
Age and Religious Devotion as Predisposing Factors of Female Orgasmic Disorder in a Sample of Jos-North Women

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ABSTRACT

Background

Sexual satisfaction among sexually active individuals is altered by presence of sexual dysfunction among both men and women.

Aim

This study aims at determining how age and religious devotion predicts female orgasmic disorder in a sample of Jos-North women.

Method

Cross-sectional design is utilized in this study; participants of interest were recruited using purposive sampling technique.

Result

The total of 119 samples of Jos-North women participated in this cross-sectional study. Three hypotheses were tested, result of the first hypothesis revealed a significant effect of religious devotion on female orgasmic disorder, $F(1,115) = 9.999, p = 0.002 (p < 0.05)$ (table 2); with female orgasmic disorder mean score of 1.868 for those with low religious devotion and 1.603 for those with high religious devotion. Furthermore, result of the second hypothesis did not reveal significant effect of age on female orgasmic disorder, $F(1, 115) = 279, p = 0.279 (p > 0.05)$ (table 2); with female orgasmic mean score of 1.757 for older women and 1.713 for younger women. Also, significant interaction effect between religious devotion and age on female orgasmic disorder was not found, $F(1,115) = 0.185, p = 0.667 (p > 0.05)$; with mean female orgasmic score of 1.864, 1.872, 1.563 and 1.643 respectively.

Conclusion

Authors conclude that, religious institution and family unit with strict orientation towards sexuality need to be revamped, so they could consciously guide their wards to prevent occurrence of female orgasmic disorder.

Keywords: age, religious devotion, female orgasmic disorder, Jos, women

INTRODUCTION

Sexual satisfaction among sexually active individuals is altered by presence of sexual dysfunction among both men and women. However, authors in this study are interested on sexual dysfunction peculiar to women with emphasis on female orgasmic dysfunction. Among women, orgasm disorder is increasingly a common reason to consult a psychotherapist, doctor and sexologist (Stuparu, 2020). Female orgasmic disorder is defined as difficulty achieving orgasm and/or evidence of reduced intensity of orgasmic sensations during sexual activity, symptoms must have been experienced in all or almost all occasions of sexual behaviour for a period of about 6 months (American Psychiatric Association, 2013). The inability of achieving orgasm after adequate stimulation during sexual behaviour is referred to as orgasmic disorder; the disorder is common among females than among males (Nolen-Hoeksema, 2014). The desire for sexual pleasure is a motivation for sexual behaviour. Among women many factors affect sexual orgasm and enjoyment (Kontula & Miettinen, 2016). According to Rellini and Clifton (2011), female orgasmic disorder have multi-factorial aetiology as it relates to drug use, genetics, medications, medical condition and aging, life stressors, mental illness and other sexual dysfunctions.

Nolen-Hoeksema, (2014) reported that women's sexual function decline with age especially after menopause. Similarly, Hayes and Dennerstein, (2005) explain that frequency of sexual intercourse and orgasm decline with decrease in age mostly among women in their late 30s. Among Saudi women, Madbouly, Al-Anazi, Al-Anazi, Aljarbou, Almannie, Habous, and Binsaleh, (2021) found age greater than 40 years as significant predictor of female sexual dysfunction. Ricoy-Cano, Obrero-Gaitán, Caravaca-Sánchez, and De La Fuente-Robles, (2020) reported that in recent years sexual behaviour of older women have undergone changes. Ogunbode, Aimakhu, Ogunbode, Adebusoye, and Owonikoko (2019) discovered that due to hormonal changes that occur with increase in age, sexual dysfunction is expected to increase among the elderly. Women's orgasmic capacity has declined over 16 year's period, in 1999, 56% of women experience orgasm in intercourse with only 46% in 2015. The decline is among both middle and young aged women (Kontula & Miettinen, 2016). Advance in age causes a decrease in both frequency and time needed to reach orgasm (Younis, El-Esawy, & Abdel-Mohsen, (2015).

Rigid religious environment that most women who do not or rarely have orgasm during sex were raised influences their attitudes towards sex (Heiman, Lo Piccolo & Lo Piccolo, 1976). Anorgasmia (orgasmic disorder) is correlated with factors such as religious devotion and religiosity (Regnerus, 2007). One of the topic that is mostly discussed in many religious tradition than many other topic is sex. Religious devotion refers to the role and importance of religion in one's life (Cowden & Bradshaw, 2007). Despite advances in research into the relationship between religious devotion and sexuality, the specific mechanism by which religious devotion affects sexuality have received little empirical attention and are not well-delineated. In Islam, the restrictive nature of sexual issues may lead to sexual problems (Ojomu, Thacher, & Obadofin, 2007). Christianity, Islam and Judaism emphasize sexual restriction by women and suppress women's sexual pleasure (Daniluk & Browne, 2008). Religious belief is a significant predictor of sexual dysfunction (Abadi, Abera, Gebru, Brhane, & Medhin, 2013). Religious women experienced orgasmic difficulty compared to non-religious women (Kontula, & Miettinen, 2016).

Aims of the Study

This study aims at determining how age and religious devotion predicts female orgasmic disorder in a sample of Jos-North women.

Statement of the Problem

To fully comprehend the relationship between age, religious devotion, and female orgasmic disorder, it is important to note that female orgasmic disorder is a serious problem in the society experienced by many sexually active women. Nolen-Hoeksema, (2014) reported that Anorgasmia (orgasmic disorder) is a type of sexual disorder that is experienced among most sexually active women. Research has indicated that many factors such as age, stress, fatigue, pregnancy, one's devotion to religion, other medical conditions such as diabetes, hypertension, mental illness, Acquired Immune Deficiency Syndrome (AIDS) among others leads to sexual dysfunctions generally among males and females.

Abbott, Harris, and Mollen, (2016) has reported that sexual guilt, reduced sexual activity and inadequate sexual satisfaction is associated with one's religious commitment. Similarly, McCool-Myers, Theurich, Zuelke, Knuettel, and Apfelbacher, (2018) discovered that being religious is a risk factor for sexual dysfunction among women. Lazarus (1978) reported that many women with religious orthodoxy undergoing treatment for orgasmic dysfunction reported that during their formative years they came to regard sex as evil. Thus, most women hold onto the belief that sex before marriage is a sin even after they are married. Sexual interest is limited among such women due to the negative unconscious thoughts by such married women.

Age has also been indicated as a factor that affects female orgasmic dysfunction (disorder). Ogunbode et al (2019) reported that sexual dysfunction is likely to occur among elderly sexually active individuals due to hormonal changes. Women in their late 30s experience decrease in orgasm (Hayes et al 2005), also age greater than 40 is a significant predictor of sexual dysfunction (Madbouly et al 2021). In this present study, female orgasmic dysfunction is identified as sexual dysfunction of interest. Thus, the authors intend to find out whether age and religious devotion would separately and jointly affect sexual dysfunction among sample of sexually active women within Jos-North local government area of Plateau state Nigeria.

Hypotheses

1. Religious Devotion would have significant effect on female orgasmic disorder.
2. Age will have significant effect on female orgasmic disorder.
3. There is likelihood that religious devotion and age will have significant interaction on female orgasmic disorder.

METHOD

Design/sampling technique

This study is a cross-sectional design conducted among sexually active women in Jos-North. Purposive sampling technique was utilized in selecting participants of interest that participated in this study.

Participant

The total of 119 sexually active women within Jos-North local government of Plateau state participated in this study. Majority 81(68.1%) of the participants were older women compared to 38(31.9%) younger women with mean age of 30.6. In terms of religion there were more Christians 97(81.5%) compared to Muslims 22(18.5%). In relation to occupation majority 28(23.5%) of the participants were women into business/trading, 21(17.6%) of the women were civil servants, 20(16.8%) were students while 18(15.1%) were house wives (see table 1).

Instrument

Religious Affiliation Scale

The 21-item Religious Affiliation Scale developed and standardized for use among Nigerians by Omoluabi (1995) was used for data collection in this study. The instrument was developed to assess the extent to which people engage in religious activities, strong religious views (religious devotion). The instrument has divergent validity coefficient of -.26 (Erinoso, 1996), and a test-retest reliability of 0.97 (Omoluabi, 1995).

Female Sexual Function Index (FSFI)

Rosen, Brown, Heiman, Leiblum, Meston, Shabsigh, Ferguson, and D'agostino, (2000) developed the Female Sexual Index (FSFI). Rosen et al (2000) identified six domains of female sexual dysfunction, desire, subjective arousal, lubrication, orgasm, satisfaction, and pain. The instrument has Cronbach alpha of 0.82 and higher and test-retest reliability of $r = 0.79 - 0.86$ (Rosen, et al 2000). Only the orgasm subscale of the instrument is used in this study to assess female orgasmic disorder.

Procedures

Researchers administered questionnaires to generate data from sexually active women within Jos-North local government area of Plateau state. Only those that consent after reading the consent form were administered instrument of data collection. Participant's confidentiality was ensured as the information needed is only for research purpose. Participants were purposively recruited across different communities within Jos-North LGA; participants were drawn from their business/trading shops, university environment, and residences respectively.

Data analysis

Descriptive and inferential statistics were used in analyzing data in this study. Two Way Analysis of Variance (ANOVA) was utilized in analyzing data at $p = 0.05$ significant level. Statistical Package for Social Sciences (SPSS) version 21 was used in analyzing all data in this study.

RESULT

Table 1: demographic characteristics of participants

| | Frequency | Percent (%) |
|-------------------|-------------------|-------------|
| Mean \pm SD age | 30.06 \pm 6.768 | |
| Age group | | |
| Young adults | 38 | 31.9 |
| Older adults | 81 | 68.1 |
| Religion | | |
| Christian | 97 | 81.5 |
| Muslim | 22 | 18.5 |
| Occupation | | |
| Business/Trading | 28 | 23.5 |
| House Wife | 18 | 15.1 |
| Social Worker | 1 | .8 |
| Retiree | 1 | .8 |
| Civil Servant | 21 | 17.6 |
| Teacher | 8 | 6.7 |
| Student | 20 | 16.8 |
| Police | 1 | .8 |
| Artisan | 6 | 5.0 |

| | | |
|--------------------|---|-----|
| Farmer | 1 | .8 |
| Medical Doctor | 1 | .8 |
| Lawyer | 2 | 1.7 |
| Nurse | 2 | 1.7 |
| Engineer | 2 | 1.7 |
| Applicant | 2 | 1.7 |
| Pharmacist | 1 | .8 |
| Security personnel | 3 | 2.5 |
| Accountant | 1 | .8 |

Result of table 1 showed that the total of 119 sexually active women participated in this study with mean age of 30.06 and Standard Deviation of 6.768. Majority 81(68.1) of the participants were older adults while 38(31.9%) were younger adults. In terms of religion there were more Christians 97(81.5%) compared to Muslims 22(18.5%). In relation to occupation majority 28(23.5%) of the participants were into business/trading, followed by civil servants with 21(17.6%), 20(16.8%) of the participants were students, while 18(15.1%) were house wives. Eight (6.7%) were teachers, 6(5.0%) were artisans, and 3(2.5%) were security personnel. Other professions had 2 and a smaller number of participants as shown on table 1.

Inferential statistics

Table 2: ANOVA Source Table for Religious Devotion, and Age on Female orgasmic Disorder

| Source | Type III Sum of Squares | Df | Mean Square | F | Sig. |
|--------------------------|-------------------------|-----|-------------|----------|------|
| Corrected Model | 1.907 ^a | 3 | .636 | 3.560 | .017 |
| Intercept | 306.055 | 1 | 306.055 | 1714.362 | .000 |
| Religious devotion | 1.785 | 1 | 1.785 | 9.999 | .002 |
| Age | .050 | 1 | .050 | .279 | .598 |
| Religious devotion * Age | .033 | 1 | .033 | .185 | .667 |
| Error | 20.530 | 115 | .179 | | |
| Total | 386.000 | 119 | | | |
| Corrected Total | 22.437 | 118 | | | |

Hypothesis one

Religious devotion would have significant effect on female orgasmic disorder.

Result revealed that there was a significant effect of religious devotion on female orgasmic disorder, $F(1,115) = 9.999$, $p = 0.002$ ($p < 0.05$) (table 2); with female orgasmic disorder mean score of 1.868 for those with low religious devotion and 1.603 for those with high religious devotion (table 3). The hypothesis was supported.

Table 3: Mean Scores Female Orgasmic Disorder across Religious Devotion

| Religious devotion | Mean female orgasmic disorder | Standard error | 95% Confidence Interval | |
|--------------------|-------------------------------|----------------|-------------------------|-------------|
| | | | Lower Bound | Upper Bound |
| | | | | |

| | | | | |
|-------------------------|-------|------|-------|-------|
| Low Religious Devotion | 1.868 | .056 | 1.756 | 1.979 |
| High Religious Devotion | 1.603 | .062 | 1.480 | 1.726 |

Hypothesis two

Age will have significant effect on female orgasmic disorder

Result of table 2 revealed that there was no significant effect of age on female orgasmic disorder, $F(1, 115) = 279, p = 0.279 (p > 0.05)$ (table 2); with female orgasmic mean score of 1.757 for older women and 1.713 for younger women (table 4). The hypothesis was not supported.

Table 4: Mean Scores Female Orgasmic Disorder across Age

| Age Group | Mean female orgasmic disorder | Standard error | 95% Confidence Interval | |
|-------------|-------------------------------|----------------|-------------------------|-------------|
| | | | Lower Bound | Upper Bound |
| Young Women | 1.713 | .069 | 1.576 | 1.851 |
| Older Women | 1.757 | .047 | 1.664 | 1.850 |

Hypothesis three

There is likelihood that religious devotion and age would have significant interaction effect on female orgasmic disorder

Result revealed that there was no interaction effect between religious devotion and age on female orgasmic disorder, $F(1,115) = 0.185, p = 0.667 (p > 0.05)$; with mean female orgasmic score of 1.864, 1.872, 1.563 and 1.643 (table 5). The hypothesis was not supported.

Table 5: Mean Scores of Female Orgasmic Disorder across Religious Devotion and Age interaction

| Religious devotion | Age Group | Mean female orgasmic disorder | Standard error | 95% Confidence Interval | |
|-------------------------|-------------|-------------------------------|----------------|-------------------------|-------------|
| | | | | Lower Bound | Upper Bound |
| Low Religious Devotion | Young Women | 1.864 | .090 | 1.685 | 2.042 |
| | Older Women | 1.872 | .068 | 1.738 | 2.006 |
| High Religious Devotion | Young Women | 1.563 | .106 | 1.353 | 1.772 |
| | Older Women | 1.643 | .065 | 1.514 | 1.772 |

DISCUSSION

This study explored age and religious devotion as predisposing factors of female orgasmic disorder in a sample of Jos-North women. Findings of the first hypothesis revealed a significant effect of religious devotion on female orgasmic disorder among sample of Jos-North women. Those with low religious devotion had higher mean score compared to those with high religious devotion. This implies that low religious devotion is a significant predictor of female orgasmic disorder. Similarly, Regnerus, (2007) correlated orgasmic disorder with religious devotion and religiosity. Kontula et al (2016) concluded that religious women experienced orgasmic difficulty compared to non-religious women. However, Sunger & Bez,

(2016) conclude that the specific mechanism by which religious devotion affects sexuality is not well-delineated and have little empirical attention.

Result of the second hypothesis did not reveal a significant effect of age on female orgasmic disorder among the study participants. This implies that there is no significant effect of age on female orgasmic disorder among older and younger women. Contrarily, Nolen-Hoeksema, (2014), and Hayes et al (2005) concludes that women sexual function and frequency of sexual intercourse and orgasm decline with age. Madbouly et al (2021) found age greater than 40 as significant predictor of female sexual dysfunction. Although in this present study age was not found to predict female orgasmic dysfunction

In relation to interaction effect between religious devotion and age on female orgasmic disorder, result of the third hypotheses did not reveal a significant interaction effect. This implies that religious devotion jointly with age does not predict female orgasmic disorder among sample of Jos-North women. However, older women with low religious devotion had higher mean score. This is in line with suggestion that female orgasm decline with age.

Limitation of study/recommendation

This study is limited to only women drawn from a sample of Jos-North LGA women of Plateau state, Nigeria. Only female orgasmic dysfunction was sexual dysfunction of interest in this study. Further studies should focus more on including more sample size beyond one Local government area of Plateau state, also there is need to include all types of sexual dysfunction peculiar to women so as to have an idea of the current situation of sexual dysfunction among women across Plateau state Nigeria. This will help in better policy formulation relating to female sexual dysfunction.

Conclusion

Authors conclude that, religious institution and family unit with strict orientation towards sexuality need to be revamped, so they could consciously guide their wards to prevent occurrence of female orgasmic disorder. There is need to create awareness to women regarding sexual dysfunctions peculiar to women in general.

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