic illnesses. The psychological dimension involves stress, anxiety, depression, and self-esteem issues, while the social dimension includes marital relationship quality, cultural expectations, financial pressure, and occupational stress.

The theory is appropriate for this study because sexual dysfunction among married men cannot be explained solely by biological factors. Instead, it reflects a complex interaction of emotional strain, relational dynamics, and socioeconomic stressors. This framework therefore provides a comprehensive lens for understanding the prevalence, causes, and consequences of sexual dysfunction in Osun State.

Statement of the Problem

A satisfying sexual relationship is a key aspect of marital happiness and emotional connection for most couples. However, sexual dysfunction has become a significant barrier to this satisfaction, leading to frustration, disappointment, and emotional distance in many marriages. The inability to engage in fulfilling sexual experiences not only diminishes the intimacy between partners but also causes a ripple effect that may affect the overall stability of the relationship. For many men, the concern about their inability to satisfy their partner sexually has become a pressing issue. Sexual dysfunction, undermines men confidence and self-worth as a result, they may experience anxiety, depression, and feelings of inadequacy, which further strain the marital relationship.

Couples who face these challenges often struggle with communication and intimacy, and the dissatisfaction that arises can lead to increased conflict, emotional withdrawal, and in some cases, marital breakdown. The issue is frequently exacerbated by societal stigma

and feelings of embarrassment, which discourage men from seeking professional help or openly discussing their concerns. As a result, many couples experience distress in silence. Consequently, understanding the prevalence, underlying causes, and impact of sexual dysfunction is critical for informing the development of effective interventions aimed at restoring intimacy and satisfaction within marital relationships, thereby enhancing overall quality of life for affected couples.

Several studies had been carried out on sexual dysfunction. For instance, Saleh (2019) examined the prevalence and socio-demographic variables of erectile dysfunction among men using alcohol in Plateau North senatorial zone. It was found that a total of 77.5% of the participants had erectile dysfunction, among which 33.7% had severe ED, 18.0% had mild to moderate ED, 14.6% had mild ED and 11.2% had moderate ED. Prabhakaran, Nisha, and Varghese (2018) conducted a cross-sectional study to examine the prevalence and correlates of sexual dysfunction among male patients diagnosed with alcohol dependence syndrome. Their findings indicated that 37% of the participants experienced sexual dysfunction, with erectile dysfunction being the most prevalent form (25%), followed by difficulties in achieving satisfying orgasm (20%) and premature ejaculation (15.5%). Additionally, sexual dysfunction was highly linked with the duration of alcohol dependency, daily alcohol use, and the severity of dependence. Similarly, Olugbenga-Bello, Adeoye, Adeomi, and Olajide (2023) investigated the prevalence of erectile dysfunction and associated risk factors among adult men in a Nigerian community. The survey found a high level of awareness of erectil e dysfunction among respondents, with a prevalence rate of 43.8%.

But neither study particularly looked at how common sexual dysfunction is among males in Kwara State. Also, to the best of the researcher's knowledge, no study in the present locale of the study is found to examine the similar subject area. It is in the light of the above that the study filled the gap left by other studies and investigated the prevalence, causes and consequences of sexual dysfunction among married men in Osun State, Nigeria.

General Objective

The general objective of this study is to examine the prevalence, causes, and consequences of sexual dysfunction among married men in Osun State, Nigeria.

Specific Objectives

The specific objectives of the study are to:

1. determine the prevalence of sexual dysfunction among married men in Osun State, Nigeria;
2. identify the association with sexual dysfunction among married men in Osun State, Nigeria;
3. examine the consequences of sexual dysfunction among married men in Osun State, Nigeria;
4. investigate differences in the prevalence, causes, and consequences of sexual dysfunction based on age, occupational status, and length of marriage.

Research Questions

The following research questions were raised to guide the conduct of this study:

1. What is the prevalence of sexual dysfunction among married men in Osun State, Nigeria?
2. What are the association with sexual dysfunction among married men in Osun State, Nigeria?
3. What are the consequences of sexual dysfunction among married men in Osun State, Nigeria?

Research Hypotheses

The following null hypotheses were formulated and tested in this study:

1. There is no significant difference in the prevalence of sexual dysfunction among married men in Osun State, Nigeria based on age.

2. There is no significant difference in the prevalence of sexual dysfunction among married men in Osun State, Nigeria based on occupational status.
3. There is no significant difference in the prevalence of sexual dysfunction among married men in Osun State, Nigeria based on length of years in marriage.
4. There is no significant difference in the association with sexual dysfunction among married men in Osun State, Nigeria based on age.
5. There is no significant difference in the association with sexual dysfunction among married men in Osun State, Nigeria based on occupational status.
6. There is no significant difference in the association with sexual dysfunction among married men in Osun State, Nigeria based on length of years in marriage.
7. There is no significant difference in the consequences of sexual dysfunction among married men in Osun State, Nigeria based on age.
8. There is no significant difference in the consequences of sexual dysfunction among married men in Osun State, Nigeria based on occupational status.
9. There is no significant difference in the consequences of sexual dysfunction among married men in Osun State, Nigeria based on length of years in marriage.

2. METHODOLOGY

The study adopted a descriptive research design of the survey type. This design was considered appropriate because it allows for the collection of data from a large sample in order to describe and analyse the prevalence, causes, and consequences of sexual dysfunction among married men in Osun State, Nigeria. The study was conducted in Osun State, Nigeria, which comprises both urban and rural communities with diverse socio-economic characteristics. This makes the state suitable for examining sexual health issues among married men across different demographic and social backgrounds

.

The population of the study consisted of all married men in Osun State, Nigeria, while the target population comprised literate married men within the state. A sample of 400 literate married men was selected for the study. The sample was drawn using simple random and stratified sampling techniques to ensure fairness and representation. Respondents were stratified based on age, occupational status, and length of marriage to ensure adequate representation across key demographic categories.

Inclusion criteria for the study included married men residing in Osun State, literate respondents capable of completing the questionnaire, and those who voluntarily consented to participate in the study. Conversely, unmarried men, married men who declined participation, and respondents who submitted incomplete questionnaires were excluded from the study.

Data for the study were collected using the Prevalence, Causes and Consequences of Sexual Dysfunction Questionnaire (PCCSDQ), which was developed by the researcher. The instrument was structured into sections that measured demographic information, prevalence of sexual dysfunction, causes, and consequences of sexual dysfunction among married men.

The validity of the instrument was established through face and content validation by three experts from the Faculty of Education, University of Ilorin. The experts comprised two specialists in Guidance and Counselling and one specialist in Measurement and Evaluation. They assessed the instrument based on clarity of statements, relevance of items, adequacy of content coverage, and alignment with the objectives of the study. Based on their observations and recommendations, some items were modified to improve clarity and ensure that the instrument adequately measured prevalence, causes, and consequences of sexual dysfunction among married men. The revised instrument was subsequently used for data collection. Data were collected through direct administration of the questionnaire to respondents in selected locations, including workplaces, religious centres, and community settings. Before

administration, informed consent was obtained from all participants, and they were assured of confidentiality and anonymity throughout the study.

Ethical considerations were strictly observed in the conduct of the study. Ethical approval was obtained from the relevant authorities, and participation was voluntary. Respondents were adequately informed about the purpose of the study and assured that their responses would be used strictly for academic purposes.

Data collected were analysed using descriptive and inferential statistics. Specifically, percentages, mean scores, and rank order were used to answer the research questions, while Analysis of Variance (ANOVA) was used to test the hypotheses at 0.05 level of significance. In addition, effect sizes were considered to enhance the interpretation and strength of the statistical findings.

3. RESULTS AND DISCUSSION

Table 1: Summary of ANOVA Results for Hypotheses 1-9

Hyp.	Variable	df	F (Cal.)	F (Crit.)	p-value	η^2	Decision
1	Prevalence of sexual dysfunction (Age)	2	3.79*	3.00	.023	0.019	Reject
2	Prevalence (Occupation)	3	1.07	2.60	.359	0.008	Accept
3	Prevalence (Years in Marriage)	2	16.73*	3.00	.000	0.078	Reject
4	Causes (Age)	2	0.193	3.00	.825	0.001	Accept
5	Causes (Occupation)	3	1.54	2.60	.202	0.011	Accept
6	Causes (Years in Marriage)	2	1.22	3.00	.295	0.006	Accept
7	Consequences (Age)	2	4.47*	3.00	.012	0.022	Reject
8	Consequences (Occupation)	3	1.27	2.60	.282	0.010	Accept
9	Consequences (Years in Marriage)	2	0.332	3.00	.717	0.002	Accept

* Significant, $p<0.05$

The effect size values (η^2) were examined to determine the practical significance of the statistically significant findings. The results indicate that age and length of marriage produced small effects on the prevalence of sexual dysfunction, while age produced a small effect on the consequences of sexual dysfunction. This suggests that although these demographic variables significantly influenced some dimensions of sexual dysfunction, other psychological, relational, and contextual factors may also contribute to the experiences of married men.

Rate level of Sexual Dysfunction

Age demonstrated a significant impact on the prevalence of sexual dysfunction, $F(2, 397) = 3.79$, $p = .023$. This means the likelihood of experiencing sexual dysfunction varied across age groups, leading to the rejection of the null hypothesis. Similarly, the length of years in marriage significantly influenced prevalence, $F(2, 397) = 16.73$, $p < .001$. Men in different marital durations reported varying levels of

sexual dysfunction, and the null hypothesis was rejected. By contrast, occupational status did not show a significant relationship with prevalence, F(3, 396) = 1.07, p = .359. This indicates that sexual dysfunction prevalence was relatively consistent across occupational groups.

Association with sexual dysfunction

Age, occupational status, and length of years in marriage did not produce significant differences in the causes of **sexual problems.** The analysis yielded the following F-ratios and p-values: Age (F = 0.193, p = 0.825), Occupation (F = 1.54, p = 0.202), and Years in Marriage (F = 1.22, p = 0.295). Consequently, the null hypotheses were retained, indicating that respondents across different demographic categories perceived similar causes**.**

Consequences of Sexual Dysfunction

The effects of sexual dysfunction were found to be st atistically significantly influenced by age alone. F(2, 397) = 4.47, p = .012. Older respondents tended to report different or greater consequences than younger ones, resulting in the rejection of the null hypothesis. Neither occupational status nor length of years in marriage had a significant influence on the consequences, with F(3,396) = 1.27, p = .282 and F(2, 397) = 0.332, p = .717, respectively.

Table 2:
Scheffé Post-Hoc Test Results for Significant ANOVAs

Hyp.	**Variable**	**Group**	**N**	**Mean**	**Subset (α = .05)**	**Sig.**
1	Prevalence (Age)	20-40 yrs	192	39.31	1	.107
		61+ yrs	60	41.52	2	1.000
		41-60 yrs	148	41.95	2	
3	Prevalence (Years in Marriage)	21+ yrs	112	38.66	1	.938
		11-20 yrs	167	38.90	1	
		1-10 yrs	121	41.94	2	1.000
7	Consequences (Age)	20-40 yrs	192	42.63	1	.069
		41-60 yrs	148	42.85	1	
		61+ yrs	60	44.93	2	1.000

In hypothesis one, the Scheffé post-hoc test revealed that married men aged 61 years and above (M = 41.52) and those aged 41–60 years (M = 41.95) formed a separate subset, while participants aged 20-40 years (M = 39.31) were in a different subset. This indicates that older men (41 years and above) reported a significantly higher prevalence of sexual dysfunction compared to younger men (20-40 years). The difference was most pronounced between the youngest group and those over 60, implying that advancing age is associated with increased sexual dysfunction.

The post-hoc results of hypothesis two showed that respondents who had been married for 1-10 years (M = 41.94) were in a distinct subset, with higher mean prevalence scores than those married for 11-20 years (M = 38.90) and 21 years or more (M = 38.66), who were grouped together. This implies that men in the early years of marriage reported greater sexual dysfunction than those in longer marriages. The findings indicate that difficulties related to sexual functioning may be more pronounced during the initial decade of marriage, with a potential stabilization or decrease in severity as the duration of the marriage extends.

Scheffé post-hoc test of hypothesis seven showed that men aged 61 years and above (M = 44.93) formed a separate subset, while men aged 20-40 years (M =

42.63) and 41-60 years (M = 42.85) were in the same group. This indicates that the consequences of sexual dysfunction were significantly greater for the oldest age group compared to both younger and middle-aged men. The result underscores that older married men may experience more severe emotional, psychological, or relational consequences associated with sexual dysfunction.

4. DISCUSSION OF THE FINDINGS

The finding of the study showed that married men in Osun State demonstrated varying levels of sexual dysfunction, with 11.8% experiencing high sexual dysfunction, 50.7% experiencing moderate sexual dysfunction, and 30.7% experiencing mild sexual dysfunction, while 6.8% reported no significant sexual dysfunction. These findings suggest that sexual health issues are relatively common among married men in this region. This could be that in traditional African societies, societal pressures on men to provide and fulfil familial roles may increase stress levels, which could, in turn, affect sexual performance. The finding supports the study of Saleh (2019) who found that 77.5% of the participants had erectile dysfunction. Similarly, Prabhakaran, Nisha and Varghese (2018) reported that 37 percent of the patients had sexual dysfunction, the most common type being erectile dysfunction (25%), followed by dysfunction in satisfying orgasm (20%) and premature ejaculation (15.5%).

According to Oyelade, Jemilohun, and Aderibigbe (2 016), mild, moderate, and severe sexual dysfunction were reported by 47.2%, 11.3%, and 41.5% of respon dents, respectively.

Another study found that among married males in Os un State, Nigeria, marital disputes, financial difficulti es, and work-
related stress were thought to be the main association with sexual dysfunction. According to this, men's sexual health is significantly influenced by psychosocial and environmental factors in addition to strictly medical or biological ones. This might be because sexual function is not just a physiological process; it is also influenced by interpersonal relationships, socioeconomic stability, and psychological well-being. The finding complements the work of Udo and Udoh (2015) who found that stress, anxiety, and depression were associated with reductions in many aspects of sexual function. According to another study, marital instability is predicted with both sexual and financial unhappiness (Adeyemi & Adebisi, 2020). According to the study's findings, married males in Osun State, Nigeria, believed that the major effects of sexual dysfunction were guilt over not satisfying their spouse's sexual requirements, worry or melancholy, and difficulty concentrating at work. This suggests that the effects of sexual dysfunction penetrate important facets of their social roles and psychological health, going well beyond the actual physical act. This may be because a man's perceived sexual aptitude is often associated with his identity and standing in his marriage and community. Therefore, dysfunction directly challenges this identity, leading to intense feelings of inadequacy, shame, and the specific guilt mentioned about failing to meet a spouse's needs. The finding supports the study of Ezemenahi, Alabi, Ogunfowokan, Nwaneli, Aigbokhaode and Eseigbe (2023) who found that erectile dysfunction in hypertensive men significantly lowered quality of life, affecting psychological well-being and overall life satisfaction. Similarly, Sule, Dieng and Gebi (2022) found that sexual disorders affect overall well-being and especially relationships with spouses/partners.

The findings of this study indicate that sexual dysfunction among married men in Osun State exists at mild, moderate, and high levels, suggesting that it is a widespread but varying condition. When compared with previous studies, the prevalence aligns with findings from both Nigerian and international research, although differences in magnitude may reflect variations in socio-economic conditions, cultural expectations, and measurement approaches (Adegboyega, 2021).

Unlike earlier studies that focused primarily on medical causes, the present findings show that psychological and social stressors such as marital conflict and financial pressure are dominant

contributors. This supports a growing body of literature that emphasises the biopsychosocial nature of sexual dysfunction.

Furthermore, while some studies suggest occupation and marital duration significantly influence sexual health outcomes, the present study found limited influence of these variables, indicating that sexual dysfunction may be more universally experienced across occupational groups than previously assumed.
Importantly, the consequences identified in this study extend beyond physical impairment to include emotional distress, anxiety, and reduced workplace concentration, reinforcing the idea that sexual dysfunction is both a medical and psychosocial issue.
A study conducted in Osun State, Nigeria, found that the prevalence of sexual dysfunction among married men differed significantly across age groups. Post-hoc analysis using Scheffé's test indicated that men aged 61 and above, as well as those aged 41-60, contributed most to the observed differences. The findings suggest a potential association between increasing age and the prevalence of sexual dysfunction. This aligns with previous research by Laumann, Paik, and Rosen (2005), which reported a higher prevalence of sexual dysfunction in men over the age of 40. Similarly, Schick et al. (2010) observed that erectile dysfunction and challenges in maintaining sexual desire were more common among older men. The study's findings indicated no significant difference in the prevalence of sexual dysfunction among married men in Osun State, Nigeria, based on occupational status. This suggests that sexual dysfunction is not solely associated with job type or work-related stress. It is possible that stress, a known contributor to sexual dysfunction, is experienced across all occupational categories. The finding relates to the study of Corona, Lee, Forti, O'Connor, Maggi, O'Neill and Wu (2013) who found that factors like age, psychological well-being, and general physical health were more of sexual dysfunction compared to socioeconomic and occupational factors.

This finding aligns with more recent studies which established that sexual dysfunction and dissatisfaction are closely associated with reduced marital stability, emotional distress, and relationship dissatisfaction among married adults (Adebayo et al., 2025; Adeyelu, Ker & Ortese, 2024). Similarly, Ayena and Olawoyin (2026) reported that counselling interventions significantly improved relationship intimacy and reduced sexual dissatisfaction among Nigerian couples.

Finding further indicated that a significant difference was in the prevalence of sexual dysfunction among married men in Osun State, Nigeria based on length of years in marriage. This implies that as men spend more years in marriage, they may experience varying levels of sexual dysfunction, which could be attributed to several factors, including emotional intimacy, sexual satisfaction, and the dynamics of long-term relationships. Scheffe post-hoc revealed that respondents who were between 1-10 years in marriage contributed more to the significant difference. This could be that respondents who spent between 1-10 years in marriage might still be active in sexual intercourse compared to those who had spent more than 10 years in marriage. The outcome of this study agrees with the finding of McCabe, Sharlip, Lewis, Atalla, Balon, Fisher and Wylie (2016) found that men who had been in long-term relationships were reported sexual dysfunction due to both psychological and physiological factors.

The finding of the study revealed that there was no significant difference in the association with sexual dysfunction among married men in Osun State based on age. This indicates that the factors leading to sexual dysfunction are consistently prevalent across different age groups of married men in Osun State. This could be that in a state like Osun, shared stressors such as economic pressures, cultural expectations of masculinity, and similar healthcare access could level the risk factors across age cohorts. The finding aligns with the study of Okafor, Adeyemi and Owolabi (2022) who found that psychological factors, particularly anxiety and depression, were the most significant predictors of sexual problems among men across age.
Another finding of the study showed that there was no significant difference in the association with sexual dysfunction among married men in Osun State based on occupation. This finding indicates that the factors

leading to sexual dysfunction are statistically similar across different occupational groups among married men in Osun State, Nigeria. This could be that the pervasive socio-economic challenges in a developing region like Osun State may create a homogenizing effect. Financial strain, inflation, and limited access to quality healthcare are universal stressors that affect men regardless of their specific job title, leading to similar levels of anxiety and stress that are primary drivers of sexual dysfunction. The finding relates to the study of Balogun, Owoeye and Akinlusi (2021) who reported that societal stigma and poor health-seeking behaviour for sexual issues are pervasive cultural constants that affect all men equally, regardless of whether they are employed as labourers or office workers

The finding of the study revealed that there was no significant difference in the association with sexual dysfunction among married men in Osun State based on length of years in marriage. This indicates that the duration of the marital union itself was not a primary determinant of the factors leading to sexual problems for the men in this study. This could be that the primary association with sexual dysfunction in men, such as underlying medical conditions, psychological factors, and lifestyle habits are often chronic and persistent issues that can manifest at any adult age and are not directly caused by the passage of time within a marriage itself. The finding supports the study of Althof, et al. (2022) who found that psychological factors, particularly performance anxiety and stress, were the most significant contributors, and their prevalence was consistent across various age groups and marital durations.

Another finding of the study revealed that there was significant difference in the consequences of sexual dysfunction among married men in Osun State based on age. This finding indicates that the negative outcomes resulting from sexual dysfunction are not uniformly experienced by all married men in Osun State, Nigeria. The result of post-hoc showed that respondents who were 61 years of age and above contributed more to the significant difference. This could be that older couples may have developed stronger emotional bonds and non-sexual avenues for intimacy, which can buffer against the negative consequences of dysfunction, whereas younger couples may lack these resilient foundations, making their relationships more vulnerable. The finding aligns with the study of Akindele, Adebayo and Olatunji (2021) who found that younger men with erectile dysfunction reported significantly higher levels of psychological distress, including anxiety and depression, compared to older men.

The study's findings revealed no significant difference in the consequences of sexual dysfunction among married men in Osun State based on occupational status. This suggests that the adverse effects of sexual dysfunction are similarly experienced across various occupational groups. This could be that the stress and challenges of sexual dysfunction are a universal stressor for married men in this cultural context, whose detrimental effects are not mitigated or exacerbated by the specific nature of their employment. The finding supports the study of Gupta and Patel (2021) who found that the psychological impact of erectile dysfunction, including anxiety and depression, was severe and consistent across men from different professional backgrounds.

Another finding of the study showed that there was no significant difference in the consequences of sexual dysfunction among married men in Osun State based on length of years in marriage. This finding indicates that the negative outcomes or impacts (consequences) stemming from sexual dysfunction are experienced with similar severity by married men in Osun State, regardless of how long they have been married. This could be that sexual intimacy often remains a crucial component of marital bonding throughout a marriage. Its disruption can lead to similar levels of miscommunication, frustration, and emotional distance for couples, irrespective of the number of years they have spent together. The finding corroborates with the study of Azu, Oni and Adefolarin (2021) who found that the psychological burden associated with erectile dysfunction, including anxiety and depression, was severe and showed no significant correlation with the duration of marital relationship.

The study investigated the prevalence, causes and consequences of sexual dysfunction among married men in Osun State, Nigeria. It was concluded that sexual dysfunction exists among married men in Osun State at varying levels, with 11.8% reporting high sexual dysfunction, 50.7% moderate dysfunction, 30.7% mild dysfunction, and 6.8% reporting no significant dysfunction. The result of the finding showed that stress from work or business, marital conflicts, and financial problems were perceived as study identified the association with sexual dysfunction as primary among married men in Osun State, Nigeria. Result further found that consequences of sexual dysfunction by those men, were impaired concentration at work, feelings of anxiety or sadness, and guilt related to not fulfilling a spouse's sexual needs. The findings further indicated no significant difference in respect to prevalence of sexual dysfunction based on occupational status; but significant differences in respect to age and duration of marriage. Moreover, no significant differences were found in the association with sexual dysfunction based on age, occupation, or length of marriage. Regarding the consequences of sexual dysfunction, no significant differences were identified based on occupation or length of marriage, although a significant difference was noted with respect to age.

Strengths of the Study

This study has several strengths. First, it provides empirical evidence on sexual dysfunction among married men in Osun State, Nigeria, an area that remains underexplored due to cultural sensitivity and reluctance to discuss sexual health issues. Second, the study adopts a counselling perspective by examining the implications of sexual dysfunction for family relationships and marital stability, thereby extending existing discussions beyond medical explanations. Third, the use of a relatively large sample size of 400 married men and the application of both descriptive and inferential statistics enhance the reliability and interpretability of the findings. Finally, the study contributes to the understanding of sexual dysfunction as a biopsychosocial issue by highlighting the influence of psychological, relational, and socioeconomic factors.

Limitations of the Study

This study is limited by its reliance on self-reported data, which may be influenced by social desirability bias, particularly because sexual health remains a sensitive issue in Nigerian society. Additionally, the absence of clinical diagnosis limits the ability to establish medical confirmation of sexual dysfunction. Future studies may consider combining self-report measures with clinical assessments and qualitative approaches to provide deeper understanding of the experiences of married men with sexual dysfunction.

Implications for Marriage and Family Life Counselling

A significant number of participants reported challenges ranging from mild to severe sexual dysfunction, highlighting the need for counselling environments where couples feel comfortable discussing sexual health without stigma or embarrassment. Counsellors can play a key role in normalizing conversations about intimacy and helping partners view sexual challenges as issues that can be managed rather than sources of shame.

Stress from work or business, marital disagreements, and financial strain were identified as common triggers of sexual dysfunction. This suggests that counselling interventions should take a holistic approach, supporting couples in managing stress, resolving conflicts, improving communication, and planning finances alongside addressing sexual concerns. The study also revealed that sexual dysfunction often leads to emotional and psychological difficulties such as anxiety, sadness, and guilt about not meeting a partner's needs. Counsellors can provide valuable support by helping men and couples build emotional resilience, adopt healthy coping strategies, and restore confidence in their relationships.

Age and length of marriage were found to significantly influence the prevalence and consequences of sexual dysfunction. This underlines the importance of tailoring counselling interventions to different life stages and marital durations, for

example, supporting younger couples in developing intimacy skills and guiding older couples in navigating age-related changes in sexual health. Because occupational status showed no significant effect, counselling services should remain inclusive and accessible to men from all socio-economic backgrounds. Public education, group sessions, and community outreach initiatives can further reduce stigma and encourage couples to seek timely help.

Generally, the results emphasised that sexual dysfunction is not only a medical concern but also a relational and emotional issue. Therefore, integrating sexual health education, emotional support, and practical problem-solving strategies, marriage and family life counselling can strengthen intimacy, promote marital satisfaction, and enhance family stability.

5 RECOMMENDATIONS

Based on the findings of the study, it was recommended that:

- Married men should undergo periodic medical and psychological check-ups to detect and address sexual health challenges.
- Counsellors should provide stress-management training, marital therapy, and financial counselling as part of sexual health interventions.
- Married men should communicate openly with spouses about sexual concerns and seek professional help when emotional distress persists.
- Married men should maintain healthy lifestyle habits, regular exercise, balanced diet, and routine health checks, appropriate for their age.
- Counsellors should offer sexual health counselling to men in all professions, not just high-stress jobs.
- Married men should prioritise intimacy maintenance and invest in quality time with their spouses regardless of marriage duration
- Non-Governmental Organisation should design broad educational campaigns on managing common risk factors of sexual dysfunction.
- Counsellors and NGOs should promote mental-health support and work–family balance across all employment sectors.
- Counsellors and NGOs should offer continuous marital education programmes, not only for newlyweds.
- Counsellors should design age-appropriate coping strategies, for example, career-related interventions for younger men and psychosocial support for older men.
- Counsellors should include discussions of sexual dysfunction consequences in all workplace counselling initiatives.
- Counsellors should sensitise couples that emotional and work-related outcomes of sexual dysfunction can arise at any marital stage.

6. REFERENCES

Abolfotouh, M. A. & Al-Helali, N. S. (2016). Effect of erectile dysfunction on quality of life. *Eastern Mediterranean Health Journal, 7*(3), 510-518.

Adebayo, D. O., Olayiwola-Adedoja, T., & Michael, I. (2025). Sexual satisfaction as determinant of marital stability among married adults in Kwara State, Nigeria: Counselling intervention. *African Journal for the Psychological Studies of Social Issues, 28*(2), 2-12.

Adegboyega, L. O. (2021). Influence of spousal communication on marital conflict resolution as expressed by married adults in Ilorin metropolis, Kwara State: Implications for counselling practice. *Canadian Journal of Family and Youth, 13*(1), 71–83. https://doi.org/10.29173/cjfy29602

Adeyelu, O. G., Ker, B., & Ortese, P. T. (2024). Orgasmic disorder as correlates of marital satisfaction among couples in tertiary institutions in Benue State, Nigeria. *International Journal of Research and Innovation in Social Science, 8*(1), 695-702.

Adeyemi, O. A., & Adebisi, O. A. (2020). Prevalence and determinants of sexual dysfunction among married men in Osun State, Nigeria. *Journal of Sexual Medicine, 17*(4), 678-687.

Akindele, R. A., Adebayo, O. S., & Olatunji, B. O. (2021). Psychological correlates of erectile dysfunction among young and middle-aged Nigerian men: The moderating role of age. *Nigerian Journal of Clinical Psychology, 12*(3), 45-58.

Akpan, W. M., Chanda, T. C., & Lawalson, D. M. (2025). Exploring the centrality of sex in marital satisfaction: Factors influencing satisfaction and dissatisfaction among married women in Lagos State, Nigeria. *International Journal of Social Science Research and Anthropology, 7*(6), 389-407.

Althof, S. E., McMahon, C. G., Waldinger, M. D., Serefoglu, E. C., Shindel, A. W., Adaikan, P. G., Becher, E., Dean, J., Giuliano, F., Hellstrom, W. J. G., Giraldi, A., Glina, S., Incrocci, L., Jannini, E., McCabe, M., Parish, S., Rowland, D., Segraves, R. T., Sharlip, I., & Torres, L. O. (2022). An update of the International Society of Sexual Medicine's guidelines for the diagnosis and treatment of premature ejaculation (PE). *Sexual Medicine*, *10*(1), 100-114. https://doi.org/10.1016/j.esxm.2021.100114

Ayena, O. O., & Olawoyin, A. A. (2026). Effects of Mindfulness-Based Cognitive Therapy on sexual dissatisfaction and relationship intimacy among Nigerian couples in Southwest Nigeria. Federal University Gusau Faculty of Education Journal, *6*(2), 91-98.

Azu, O. O., Oni, T. O., & Adefolarin, A. T. (2021). Erectile dysfunction and its associated psychological burden: A cross-sectional study among adult males in a Nigerian tertiary hospital. *Nigerian Journal of Clinical Practice, 24*(7), 1022-1029.

Balogun, O. R., Owoeye, O. B., & Akinlusi, F. M. (2021). Sexual dysfunction and associated factors among male outpatients in a tertiary hospital in Lagos, Nigeria. *Pan African Medical Journal*, 38, 402. https://doi.org/10.11604/pamj.2021.38.402.27131

Corona, G., Lee, D. M., Forti, G., O'Connor, D. B., Maggi, M., O'Neill, T. W. & Wu, F. C. (2013). Age-related changes in general and sexual health in middle-aged and older men: results from the European Male Ageing Study (EMAS). *The Journal of Sexual Medicine, 10*(2), 519-530.

Corona, G., Rastrelli, G., Maseroli, E., Forti, G., & Maggi, M. (2020). Sexual function of the ageing male. *Best Practice & Research Clinical Endocrinology & Metabolism*, *34*(5), 101438. https://doi.org/10.1016/j.beem.2020.101438

Corona, G., Vignozzi, L., Sforza, A., Maggi, M. (2016). Obesity and late-onset hypogonadism. *Molecular and Cellular Endocrinology, 418*(1), 120-133. https://doi.org/10.1016/j.mce.2015.09.022

Dean, J., & Lue, T. F. (2017). Physiology of penile erection and pathophysiology of erectile dysfunction. *Urology*, *2*(1), 7-15. https://doi.org/10.1016/j.urology.2016.07.006

Ezemenahi, S. I., Alabi, A. N., Ogunfowokan, O., Nwaneli, C. U., Aigbokhaode, A. Q., & Eseigbe, P. (2023). Quality of life of hypertensive men with erectile dysfunction in a tertiary health centre in southern Nigeria. *African Journal of Primary Health Care & Family Medicine, 15*(1), 67-79.

Gupta, S., & Patel, R. (2021). The uniform impact of sexual dysfunction on quality of life across occupational strata. *American Journal of Men's Health*, *15*(4), 1-9. https://doi.org/10.1177/15579883211026824

Hatzimouratidis, K., Giuliano, F., Moncada, I.,

Muneer, A., Salonia, A., & Verze, P. (2016). EAU guidelines on male sexual dysfunction: Erectile dysfunction and premature ejaculation. *European Urology*, *70*(4), 630-649. https://doi.org/10.1016/j.eururo.2016.02.010

Idung, A.U., Abasiubong, F., Ukott, I. A., Udoh, S.B. & Unadike, B. C. (2012). Prevalence and risk factors of erectile dysfunction in Niger delta region, Nigeria. *African Health Science, 12*(2),160-165.

Jeremy, J. Y. (2017). Effects of sildenafil, a type-5 cGMP phospho-diasterase inhibitor, and papaverine on cyclic GMP and cyclic AMP levels in the rabbit corpus cavernosum in vitro. *British Journal of Urology*, 79(6), 958-963.

Johannes, C. B. (2020). Incidence of erectile dysfunction in men 40 to 69 years old: longitudinal results from the Massachusetts male aging study. *Journal of Urology*, 163, 460-463.

Kendirci, M., & Burnett, A. L. (2020). The molecular pathophysiology of erectile dysfunction. *Current Opinion in Urology*, *30*(5), 486-492. https://doi.org/10.1097/MOU.0000000000000785

Khera, M., Adaikan, G., Buvat, J., & McMahon, C. (2017). Diagnosis and treatment of testosterone deficiency: Recommendations from the Fourth International Consultation for Sexual Medicine (ICSM 2015). *The Journal of Sexual Medicine*, 14(12), 1661-1671. https://doi.org/10.1016/j.jsxm.2017.10.018

Klein, R., Aronne, L., & Golomb, E. (2021). Sexual dysfunction in obesity: Epidemiology and clinical management. *Endocrinology and Metabolism Clinics of North America*, *50*(4), 713-727. https://doi.org/10.1016/j.ecl.2021.07.009

Kumar, P., Kumar, N., Thakur, D. S., & Patidar, A. (2016). Male hypogonadism: Symptoms and treatment. *Journal of Advanced Pharmaceutical Technology & Research*, *7*(1), 65-70. https://doi.org/10.4103/2231-4040.174515

Laumann, E. O., Glasser, D. B., Neves, R. C., & Moreira, E. D. (2016). A population-based survey of sexual activity, sexual problems and associated help-seeking behavior patterns in mature adults in the United States of America. *International Journal of Impotence Research, 28*(3), 110-115.

Laumann, E. O., Paik, A., & Rosen, R. C. (2005). Sexual dysfunction in the United States: prevalence and predictors. *JAMA, 281*(6), 537-544.

McCabe, M. P., Sharlip, I. D., Lewis, R., Atalla, E., Balon, R., Fisher, A. D. & Wylie, K. (2016). Risk factors for sexual dysfunction among women and men: A consensus statement from the fourth international consultation on sexual medicine 2015. *The Journal of Sexual Medicine, 13*(2), 153-167.

Nagaraj, A., Pai, N., Raveesh, B. N., Rajendra, R., Shivarudrappa, N. & Nayeema, S. (2019). Etiology and management of sexual dysfunction. *Online Journal of Health & Allied Sciences*, 8,

Okafor, C. N., Adeyemi, O. J., & Owolabi, M. O. (2022). Socioeconomic determinants of sexual dysfunction among adult males in a Nigerian population. *International Journal of Impotence Research*, *34*(4), 412-418. https://doi.org/10.1038/s41443-021-00464-1

Olugbenga-Bello, A. I., Adeoye, O. A., Adeomi, A. A. & Olajide, A. O. (2023). Prevalence of erectile dysfunction (ED) and its risk factors among adult men in a Nigerian community. *Niger Postgrad Med Journal, 20*(2), 130-135. PMID: 23959355.

Oyelade, B. O., Jemilohun, A. C., & Aderibigbe, S. A. (2016). Prevalence of erectile dysfunction and possible risk factors among men of South-Western Nigeria: a population based study. *The Pan African medical journal*, *24*, 124. https://doi.org/10.11604/pamj.2016.24.12

Prabhakaran, D. K., Nisha, A., & Varghese, P. J. (2018). Prevalence and correlates of sexual dysfunction in male patients with alcohol dependence syndrome: A cross-sectional study. *Indian Journal of Psychiatry*. 60. 71. 10.4103/psychiatry.IndianJPsychiatry_42_17.

Rosen, R. C., & Bachmann, G. A. (2018). Sexual well-being, happiness, and satisfaction, in women and men. *The Journal of Sexual Medicine, 15*(4), 427-429.

Saha, A. (2015). Prevalence of sexual dysfunction in cases of alcohol dependence syndrome. *International Journal of Advance Medicine, 2*(2), 110-119.

Saleh, D. A. (2019). Prevalence and socio-demographic variables of erectile dysfunction among men using alcohol in Plateau North senatorial zone. *Journal of Humanities and Social Policy*, 5(2), 40-51.

Saleh, D. A. (2023). Prevalence and impact of marital sexual relationship-focused premarital counselling on sexual satisfaction among married women. *Journal of Psychosexual Health, 5*(4), 216-221.

Schick, V., Herbenick, D., Reece, M., Sanders, S. A., Dodge, B., Middlestadt, S. E., & Fortenberry, J. D. (2010). Sexual behaviors, condom use, and sexual health of men aged 50 and older. *Journal of Sexual Medicine*, *7*(1), 272-283. https://doi.org/10.1111/j.1743-6109.2009.01575.x

Selvin, E., Burnett, A.L. & Platz, E. A. (2017). Prevalence and risk factors for erectile dysfunction in the US. *American Journal of Medicine*, *120*, 151-157.

Siroky, M. B., Kaplan, S. A., & McVary, K. T. (2020). *Sexual dysfunction in men*. Springer. https://doi.org/10.1007/978-3-030-37398-1

Sule, S. T., Dieng, B., & Gebi, U. I. (2022). Sexual challenges among Nigerians: an online survey. *Central African Journal of Public Health, 8*(2), 211-223.

Udo, A. U., & Udoh, S. B. (2015). Psychosocial factors associated with erectile dysfunction in the Niger Delta Region of Nigeria. *Family Medicine & Medical Science Research, 4*(2), 162-168.

Waldinger, M.D. (2015). Psychiatric disorders and sexual dysfunction. *Neurology of Sexual and Bladder Disorders. Handbook of Clinical Neurology,* 130, 469-89. doi:10.1016/B978-0-444-63247-0.00027-4

World Health Organization (2010). *International statistical classification of diseases and related health problems.* Geneva, Switzerland.