

Original Research Article

Influence of Psycho-Demographic Factors on Sexual Dysfunction among People Living with Disabilities

Abstract

Background: Nigeria has roughly 12 million citizens living with disabilities. Prevalent social stigmas often discriminate against their social, physical and psychological well-being which directly or indirectly affects their sexual life. This study aimed to assess the influence of psycho-demographic factors on the sexual life of people living with disabilities.

Methods: The study was carried out among 79 subjects 18 years old and above at the Rehabilitation Centre Moniya. The study was ex post facto research study. Purposive and snowball sampling techniques were used for the study. Data were analyzed using SPSS version 21.

Results: Young subjects and male participants had higher meanscores ($x=21.94$) on the sexual dysfunction scale than female participants. Physically disabled participants had higher means ($x=22.21$) on the sexual dysfunction scale than deaf/dumb participants. Age, gender, type of disability and religion statistically predicted sexual dysfunction among subjects. Also, self-esteem and self-efficacy influence sexual dysfunction among physically disabled and deaf/dumb individuals.

Conclusion: Age, gender and nature of disability influence the sexual life of people living with disabilities. Moreover, sexual dysfunction reduces with an increase in self-esteem and self-efficacy.

Keywords: Disabilities, psycho-demography, sexual dysfunction

Introduction

The common perception is that people with disability issues are viewed in terms of charity and welfare only. This viewpoint is a significant, entrenched factor that seriously militates against their social inclusion within the country. People with physical disabilities in Nigeria have a heavy psychological burden due to social deprivations coupled with their struggle for economic survival.¹

Prevalent social stigmas often discriminate against the population with disability, some local ancient mythology has it that this set of people are social outcasts serving retribution for offenses of their forefathers, including the commonly held erroneous perception that they are asexual creatures and that sexual behavior is inappropriate for them to engage in.^{2,3}

People who have physical impairments may find themselves rejected by other members of society because of their atypical bodies or facial features despite the fact that they have the same body composition as non-disabled individuals, the lack of research and literature devoted to sexual health and reproductive needs of individuals living with disability reinforces social perceptions that persons in the disabled community do not have sexual activity or sexual health needs. Shakespeare,⁴ notes that people living with disability in general, are often discouraged from an early age from discussing matters of a sexual nature, with the misplaced assumption that they are asexual. They conclude that individuals with disabilities are often denied sexual relationships not because of biology, but social, political and economic barriers.

Also, individuals with a disability are more likely to perceive themselves as sexually unattractive and sexually inadequate which tends to lead to low levels of sexual confidence.^{5,6} Other factors that can influence sexual dysfunction include gender, type of disability and age. One of the predominant variables in determining sexual dysfunction in the intimate relationships of disabled adults is the type of disability.⁷ Another study observed that people with disabilities reported lower self-esteem and higher levels of sexual depression compared to non-disabled persons.⁸

People with more severe physical impairments experienced significantly lower levels of sexual esteem and sexual satisfaction.⁸ Another study found that severely disabled persons reported less satisfaction with their bodies and were found to have lower levels of body esteem.⁹

Therefore, this study aimed to assess the influence of psycho-demographic factors and sexual dysfunction in people living with disabilities.

Methodology

Study Design

The first part of this study was an ex post facto research study because the events that was observed which is the influence of psycho-demographic factors, had already taken place. The independent variables in this part of the study were psycho-demographic factors. The dependent variable is sexual dysfunction.

Study population

The study was carried out among 79 subjects 18 years and above at the Rehabilitation Centre Moniya among those who are either physically disabled or deaf/dumb.

Instruments

Psychometric properties of the research instrument

The research tool for data collection was a structured questionnaire in 5 sections.

Section A: This section of the questionnaire contains items measuring the demographic variables of the participants.

Section B: A 20-item scale that measures a participant's self-esteem at a given point in time. The 20 items are subdivided into 3 components of self-esteem: (1) performance self-esteem, social self-esteem, and appearance self-esteem. All items are answered using a 5-point scale (1= not at all, 2= a little bit, 3= somewhat, 4= very much, 5= extremely).

Section C: This section consists of items measuring self-efficacy. The General Self-Efficacy Scale is a 10-item psychometric scale that is designed to assess optimistic self-beliefs to cope with a variety of difficult demands in life. The scale has been originally developed in German by Matthias Jerusalem and Ralf Schwarzer in 1981 and has been used in many studies. The scale can be used on both adolescents and adults.

Rating Scale: 1 = Not at all true 2 = Hardly true 3 = Moderately true 4 = Exactly true.

Section D: This section of the questionnaire consists of items measuring various aspects of sexual dysfunction.

Section E: This section consists of items measuring sexual satisfaction.

Procedure

Purposive and snowball sampling techniques were used for the study. Informed consent was sought from the participant. Self-administered questionnaires were distributed following a proper explanation of the study objective. Utmost confidentiality was ensured.

Data Analysis

After all the data collected at the fieldwork were collated, they were coded and analysis was done using Statistical Package for the Social Science (SPSS) version 21. The statistical methods that were used in this analysis were means, standard deviation, percentages, t-test for independent groups, analysis of variance (ANOVA), multiple classification analysis (MCA) and multiple regression. All the analyses were done at 0.05 level of significance.

Results

Table I reveals that young participants had higher means 21.72 ($x=21.72$) on the sexual dysfunction scale. Also, male participants had higher means 21.94 ($x=21.94$) on the sexual dysfunction scale than female participants whose mean score on the sexual function scale was 21.49 ($X = 21.49$).

It was also observed that physically disabled participants had higher means 22.21 ($x=22.21$) on the sexual dysfunction scale than deaf/dumb participants whose mean score on the sexual function scale was 21.17 ($X = 21.17$).

Table I: Influence of demographic factors on sexual dysfunction

Variables	N	%	Mean (X)	SD
Age group				
Young	47	59.5	21.72	5.14
Old	32	40.5	21.59	5.38
Total	79	100%	21.67	5.20
Gender				
Male	32	40.5	21.94	4.78
Female	47	59.5	21.49	5.52
Total	79	100%	21.67	5.20
Type of disability				
Physical disability	38	48.1	22.21	6.23
Deaf/dumb	41	51.9	21.17	4.05
Total	79	100%	21.67	5.20

Table II shows that young male participants who are physically disabled were identified to have higher sexual dysfunction with a mean score of 24.75 ($X = 24.75$) on the sexual dysfunction scale than young male participants who are deaf/dumb whose mean score on sexual dysfunction scale was 21.00 ($X = 21.00$). Also, young female participants who are deaf/dumb were identified to have high sexual dysfunction with a mean score of 22.00 ($X = 22.00$) on the sexual dysfunction scale than young female participants who are physically disabled whose mean score on sexual dysfunction scale was 19.83 ($X = 19.83$).

It could also be observed that old male participants who are deaf/dumb were identified to have high sexual dysfunction with a mean score of 21.50 ($X = 21.50$) on the sexual dysfunction scale than old male participants who are physically disabled whose mean score on sexual dysfunction scale was 20.67 ($X = 20.67$).

Table II: Sexual dysfunction and type of disability in relation to age and gender

Age group	Gender	Type of disability	Interaction	X	SD	N	Ranking
Young	Male	Physical disabled	YMP	24.75	2.31	8	1 st
		Deaf/dumb	YMD	21.00	6.04	8	5 th

Old	Female	Physical disabled	YFP	19.83	7.20	12	7 th
	Male	Deaf/dump	YFD	22.00	3.36	18	3 rd
		Physical disabled	OMP	20.67	5.22	9	6 th
	Female	Deaf/dump	OMD	21.50	3.83	6	4 th
		Physical disabled	OFP	24.67	7.19	9	2 nd
		Deaf/dump	OFD	19.25	2.82	8	8 th

N=79

Table III shows that age, gender, type of disability and religion statistically predicted sexual dysfunction among the surveyed subjects. The value of R square (R²) indicated this. The R² indicates the amount of contribution of the demographic variables to the prediction of the dependent variables. Thus, age is responsible for 13% of the variation in sexual dysfunction among the subjects in the survey study, while gender accounted for 17%, and type of disability is responsible for 36%. Religion did not yield any significant contribution to the predictability of sexual dysfunction.

Table III: Sexual dysfunction as predicted by age, gender, types of disability, and religion

Predictors variables	B	SE B	B	T	Sig	R	R ²	P
Age	-.10	.08	-.10	1.21	.002	.36	.13	<.01
Gender	-.59	1.25	-.59	.47	.046	.41	.17	<.05
Type of disability	-	1.31	-.15	1.22	.000	.59	.36	<.001
Religion	-	1.59	1.80	-.09	.74	.461	.18	N.S
		1.33						

Table IV reveals that psychological factors did not have a significant interaction effect as obtained in the study, but instead, a significant main effect.

Table IV: Interaction effect of self-esteem and self-efficacy on Sexual Dysfunction

Source	SS	DF	MS	F	P
Self Esteem	298.591	1	298.591	18.217	<.01
Self Efficacy	241.961	1	241.961	14.762	<.01
Self esteem * Self efficacy	11.004	1	11.004	.671	>.05
Error	1229.334	75	16.391		
Total	39212.000	79			

Discussion

This study investigated the influence of psycho-demographic factors and the efficacy of psycho-behavioral techniques on sexual dysfunction among disabled individuals. The first part of the study examined the influence of psycho-demographic factors, which was a survey study. The second part was a quasi-experimental study that measured the efficacy of psycho-behavioral techniques on sexual dysfunction of the disabled.

This study observed that the age of an individual with a disability could significantly influence sexual dysfunction. It was discovered that young people suffer more sexual dysfunction compared to old participants, this can be due to the fact that young people with disability are not properly equipped to cope with their various forms of disability in various aspects especially when it comes to their sexuality.

Many young disabled people have no experience of an independent social life and few opportunities to make friends: they spend most of their time with family or paid carers and have no independent access to so many things over which they have choice and control. Many young people who have significant communication impairments reach adulthood without proper assessment of their communication needs or concerted action to meet these needs. Young people with high levels of support needs, often move into residential or nursing care or rehabilitation home as they reach adulthood, and sometimes have little or no contact with young people their own age in order to express their fears and concern, especially in the area of sex. All these factors are likely reasons why young people suffer a higher level of sexual dysfunction as compared to the old ones who have learned to manage their sexuality over time.

There was a significant influence of gender on sexual dysfunction. This is in agreement with Taleporos and McCabe.⁸ Predictors of sexual satisfaction among disabled adults varied by gender. Among the physically disabled male subjects, it was discovered that they reported lower levels of both sexual activity and sexual satisfaction in comparison to females. As observed in this study where male participants scored higher on sexual dysfunction. In other words, male participants experience more sexual dysfunction compared to female participants. This can be due to the ability of a man to perform when it comes to sex is affected by a number of physical, psychological and social situations that men with disabilities encounter.

It was discovered that physically disabled participants had a high level of sexual dysfunction compared to deaf/dumb participants. Another study found that women and men with physical disabilities had greater sexual needs (such as needing assistance in maneuvering during sex) and fewer incidences of sexual experiences.¹⁰ The reason physically disabled participants were discovered to have scored higher on the sexual dysfunction scale as compared to deaf/dumb participants may be due to the numerous problems faced by individuals with physical impairments some of which includes poor muscle control, weakness and fatigue, difficulty talking, seeing, sensing or grasping (due to pain or weakness), difficulty reaching things, and difficulty doing complex or compound manipulations.

There was a significant interaction effect of demographic variables on sexual dysfunction among survey subjects. This means that age, gender, and type of disability jointly influence sexual dysfunction.

Moreso, self-esteem and self-efficacy does not jointly influence sexual dysfunction among the survey subjects, but each of the psychological factors independently produces an influence on sexual dysfunction. It is possible for an individual living with a disability to have high self-esteem but low self-efficacy, in other words, they are two different concepts and which do not jointly predict the level of sexual dysfunction but independently have various influences on the level of sexual dysfunction.

Some research has shown the correlations between sexual wellness (which includes sexual esteem and sexual satisfaction) and general self-esteem. A study observed that people with disabilities reported lower self-esteem and higher levels of sexual depression compared to non-disabled persons.¹⁰ Self-esteem in terms of sexuality determines how an individual interacts with the opposite sex, who an individual feels attracted to, the things an individual tries and what is been avoided.

When an individual has high self-esteem as a sexual man or sexual woman, the opposite sex is been attracted. When an individual has high sexual self-confidence as a sexual individual, he/she becomes self-assured, very relaxed, sensuous and better able to use the body as an intelligent channel for ideas, emotions, sexual interest and sexual desire. The individual can figure out how to get what is wanted out of life. When an individual has a strong self-efficacy, love lovemaking and sex is more enjoyable; the individual begins to enjoy making love for a much greater time because the innate sense of your sexual value is appreciated. Erotic yearnings, sexual feelings, libidinous desires, and sexual impulses connect an individual strongly with his or her sexual partner.

It was observed from this study that the theoretical models underlying sexual dysfunction including theories underlying the independent variables as discussed earlier could have an influence on the extent to which an individual with a disability can experience sexual dysfunction.

Conclusion

In conclusion, age and gender have an influence on sexual dysfunction, as young participants had a high level of sexual dysfunction compared to old participants and male participants have a high level of sexual dysfunction as compared to females. Also, self-esteem and self-efficacy influence sexual dysfunction among physically disabled and deaf/dumb individuals. As self-esteem and self-efficacy increases so also sexual dysfunction reduces.

Ethical Approval

Ethical approval was obtained from the Department of Psychology, University of Ibadan ethical board.

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