

Examining the Interplay of Emotional and Physiological Factors in Sexual Well-being of Men in Ekiti State, Nigeria.

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ABSTRACT

Background: Sexual well-being is essential to the quality of life, and it influences an individual's overall health. The study examined the interplay of emotional and physiological factors in sexual well-being among men of Ekiti State.

Methods: A quantitative cross-sectional study involving 339 men aged 18 to 65 was carried out. Twelve communities' households were used to select study respondents through a multistage, systematic sampling process. A structured questionnaire was utilized to assist in the collection of data. SPSS IBM statistics version 26 was used to analyse the data, and the statistical significance value was set at < 0.05 and < 0.01 .

Results: Getting easily aroused by a particular stimulus from the opposite sex at 87% in the physical domain, emphasise diverse responses to stimuli. While excitement during intercourse is overwhelmingly high at 95.7%, the similarly high rate of easy orgasm at 93.2% further suggests widespread sexual satisfaction. In the sexual dysfunction domain, the result shows the presence of sexual violence at 29.1% and a considerable portion (41.5%) experiences a loss of libido. Median values indicate moderate to high satisfaction across domains. Number of wives ($P=0.013$), marital status ($p=0.011$), and specific occupations (civil servant ($p<0.001$) and petty trader ($p= 0.034$)) significantly predict sexual wellbeing at bivariate and multivariate levels of analysis.

Conclusions: Promoting demographic and socioeconomic factors that predict sexual wellbeing and addressing concerns related to violence, quick orgasm, or loss of libido may contribute to promoting healthier and more satisfying sexual experiences for individuals.

Key words: Sexual well-being, Conception, Men, Emotional Intimacy, Sexual domains.

1. INTRODUCTION

Well-being is a metric in public health surveillance systems, helping policymakers track, shape, and promote human socioeconomic progress¹. Sexual well-being is highly essential to the quality of life², and it influences the overall health and emotional well-being of individuals^{2,3}. A thorough examination of the compiled data in previous studies revealed that all aspects of sex (e.g., intercourse, foreplay, ability to achieve orgasm, attraction to a partner) are fundamental to men's and women's health⁴. Sexual well-being in its broadest sense should encompass the sexual health of all individuals, both men and women⁵. Men are actively involved in sexual behaviours and decisions; their sexual health issues can negatively affect their economic status, marital stability, and the health of women, children, and families in general⁶.

Linking the sexual with the nonsexual aspects of relationships is necessary to get a clearer insight into the nature of sexual dysfunctions, distress, or well-being⁷. The interpersonal variable of sexual well-being plays a significant role in making sexual partners vulnerable to developing a sexual concern⁸. Attitudes about men's sexual performance also play a significant role in achieving sexual well-being. A past study revealed that 90% of women and 91% of men believed that a man's confidence in his sexual ability is critical to devising a good love relationship^{9,10}. Although the majority of people

engage in romantic relationships, and while considerable research has delved into various dimensions of sexual health, there remains a noticeable gap in understanding the intricate interplay of the major five domains of sexual well-being (Cognitive-emotional, physical-arousal, sexual dysfunction, orgasm satisfaction, and interpersonal domains)

The theories underpinning this study are biopsychosocial (BPS) and sex-positive frameworks (Figure 1).

The theories emphasize the interplay of biological (physical health), psychological (thoughts, emotions, and behaviours), social (relational, socioeconomic, environmental, and cultural), and interpersonal (quality of current and past relationships, interval of abstinence, life stressors, and finances) factors. The biological factor of the theory explains physical-arousal and orgasm satisfaction domain, psychological dwells on cognitive-emotional domain, the interpersonal and social factors explain the interpersonal do-

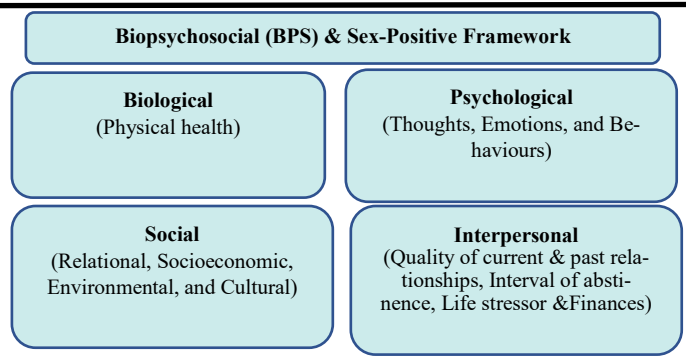


Figure 1: Biopsychosocial (BPS) And Sex-Positive Frameworks

Table 1: Percentage Distribution of Respondents by Sexual Well-Being

Variables	Frequency N= 339 (%)
Age Range (Years)	
18-29	98 (28.8)
30-41	115(34.0)
42-53	106(31.3)
54-65	20(5.9)
Mean Age (Std Dev)	37.2(10.64)
Marital Status	
Single	100(29.5)
Married	239(70.5)
Education	
No Formal Education	3(0.9)
Primary	11(3.1)
Secondary	58(17.0)
Tertiary	267(78.9)
Religion	
Christianity	301(88.9)
Islam	38(11.1)
Occupation	
Civil servant	201(59.3)
Artisan	25(7.4)
Petty Trader	54(16.1)
Driver	59(17.3)
Student	0 (0)
Driving Time from Hospital to Office	
1 – 20 Minutes	221(65.2)
21 – 40 Minutes	96(28.3)
41 – 60 Minutes	22(6.5)
Mean (Std Dev)	15.42 (11.74)
Driving Time from Hospital to Home	
1 – 20 Minutes	151(44.5)
21 – 40 Minutes	140(41.3)
41 – 60 Minutes	29(8.6)
>60 Minutes	19(5.6)
Monthly Average Income (Naira)	
0 – 50,000	225(66.3)
51,000 – 100,000	79(23.2)
101,000 – 150,000	22(6.5)
151,000 – 200,000	10(3.1)
201,000 – 250,000	1(0.3)
251,000 or More	2(0.6)
Median Monthly Income	40,000
Number of Children	
No Child	112(33.1)
1 – 2	89(26.3)
3 – 5	128(37.8)
>6	10(2.8)

main. Problem in any of the four factors of the theory leads to the fifth domain of the study which is sexual dysfunction domain. These factors influence the conception of sexual well-being by men and need to be considered in formulating guidelines for men’s sexual and reproductive health services, which will also influence the sexual well-being of their partners. Therefore, this study was conducted to answer the research questions: what is the reported level of men’s sexual well-being using the five domains, and what are predictors of sexual wellbeing among men?

2. METHODOLOGY

2.1 Study Design, Setting, and Respondents

The study employed a cross-sectional design. The respondents consisted of young and middle-aged men (18 to 65 years) who were selected at the household level of twelve different communities of Ekiti state, Nigeria. The study was carried within six months duration. It is a part of a larger study, and the methodology has been described in a previously published study¹¹.

2.2 Sampling and Respondents` Recruitment

The sample size for the study was determined using Cochran’s formula, the proportion of males that have used Sexual and Reproductive Health (SRH) services in the south-western part of the study location is 30 %. Using the Cochran’s formula: $n = z$. Where n = sample size; $Z = 1.96$; $p = 30\%$; $q = 1-p$; d = desired level of precision (0.05) and this equals 329. However, a total of 339 respondents participated in the study.

Respondents were selected through multistage sampling that involved random selection of two Senatorial districts, six Local Government Areas, and twelve communities. Systematic sampling was used to select households, the first house was picked randomly and the k th value (interval which is different for each community) was used in selecting subsequent houses in each of the twelve communities. All men in the selected households within the study age brackets, and who gave their consent, were recruited into the study. The houses where eligible respondents were not available at the time of the survey were revisited and recruited.

2.3 Study Instrument and Data Collection

The questionnaire used in data collection was adapted from female sexual well-being scale¹² it has three sections with 39 item questions. It has various sections including sections on sociodemographic parameters and sections on items that answer the research objectives. The questionnaire was developed in the English language by the researchers but translated into Yoruba and back-translated to English language by linguistic experts. Pilot questionnaire testing was conducted on a set of respondents from a different location in the State who were not part of the final sample.

The instrument was tested for content validity, clarity, and ease of

Table 2: Percentage Distribution Of Respondents By Sexual Well-being

Items	All The Time Freq (%)	Very Often Freq (%)	Sometimes Freq (%)	Rarely Freq (%)	Never Freq (%)	Mean (Std Dev)
Interpersonal Domain						
I have intimacy with my sexual partner	84 (24.8)	105(31.0)	105 (31.0)	20 (5.9)	25 (7.4)	3.60 (1.142)
I am satisfied with the intimacy I have with my partner	174 (51.4)	65 (19.2)	76 (22.3)	11 (3.4)	13 (3.7)	4.11 (1.095)
I am emotionally connected with my sexual partner	162 (47.7)	82 (24.2)	67 (19.8)	15 (4.3)	13 (4)	4.07 (1.100)
I enjoy the pleasure given to my partner	176 (52.0)	79 (23.2)	60 (17.7)	12 (3.7)	12 (3.4)	4.17 (1.062)
I am satisfied with the emotional closeness I have with my sexual partner	176 (52.0)	90 (26.6)	48 (14.2)	15 (4.3)	10 (2.8)	4.21 (1.023)
Cognitive, Emotional Domain						
I look forward to sexual intimacy with my partner	104 (30.7)	83 (24.5)	97 (28.5)	27 (8.1)	28 (8.4)	3.61 (1.232)
I have an interest in having sex	69 (20.4)	81 (23.8)	131 (38.7)	38 (11.2)	20 (5.9)	3.42 (1.110)
I feel distressed or worried about my sex life	113 (33.4)	62 (18.3)	116 (34.1)	27 (8.1)	21 (6.2)	3.65 (1.198)
I desire sexual satisfaction from every sexual interaction	110 (32.5)	73 (21.4)	86 (25.4)	28 (8.4)	42 (12.4)	3.53 (1.347)
Physical Arousal Domain						
I have an easy erection during sex	168 (49.5)	61 (18.0)	73 (21.4)	8 (2.5)	29 (8.7)	3.97 (1.262)
I experience difficulty in getting an erection	23 (6.8)	22 (6.5)	88 (26.0)	53(15.5)	153 (45.2)	3.86 (1.253)
I experience difficulty in sustaining an erection	22 (6.5)	25 (7.4)	94 (27.6)	50(14.9)	148 (43.7)	3.82 (1.251)
I have easy secretion for lubrication	53 (15.5)	60 (17.7)	108 (31.9)	29 (8.7)	89 (26.3)	2.87 (1.387)
I experience an inability to return to a non-stimulated state without orgasm	22 (6.5)	28 (8.4)	131 (38.7)	41(12.1)	117 (34.4)	3.59 (1.221)
I am easily aroused by a particular stimulus from the opposite sex	72 (21.4)	55 (16.1)	128 (37.8)	40 (11.8)	44 (13.0)	3.21 (1.270)
I don't get sexually aroused by any stimuli	36 (10.5)	27 (8.1)	111 (32.8)	70 (20.7)	95 (27.9)	3.47 (1.267)
Orgasm Satisfaction						
I have an easy orgasm	108 (31.9)	75 (22.0)	111 (32.8)	22 (6.5)	23 (6.8)	3.66 (1.186)
I have a satisfying orgasm	111 (32.8)	112 (33.1)	83 (24.5)	16 (4.6)	17 (5.0)	3.84 (1.088)
I have satisfying intercourse	155 (45.8)	87 (25.7)	70 (20.7)	10 (2.8)	17 (5.0)	4.05 (1.107)
I feel excited during sexual intercourse	144 (42.4)	95 (27.9)	77 (22.6)	9 (2.8)	14 (4.3)	4.01 (1.075)
Sexual Dysfunction Domain						
I experience pain during sexual intercourse	15 (4.3)	24 (7.1)	66 (19.5)	37 (10.8)	197 (58.2)	4.11 (1.201)
I experience immediate ejaculation	19 (5.6)	42 (12.4)	100 (29.4)	53 (15.8)	125 (36.8)	3.66 (1.244)
I experienced an orgasm more quickly	33 (9.6)	59 (17.3)	89 (26.3)	46 (13.6)	112 (33.1)	3.43 (1.355)
I do not experience ejaculation during sexual intercourse	25 (7.4)	21 (6.2)	49 (14.6)	31 (9.0)	213 (62.9)	4.14 (1.295)
I am violent during sexual intercourse	14 (4.0)	21 (6.2)	47 (13.9)	17 (5.0)	240 (70.9)	4.33 (1.165)
I experience loss of libido during sexual intercourse	16 (4.6)	17 (5.0)	73 (21.7)	35 (10.2)	198 (58.5)	4.13 (1.185)
I feel anxious during sexual intercourse	25 (7.4)	54 (15.8)	98 (28.8)	33 (9.9)	129 (38.1)	3.55 (1.333)

understanding by respondents. All ambiguous and unsuitable items detected in the pilot study were appropriately amended. The overall Cronbach's alpha value for the questionnaire used in this study is 0.85.

Two male research assistants were trained and recruited for the data collection. Data checks, profiling, cleansing, and validation was done simultaneously with the data collection process to ensure authenticity of data collected by the two research assistants. The data were collected using an interviewer-facilitated method. Entry into the community was obtained from community leaders and other basic community guards. Data collection was anonymous as no personally identifiable information on any study participant was recorded or retained, either directly or encrypted. The questionnaire also includes an introductory section that explains the purpose of the study, the freedom to choose to complete the questionnaire, and the guarantee that the anonymity of the respondents and the confidentiality of their responses will be maintained.

2.4 Ethical Considerations

Formal Ethical approval was obtained before the study commencement from the Ethics and Research Committee of the Ekiti State Ministry of Health, Ado Ekiti with approval number MOH/

EKHREC/EA/P/10. Written informed consent was obtained from all respondents through a detailed verbal presentation of the research goals and objectives before their recruitment and participation was voluntary.

2.5 Data Analysis

The univariate analysis described the variables using frequencies and percentages and data were presented in tables and charts. The bivariate level employed the use of Pearson correlation, independent sample t test and ANOVA to examine the association between some socio-demographic variables and sexual well-being and statistical significance was set at p-value <0.05 and <0.01. A multivariate linear logistic regression model was used to identify the predictors of sexual wellbeing, and predictors of each domain of the sexual wellbeing. Data analyses were performed using IBM SPSS Version 26.

2.6 Data Availability Statement

The study data are openly available on the Open Science Framework (OSF) at:

<https://osf.io/dbrhv/?viewonly=a6b5b287b2a34c8898f7e3c344ac48af>

3. RESULT

A total of 339 respondents participated in the study. This was

made up of representative samples from twelve different communities in the state. The response rate was 100%. As shown in Table 1, the mean age of the respondents was 37.2 ± 10.64 , and 58.3% fell within the age group of 45–65 years. The majority (66.7%) of the respondents had a B.Sc. degree, and just below average (41.7%) of the study respondents were civil servants. Also, more than half of the respondents were Christians, the majority were married, and all the respondents were Yoruba. The median income of the respondents was ₦40,000. Also, the average driving distance from the nearest government hospital to the respondents' office and home was 15.42 minutes \pm 11.74 minutes and 21.58 minutes \pm 15.28 minutes, respectively.

3.1 Reported Sexual Well-being of Men

Table 2 revealed that the majority (97.2%) of the respondents had emotional closeness with their spouse, while sexual intimacy was the least experienced (92.6%) in the interpersonal domain. The table further revealed that the majority (94.1%) of the respondents had an interest in having sex, while sexual satisfaction from every sexual interaction was the least experienced (87.6%) in the cognitive-emotional domain. In the physical arousal domain, above average (54.8%) of the respondents experienced difficulty getting an erection, 56.3% of the respondents had difficulty sustaining an erection, and a small percentage (13%) of the respondents did not get easily aroused by a particular stimulus from the opposite sex. The majority (93.2%) of the respondents had easy orgasms, while 95.7% of the respondents felt excited during sexual intercourse in the orgasm satisfaction domain. A small percentage (29.1%) of the respondents are violent during sexual intercourse, while a good percentage (66.9%) experienced orgasm more quickly than expected, and just below average (41.5%) of the respondents experienced loss of libido during sexual intercourse in the sexual dysfunction domain.

Figure 2 illustrates the five domains of respondents' level of sexual and reproductive well-being. The median value of the interpersonal domain is 84% (IQR = 96–72). The median value of the cognitive-emotional domain is 70% (IQR = 76–60). The median value of the physical arousal domain is 68% (IQR = 78–58). The median value of the orgasm satisfaction domain is 80% (IQR = 96–64). The median value of the sexual dysfunction domain is 77% (IQR = 94–69). From the above graph, it can be said that the highest sexual and reproductive well-being experienced by respondents is in the interpersonal domain, while the lowest is in the physical arousal domain, followed by the cognitive domain.

Above average, 52.3% (177) of the respondents have good sexual

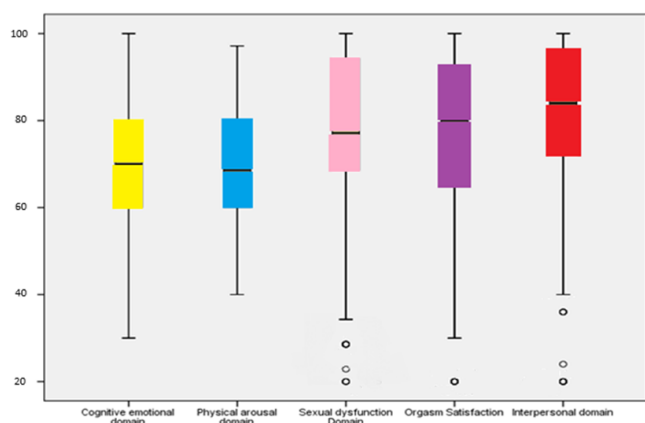


Figure 2: Box Plot Showing The Summary Of Respondents 'Level of Sexual Well-Being In The Study Settings

well-being, while 47.7% (162) of the respondents have poor sexual well-being

3.2 Predictors of Sexual Well-being:

The result of multivariate analysis of predictors of sexual wellbeing are shown in Table 3. Number of wives, being married in marital status and, being civil servant and petty trader in occupation predict sexual wellbeing with statistical significance.

3.3 Predictors of Each Sexual Well-being Domain

Table 4 illustrates the result of multivariate analysis of predictors of each of the sexual wellbeing domains. Being married or widowed in marital status and being senior civil servant or driver in occupation predicts cognitive-emotional wellbeing. Religion and having secondary or tertiary level of education predict physical arousal domain of sexual well-being. Cohabiting and being married in marital status, and being civil servant or driver form of occupation predicts orgasm satisfaction domain of sexual wellbeing. Religion, having secondary or tertiary level of education, and being civil servant or petty trader form of occupation predict sexual dysfunction domain of sexual wellbeing with statistical significance.

4. DISCUSSION

Sexual wellbeing is crucial to overall health and quality of life. This study looked at the reported level of sexual wellbeing and its predictors among men in selected communities of Ekiti state, Nigeria. Our findings revealed that 52.3% of the respondents reported having good sexual well-being. We also discovered that experiences within each domain of sexual wellbeing vary, with fewer than average number of respondents reporting the occurrence of violence and libido loss during sexual activity. In our study, having a certain number of spouses, being married, and working in a particular field (petty merchant and civil servant) were all predictive of sexual wellbeing.

Our findings suggest that the level of sexual wellbeing among men is low, which may result in reduced quality of life and negatively influencing the overall health and emotional well-being of individuals. Low level of sexual wellbeing of men may negatively affect their economic status, marital stability, and the health of women, children, and families in general. Furthermore, the state's productivity will suffer from the effects of the active working population who are distracted by sexual well-being challenges. It will impose an additional burden on the health system, which is primarily funded by out-of-pocket expenditures.

Socio-Demographic Data of the Respondents

The distribution of the respondents by age revealed that all fall within the sexually active age range, i.e., young and middle-aged adults (18 through 65) with a mean age of 37.2 ± 10.64 . This mean age is consistent with the age group associated with intimacy and generativity as classified by Erik Erikson's stages of the life cycle. These stages are characterized by intimate relationships, work connections, and the ability to create and care for what has been created by the relationship⁽¹³⁾. It is also consistent with the Nigeria Demographic Health Survey 2018, which shows that the median age at first sexual intercourse is 21.7 years¹⁴. However, this age limit is at variance with studies that show the age of sexual debut to be less than or equal to 12 years^{15,16}. Therefore, this age group is essential in planning sexual and reproductive health care for men.

The findings of this study further showed that the majority of the

Table 3: Predictors of Sexual Well-Being in the Logistic Regression Model

Variable	Adjusted Odds Ratio (95% C.I.)	P-value
Number Of Wives	3.66 (0.780 – 6.552)	0.013*
Marital Status (Ref: Single)		
Cohabiting	-7.995 (-21.012 - 5.022)	0.228
Married	4.397 (1.009 – 7.785)	0.011*
Widower	19.550 (-0.870 – 39.970)	0.061
Separated	-15.885 (-32.585 – 0.815)	0.062
Divorced	-9.128 (-29.636 – 11.380)	0.382
Occupation (Ref: Junior CS)		
Senior CS	5.376 (2.202 – 8.549)	<0.001*
Petty Trader	-6.604 (-12.702 - 0.505)	0.034*
Artisan	-3.546 (-7.911 – 0.819)	0.111
Driver	-3.089 (-7.330 – 1.152)	0.153

CS: Civil Servant

respondents are married and are in monogamous relationships. Marital status in the study setting depicts diverse connotations to the respondents of this study according to the Statutory Marriage Act of the Federal Republic of Nigeria, 1990. The act applies to religious and customary marriages. Respondents cohabiting with their partner (with or without children as products of the couple) perceived themselves to be married.

Sexual Wellbeing at Each of the Five Domains

Our study reveals that a high percentage of respondents express an interest in having sex which could be indicative of a strong desire for sexual activity within the surveyed population. However, the study further reveals that there is a lower level of satisfaction in the cognitive-emotional domain, implying that the emotional and psychological aspects of sexual experiences may be less fulfilling for a significant portion of the respondents. A similar study carried out in Asian countries reported low levels of satisfaction with sexual function¹⁸

In the physical arousal domain, this study shows that a small percentage (13%) of respondents report not getting easily aroused by any particular stimuli from the opposite sex. This might suggest variations in individual responsiveness to sexual stimuli. Also, more than half of the respondents' report experiencing difficulty in achieving an erection and a similar percentage of respondents face challenges in maintaining an erection. This is indicative of sexual dysfunction as reported in a previous study¹⁹ that erectile dysfunction (ED) and premature ejaculation are the two most common complaints. Another study reported that a higher percentage of men (65%) were not delighted with their erection hardness²⁰. This could be associated with various factors such as stress, anxiety, or physical health issues and may indicate potential challenges related to physical arousal and erectile function. Also, considering the context of the study and the characteristics of the surveyed population, it could, however, be attributed to the patronage of traditional herb and medicine stores by the respondents, whose predominant medications are titillating stimulants as revealed in a previous study of same settings¹¹.

The overwhelmingly high percentage of respondents feeling excited during sexual intercourse is a positive indicator of emotional engagement and arousal. This suggests that the emotional and psychological aspects of sexual encounters are generally fulfilling for the vast majority of the surveyed individuals. A similar percent-

age of respondents reporting easy orgasm suggests that a significant majority of individuals in the surveyed population find it relatively easy to achieve sexual climax. This could be indicative of a generally positive sexual experience for the majority. A substantial percentage of respondents experiencing orgasm more quickly than expected may indicate a variety of factors, such as heightened arousal, efficient sexual communication, or individual differences in sexual response. This finding suggests diversity in the duration of sexual experiences within the surveyed population.

The presence of violence during sexual intercourse, as reported by nearly a third of the respondents, raises concerns. This could be an important area for further investigation to understand the nature and context of the reported violence. It may involve consensual bondage, dominance/discipline, submission or sadism, and masochism (BDSM) practices or potentially indicate problematic dynamics that need attention. The percentage of respondents experiencing a loss of libido during sexual intercourse, while below average, still represents a considerable portion of the surveyed population. This could be attributed to various factors, including stress, relationship issues, or underlying health conditions. Further exploration of the reasons behind this phenomenon is warranted.

These results may have implications for sexual health education and counselling, as addressing concerns related to violence, quick orgasm, or loss of libido may contribute to promoting healthier and more satisfying sexual experiences for individuals within the studied group.

The median values generally indicate a moderate to high level of satisfaction across the different domains, suggesting that, on average, the surveyed population reports positive sexual experiences. The interquartile ranges reveal variability in experiences within each domain, emphasizing that individual differences play a significant role in shaping sexual satisfaction and experiences. Understanding the specific factors contributing to the variability within each domain requires further investigation, potentially through qualitative research or targeted surveys. These findings provide a broad overview of the sexual experiences of the surveyed population, emphasizing the importance of considering multiple dimensions when assessing sexual satisfaction and functioning.

The finding that 52.3% of the respondents' report having good sexual well-being while 47.7% report poor sexual well-being provides important insights into the overall state of sexual health within the surveyed population. A range of factors could contribute to the reported levels which may include individual factors such as physical health, mental health, relationship dynamics, communication, cultural influences, and personal preferences. Understanding the specific factors contributing to good or poor sexual well-being would require additional research.

Predictors of Sexual Wellbeing

Being married in marital status and, being civil servant and petty trader in occupation predict sexual wellbeing with statistical significance. The significance marital status, and specific occupations (civil servant and petty trader) implies that these factors independently contribute to predicting sexual wellbeing when controlling for other variables. Our study shows significance of number of wives across in the analysis. This suggests that polygamous relationships (having multiple wives) may have a distinct impact on sexual wellbeing, possibly due to social dynamics, relationship

Table 4: Predictors Of Sexual Well-Being By The Five Domains In The Logistic Regression Model

Variable	Adjusted Odds Ratio (95% C.I.)	P-Value
Cognitive Emotional Domain		
Marital Status (Ref: Single)		
Cohabiting	-1.226 (-3.711 – 1.258)	0.332
Married	0.967 (0.323 – 1.611)	0.003*
Widower	4.822 (0.943 – 8.702)	0.015*
Separated	-0.209 (-3.411 – 2.992)	0.898
Divorced	-0.712 (-4.627 – 3.203)	0.721
Occupation (Ref: Junior CS)		
Senior CS	1.066 (0.461 – 1.670)	<0.001*
Petty Trader	-0.854 (-2.022 – 0.313)	0.151
Artisan	-0.385 (-1.219 – 0.450)	0.365
Driver	-0.877 (-1.683 – -0.072)	0.033*
Physical Arousal Domain		
Religion	-1.712 (-3.278 - -0.145)	0.032*
Level of Education (Ref: None)		
Primary	0.414 (-2.452 – 3.280)	0.776
Secondary	-2.124 (-3.424 - -0.824)	0.001*
Tertiary	1.533 (0.327 – 2.739)	0.013*
Orgasm Satisfaction Domain		
Marital Status (Ref: Single)		
Cohabiting	-3.613 (-6.893 - -0.333)	0.031*
Married	1.071 (0.212 – 1.929)	0.015*
Widower	3.967 (-1.214 – 9.148)	0.133
Separated	-0.899 (-5.149 – 3.352)	0.678
Divorced	-3.076 (-8.264 – 2.112)	0.244
Occupation (Ref: Junior CS)		
Senior CS	1.105 (0.297 – 1.913)	0.008*
Petty Trader	-0.692 (-2.245 – 0.861)	0.381
Artisan	-0.641 (-1.749 – 0.466)	0.255
Driver	-1.473 (-2.539 - -0.408)	0.007*
Sexual Dysfunction Domain		
Religion	-3.148 (-5.382 - -0.915)	0.006*
Level of Education (Ref: None)		
Primary	-0.674 (-4.780 – 3.432)	0.747
Secondary	-2.836 (-4.702 - -0.969)	0.003*
Tertiary	2.738 (1.020 – 4.457)	0.002*
Occupation (Ref: Junior CS)		
Senior CS	2.173 (0.767 – 3.578)	0.003*
Petty Trader	-2.902 (-5.595 - -0.209)	0.035*
Artisan	-1.383 (-3.313 – 0.546)	0.159
Driver	-0.405 (-2.284 – 1.473)	0.671

CS: *Civil Servant*

quality, or other factors. This is different from a previous study that shows that a negative association between total lifetime sexual partnerships and exposure to good welfare. In a study among the Asian men¹⁸, multiple partners was negatively associated with relational satisfaction but had a positive association with the importance of sex in one's life. However, a study carried out among Turkish men shows polygamous men had higher erectile function and lower depression scores than monogamous men²¹. The differences in these findings might be due to cultural differences in the different settings as regards family practices. In our study, being married significantly predicts sexual wellbeing, indicating that the stability and nature of marital relationships are important factors in sexual satisfaction and wellbeing.

Predictors of Each Domain of Sexual Wellbeing

Assessing the predictors of each of the domains of sexual wellbeing. The predictors of cognitive-emotional domain of sexual wellbeing as shown in our study are being married, and surprisingly, being widowed. This implies that the emotional and psychological dimensions of sexual wellbeing may be closely tied to one's marital status. Married individuals might experience greater emotional security, intimacy, and support from their partners, while the widowers might experience quality social support networks, adaptation to being single or considering new relationships which can positively impact their cognitive and emotional responses to sexual wellbeing. Occupation influencing cognitive-emotional domain of sexual well-being indicates that professional roles and associated stress levels may affect how individuals perceive and experience sexual wellbeing. Differences in occupational stress, work-life balance, and job satisfaction could influence emotional and cognitive responses related to sexual wellbeing.

In our study, religion and higher education predicting physical arousal suggest as revealed in previous study that religious beliefs and practices may affect how individuals perceive and engage in sexual relationships²². Religious beliefs and educational attainment may influence physiological responses to sexual stimuli. Education might contribute to a better understanding of sexual health and physiology, while religious beliefs could influence attitudes towards sexual arousal and pleasure.

Cohabiting and being married influencing orgasm satisfaction highlights the role of relationship status in sexual pleasure and satisfaction. The stability, trust, and intimacy typically associated with committed relationships may contribute to higher levels of orgasm satisfaction. Meanwhile, occupation (civil servant or driver) influencing this domain could be linked to factors such as stress levels, physical health, and time availability affecting sexual experiences

Religion, higher education, and certain occupations predicting sexual dysfunction suggests that these factors may contribute to or protect against issues related to sexual functioning. Religious teachings and values, educational attainment affecting health knowledge, and occupational stress impacting physical and mental health could all influence the prevalence of sexual dysfunction. Overall, these findings underscore the complex interplay of personal, relational, and societal factors in shaping sexual well-being. Understanding these influences can inform interventions and support strategies aimed at improving sexual health outcomes across diverse populations.

4.1 Conclusion

The study provides valuable insights into sexual wellbeing among men in Ekiti state, Nigeria, uncovers a strong desire for sexual activity among respondents yet reveals a notable deficiency in cognitive-emotional satisfaction. Physical arousal challenges, and a third reporting violence and a notable loss of libido highlights the need for further research and targeted interventions to improve sexual health outcomes and overall quality of life in this population. Addressing the predictors identified, such as marital status, number of spouses, and occupational factors, could lead to more effective strategies for promoting sexual wellbeing and holistic health.

4.2 Study Limitation

The sensitivity of the subject matter and gender-based constraints

might have limited the sincerity of the information, as well as made some men withhold some information. However, the use of male research assistants who fell within the same age category as the respondents served as a check to overcome insincerity and hoarding of information.

The paucity of documented published literature on this topic limited the in-depth review that could offer a direction to the study in terms of empirical evidence relating to the topic and previous methodology used in studying it.

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Author's Contribution

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Conflicts of Interest

The authors declare that there is no financial or personal relationship(s) that may have inappropriately influenced in writing this paper.

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