



Sexual Experiences of Nursing Students and Its Correlates at the University of Benin Teaching Hospital, Benin City, Nigeria

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Authors' contributions

This work was carried out in collaboration between both authors. Author ANO designed the study, wrote the protocol and collected the data. Author IOA performed the statistical analysis, managed the analysis of the study and managed the literature searches. Both authors read and approved the final manuscript.

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ABSTRACT

Background: The sexual experiences of individuals impacts on their psychological well-being. The study determined the sexual experiences of student nurses at the University of Benin Teaching Hospital (UBTH), as well as other factors which may be contributory to the enjoyment of their sexual experience and psychological health.

Methods: The Sexual Experience Inventory (SEI) and the Index of Self-Esteem (ISE) were administered on the final year nursing students at the University of Benin Teaching Hospital.

Results: One hundred and twenty nine (129) nursing students participated. All participants were females; 123 (95.3%) were single, 84% of them were aged 21 to 28 years. Eighty seven (67.4%) were sexually active.

The desire for sexual satisfaction and religious teachings were the factors which determined the frequency of sexual activities in 39.1% and 36.8% of the respondents respectively. Among the

sexually active, 47% had more than one sexual partner. The experience of orgasm was statistically related to the enjoyment of sexual activity ($\chi^2=12.08$, $p=0.00$) Circumcision was not found to be statistically important in the determination of sexual enjoyment in the respondents studied ($\chi^2=0.03$, $p=0.85$). Both circumcision and sexual enjoyment did not significantly affect self-esteem.

Conclusion: Over half of the students in this study were sexually active with first intercourse occurring early between 17 to 22 years. Achievement of orgasm was important for sexual satisfaction and enjoyment however, the presence or absence of orgasm and circumcision did not affect the self-esteem of the students.

Keywords: Sexual experience; self-esteem; circumcision; orgasm.

1. INTRODUCTION

Sexual experience is the totality of intimate relationship between partners. It has been documented that intimate relationships especially those resulting in sexual intercourse (sex) play a role that occupies a central position in the entirety of human experience [1]. It can positively or negatively affect the psychological health of an individual in the immediate period and on the long term. A good sexual experience results in better quality of life than those with bad experiences [2,3]. A lack of sexual satisfaction resulting in poor sexual experience is more common in women compared to men [4]. It has been reported that 15.2–50.4% of women are not satisfied with their sexual activity [5,6]. Women's sexual dissatisfaction influences their moods and has a significant relationship with depression and other psychiatric disorders and subsequently their daily performance [7]. Sexual experience is better in the setting of an intimate relationship [1]. In most settings, it involves two consenting adults of opposite gender. However, in recent times, there has been significant increase in sexual orientation involving people of the same gender with its attendant psychosocial implications. As individuals transit from the teenage period into adulthood, they tend to have increased interest in sexual activities. The extent to which the sexual interest is given expression is determined by the cultural and psychosocial background of the individual. Some individuals also experience sexual intercourse way before they willingly would have loved to be involved. Such experiences may shape the final lifelong outlook towards sex in the affected persons.

Several factors determine the enjoyment of sexual intercourse. Documented factors in literature include preconceived ideas about sex, achievement of orgasm, circumcision, previous rape and being in a marital relationship amongst other physical and health factors. Previous forceful, painful and unwilling sexual

relationships (rape) and circumcision, especially female circumcision, may result in a poor sexual experience while individuals who tend to achieve orgasm during sex end up enjoying their sexual experiences [8]. A negative sexual experience can inhibit enjoyment of future experiences and negatively affect the psychological health of the individual. The psychological health of individuals affects their emotional, social, physical and economic performance. Similarly, a good quality of life depends in part on a good emotional and psychological functioning.

In view of the foregoing, this study determined the sexual experiences of adults who are student nurses at the University of Benin Teaching Hospital (UBTH), as well as other factors which may be contributory to the enjoyment of their sexual experience and psychological health.

2. METHODOLOGY

The study was conducted at the University of Benin Teaching Hospital (UBTH), Benin City. The Basic Nursing School of the UBTH admits both male and female students; however, at the time of this study, all the students in the class selected were females. The school has three levels of students from year one to year three. Nursing students in the final class (year 3) at the Nursing School who were 18 years and above were recruited and consent for the study obtained. Ethical approval was obtained from the Ethics and Research Committee of the University of Benin Teaching Hospital, Benin City.

The instrument administered was the SEI and the ISE. Self-esteem can be evaluated globally or it might well be evaluated with respect to various domains or situation specific circumstances. The ISE scale can be used to obtain context-specific measures of client problems with respect to self-esteem [9]. The ISE scale was developed to measure the self-

evaluative aspect of self-esteem. Respondents rate 25 items on a seven point likert scale giving a total possible score of 100. The ISE scale is a validated tool and has two clinical cutting scores [10]. The first is a score of 30 and below. Individuals who score ≤ 30 , assuming accurate and candid responses, can be presumed to be free of a clinically significant problem in this area. Clients who score above 30 can be presumed to have a clinically significant problem in this area [9,11]. The second cutting score is 70. Clients who achieve scores this large or larger are nearly always experiencing severe distress. When distress reaches this level, there is a clear possibility that some form of violence could be considered or used in as a means of dealing with these problems [10].

A detailed explanation on how to fill the SEI and ISE was carried out and the students were then allowed to fill the instrument. Data collected was imputed into SPSS IBM version 20 and analyzed. Descriptive data was expressed as percentages while chi square statistics was used to determine the association between categorical data. Level of significance was set at $p < 0.05$.

3. RESULTS

A total of 129 nursing students filled the instrument. All the respondents were females with an age range of 18 to 34 years. The modal age was 24 years which represented 24% of the respondents, while majority (84%) of the respondents was from 21 to 28 years of age.

Table 1. Sociodemographic characteristics and factors determining frequency of sexual activity

Characteristics	Frequency (%)
Marital status	
Single	123(95.3)
Married	06(4.7)
Ethnicity	
Benin	57(44.2)
Esan	13(10.1)
Other Edo tribes	38(29.4)
Yoruba	04(3.1)
Igbo	08(6.2)
Other Nigerian tribes	09(7.0)
Age at first intercourse	
Never had sex	42(32.6)
≤ 10 years	02(1.5)
11-17 years	21(16.3)
≥ 18 years	64(49.6)
Factors determining frequency of sexual activity	
Desire for sex satisfaction	34(39.1)
General beliefs about abstinence	6(6.9)
Religious teachings	32(36.8)
Curiosity from stories and other experiences	6(6.9)
Family upbringing	9(10.3)

Table 2. Factors affecting enjoyment of sexual experiences

Characteristics	Sexual experience		χ^2	p-value
Marital status		1 partner	>1 partner	
Single	34(42.0)	47(58.0)		0.09*
Married	05(83.3)	01(1.70)		
Orgasm		Enjoyed	Not Enjoyed	
Achieved	69(92.0)	06(8.0)	12.02	0.00
Not achieved	06(50.0))	06(50.0)		
Circumcision		Enjoyed	Not Enjoyed	
Yes	37(56.9)	28(43.1)	0.03	0.85
No	12(54.5)	10(45.5)		

*Fishers exact test

Table 3. Relationship between selected factors and index of self-esteem score

Factors	Index of self-esteem		χ^2	p-value
	≤30	>30		
Circumcision				
Yes	47(72.3)	18(27.7)	0.06	0.80
No	44(68.8)	20(31.2)		
Sex enjoyment				
Yes	53(70.7)	22(29.3)	0.75*	
No	08(66.7)	04(33.3)		

*Fishers exact test

A total of 95.3% of the respondents were single while 4.7% of the respondents were married. Similarly, majority (98.4%) of respondents are Christians and 44.2% were of the Bini ethnic group (Table 1). Eighty seven (67.4%) were sexually active while 42 (32.6%) were not. The majority of the respondents (65.8%) achieved menarche between the ages of 13 and 15.

The sexually active among the respondents were 87 accounting for 67.4%. Over half 44 (50.6%) of those who have had sexual experiences had their first sexual experience between the ages of 17-22 years. The factors which determine the frequency of sexual activity are shown in Table 1. The desire for sexual satisfaction and religious teachings account for 34 (39.1%) and 32 (36.8%) respectively.

3.1 Factors Affecting Enjoyment of Sexual Experiences

Of the 81 single respondents who have had sexual experiences, 47% have more than one sexual partner while one (1.7%) of married respondents have more than one single sexual partner.

($\chi^2=1.920$, $p=0.218$) Table 2

Findings showed that of 75 respondents who achieve orgasm during sexual intercourse 69 (92%) enjoyed sex, while 6 (8%) did not enjoy sex in spite of the experience of orgasm. The experience of orgasm was statistically related to the enjoyment of sexual activity ($\chi^2=12.08$, $p=0.00$).

Of 129 respondents, 65 (50.4%) were circumcised. Thirty seven (56.9%) of those who were circumcised enjoyed sex while 12 (54.5%) of those who were uncircumcised enjoyed sex. Circumcision was not found to be statistically important in the determination of sexual enjoyment in the respondents studied ($\chi^2= 0.03$, $p=0.85$).

3.2 Factors Affecting Self Esteem (ISE Score)

Among the circumcised, 47 (72.3%) had an ISE Score of ≤30 while 18 (27.7%) had an ISE Score of >30. Circumcision did not significantly affect self-esteem. ($\chi^2= 0.06$ $p= 0.80$). Similarly, enjoyment of sex did not significantly affect self-esteem of respondents ($F= 0.75$) Table 3.

4. DISCUSSION

Sex and sexuality are core concepts in human existence. Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction [12]. Individuals experience sex in different ways, times and for various reasons. The experience can be a willing and possibly enjoyable or may be a forceful, unwilling and painful experience leaving a wounded heart and a lifetime of bad memories.

All the respondents in this study were females as the nursing profession is a female dominated profession. Majority of respondents were single [13]. Over half of those who have had sexual experience had sex between 17-22 years. Also, from this study, over 65% of the single ladies have had sexual intercourse. More than half of those who were single have more than one sexual partner. The experience of sex is thought to occur culturally in the setting of marriage. However, in recent times, sex occurs as much outside marriage as it does in marriage. Early sexual debut is occurring at an increasing rate in Nigeria especially among women and globally [14,15]. The Walsh study from 2011 buttressed the fact that there is an increasing early sexual debut. It reported that 32.8% of students had engaged in sex before 9th grade (high school), 64.6% of students by 12th grade and over 30% of youths engage in first intercourse after turning 19 years [16]. Being in the marriage relationship, however, portends the picture of being able to

stay with one sexual partner as seen from this study with over 80% of married ladies having a single sexual partner. This is not surprising as the marriage union is culturally acceptable, provides ready availability of a sexual partner and involves most of the time, commitment to the partner. Hence, having other sexual partners outside of marriage is often seen as disregard for the marriage vows and adultery. However, having more than one sexual partner is not an uncommon occurrence. Kasamba et al. in Uganda reported that participants who were married in a monogamous setting reported having two or more number of sexual partners in their setting [17].

Several factors have been documented as determinants of sexual activity. Individuals engage in sex for various reasons. Some factors documented in the literature include desire to conceive, the age of partners, education, race, and rotating shift work as well as men's exercise and mental health [18]. It is interesting to note that the desire for sexual satisfaction top the list of the factors determining the frequency of sex among the sexually active nursing students, closely followed by religious teachings of the respondents. Sex is an instinctual activity driven by libido. Thus, it is not surprising that the desire for sexual satisfaction is an important determinant of sexual activity. In this study, the experience of orgasm determined sexual enjoyment. Orgasm is defined as the climax of sexual excitement, characterized by intensely pleasurable feelings centered mainly in the genitals and in men usually accompanied by ejaculation [19]. Respondents in this study who achieved orgasm reported that they enjoyed sex and had sexual satisfaction. This finding is in keeping with the assertion made by Armstrong et al. [8] in 2012. This article investigates orgasm and sexual enjoyment in hookup and relationship sex among heterosexual women college students. On the contrary, some researchers do not regard orgasm as an important aspect of sexual enjoyment [20,21]. The quality of the relationship between a male and a female has been found to affects sexual enjoyment in both gender. Others have reported emotional factors as important for women's sexual response. Some research focuses on relationship quality [22] while other focuses on commitment [8].

The study showed that female circumcision was not an important determinant of sexual enjoyment and satisfaction among the respondents. Various studies have reported

different findings on this subject. The findings in this study is in keeping with what was documented in a study on sexual pleasure after female genital mutilation documented by the World Health Organization (WHO) where 86%, of women who had experienced different types of Female Genital Mutilation (FGM) reported an orgasm [23]. However, other studies showed that women with FGM were twice as likely to report lack of sexual appetite and 52% more likely to report pain when engaging in sexual intercourse when compared with women without FGM. One out of every three women reported reduced sexual stimulation [24-26].

The ISE scale was designed to measure the degree, severity and magnitude of problem a client has with self-esteem [9]. Low self-esteem have been linked to sexual problems and could result in depression and other psychosocial dysfunctioning. Female circumcision (FGM) was not found to be statistically important in determining the self-esteem in the respondents in this study. In other studies, FGM was said to go with a feeling of low self-esteem. It has been documented that feelings that suggest low self-esteem such as feelings of shame and betrayal may come up when women leave the culture that practices FGM and go to another locality where the culture does not support FGM, particularly when they discover that having had circumcision is not the norm acceptable everywhere. However, when such ladies are in their own culture where FGM is acceptable, they tend to be more comfortable and view FGM with pride, though painful. In such an environment, female circumcision is considered a sign of beauty, respect for tradition, chastity and hygiene [27]. In the Nigerian society, there are still a few cultures where female circumcision is practiced. This may explain why the circumcision of the females in this study was still rampant although, this did not significantly affect their self-esteem.

The self-esteem of the sexually active students in this study was not associated with sexual enjoyment and achievement of orgasm. Irrespective of the presence or absence of sexual enjoyment or satisfaction, the respondents had good ISE. This finding seem divergent to what would be thought that poor sexual satisfaction may result in low self-esteem and vice versa. A good self-esteem is believed to lead to better sexual enjoyment, satisfaction and also multiple sexual activity and partners especially in men [28]. It may thus be implied from this study that other factors contributed to the development of

self-esteem in the respondents other than sexual enjoyment, thus giving a good outcome in the respondents. This is in keeping with some other findings that the relationship between self-esteem and sexual enjoyment in the female is an inverse relationship. This means that a woman who experiences sexual fulfillment is more likely to have an improved self-esteem. This is not usually the case for the male subjects. A good level of self-esteem in the males leads to a better sexual enjoyment [29].

This study is limited by the fact that the class studied had only female students, hence, sexual experiences of male nursing students could be not be assessed.

5. CONCLUSION

Over half of the students in this study were sexually active with first intercourse occurring early between 17 to 22 years. The presence or absence of orgasm and circumcision did not significantly affect the self-esteem of the participants.

6. RECOMMENDATION

Further in-depth evaluation of sex patterns and sexuality in this group of students needs to be explored and how it affects their psychological health with regards to specific psychiatric or psychological conditions.

CONSENT

As per international standard or university standard, patient's written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

Ethical approval was obtained from the Ethics and Research Committee of the University of Benin Teaching Hospital, Benin City.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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