



## Cohabitation as Predictor of Sexual Dysfunction among Married Students of a University in Nigeria

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### ABSTRACT

Previous studies revealed that persons involved in premarital cohabitation faced challenges in particular areas connecting to their present bonds more than married couples. Inquiries have established causes of sexual dysfunction to include anxiety over affection, relationship tensions and improbable sexual functioning expectations. Thus, considerable explanations abound to presume connection between premarital cohabitation and marital sexual dysfunction which little studies have explored. To determine whether premarital cohabitation predicts sexual dysfunction in later marriage. It also assessed the moderating effect of age, gender and duration of premarital cohabitation on the variables of interest. Data were gathered from two hundred married students (age 21 to 40 years and above) through descriptive survey method using premarital cohabitation and sexual dysfunction scale following a multi-stage procedure. Linear and multiple regressions were employed for analysis. Premarital cohabitation significantly predicts sexual dysfunction in later bonds ( $F$ -value of 13.39 significant at 0.00) in 67% of cases ( $R$ -square 0.67, beta weight of 0.26 sig at 0.00). The moderating variables predicted sexual dysfunction in later bonds with duration of premarital cohabitation contributing more. Premarital cohabitation strongly predicts sexual dysfunction in later bonds. Counsellors should enlighten youths on negative effects of premarital cohabitation on sexual dysfunction and design strategies to assist victims.

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### INTRODUCTION

The human civilization in the 21st century has been transformed by a major change in sexual value, where exclusive sexual activities are widely perceived as a norm for unmarried people. Persons that fail to engage in premarital sex are perceived by their peers as unsociable, unexciting and immature<sup>1</sup> thus, leading some individuals to experiment sex at earlier ages than before, resulting into cohabitation and premarital sex that have witness tremendous increase globally since 1960s<sup>2, 3</sup>. Cohabitation and premarital sex as a regime are on the upsurge all over the world with Nigeria been no exemption. It is steadily becoming a sort of model common amid students and working youth, who do not only opt to share their possessions but also their coverings<sup>4</sup>. The rapid surge in premarital cohabitation elicits notable worries regarding its outcomes for the institution of marriage and the lives of persons aboard in this family form.

Compared to marriage, cohabitation may be more deeply centred on extrinsic compensations, and sex may occupy a greater position. Thus,

cohabiters might depend more on sexual activity as against long-term passionate bond to keep their unifications together. The sexual experience acquired may lead to sexual hyper activeness or decline of sexual activities which are symptoms of sexual dysfunction.

The relationship between cohabitation and sexual dysfunction has not been well studied but the existing research finds that cohabiters have a higher request for sexual activity which may be improbable and unrealistic sexual performance assumption has been reported to be one of the causes of sexual dysfunction<sup>5</sup>. Studies have authenticated that a high occurrence of close partner violence is acute among cohabiting partners than among married couples<sup>6, 7</sup>. It has also been established that links exist among relationship conflict, poor communication, family system conflicts and sexual dysfunction<sup>5</sup>.

Cohabiting individuals manifest more depressive symptoms than married individuals<sup>8, 9, 10</sup>. For instance, individuals involved in premarital cohabitation experienced more depressive symptoms than married individuals after controlling



for economic resources, social support, and physical health<sup>9</sup>. Depression has been identified as a psychogenic issue responsible for sexual dysfunction. Additionally, researchers found that individuals involved in premarital cohabitation are associated with lower levels of interpersonal commitment<sup>11</sup> and they were less sexually exclusive<sup>12</sup>. These could diminish trusts among cohabiting partners and compound fear of intimacy which could gradually result in negative learning and attitude, thereby causing sexual dysfunction. Investigation has disclosed gender difference in sexual dysfunction<sup>13</sup>. It has been noted that more than men, women seem to connect their sexuality with their partners, negative experiences of such can certainly hinder a woman's ability to become aroused. This bad experience could develop as a result of poor sexuality within previous cohabitation relationship which had probably led to union dissolution.

The focus of this study, therefore, was to investigate (i) whether premarital cohabitation would predict sexual dysfunction of married person; (ii) whether there would be a relationship among age, gender, duration of premarital cohabitation and sexual dysfunction.

The following null hypotheses were also formulated to establish empirical evidence on the study.

*H01*: Pre-marital cohabitation will not significantly predict sexual dysfunction among married students in the university.

*H02*: There is no significant relationship among age, gender, duration of cohabitation and sexual dysfunction of married students in the university

## METHODOLOGY

This study is quantitative and employed descriptive research design of correlation type. The use of the design was premised on the fact that it helps to establish the predictive level of the independent variable (premarital cohabitation) on the dependent variable (sexual dysfunction).

The population of the study consists of all married students in the University. The study sampled 200 married students drawn from postgraduate and undergraduate levels across four faculties (Arts, Education, Law and Social Sciences) purposively chosen out of the fifteen faculties in the University. These four faculties have records of matured students who are married. The selection of the students was done using convenience sampling

procedure. The researchers reached out to the respondents during faculty wide lecture periods to facilitate access to those students who are married. Out of the 200 copies of the questionnaire, few were not returned while some were not completely filled; only 188 copies duly completed were used for the analysis.

The instrument used for the study is a questionnaire titled "Cohabitation and Sexual Dysfunction Questionnaire" (CSDQ) developed by the researchers. The research instrument has three (3) main parts A, B and C. Part A revealed the respondents' personal data such as age, gender, duration of cohabitation among others. Section B consist ten items which help to infer whether respondents have engaged in pre-marital cohabitation or not. Examples of items in this section include Premarital cohabitation: "affords one the opportunity to know the sexual ability of one's partner", "enables one to communicate his/her sexual interest to the partner" among others. Section C is a sexual dysfunction sub-scale consisting of ten items which seeks information on whether the respondents experienced sexual dysfunction or not. Items in this section include experience of: lack of interest or desire for sex, inability to achieve sexual climax.

The objectives of the study were made clear to the respondents to enable them decide whether to partake in the study or not. Those who desired participated, and those who declined were not forced. Explanation was offered on areas where respondents need clarifications to facilitate correct responses to the items. The researchers pledged concealment of information revealed and did not demand the identity of the respondents.

Percentages were used to analyse section A. Sections B and C were scored using Four Point Likert-Type Rating Scale Format that ranged from 1 (*strongly disagree*) to 4 (*strongly agree*). Linear and Multiple Regression were used to test the earlier set hypotheses to ascertain the predictive level of sexual dysfunction due to engagement in premarital cohabitation. The analyses of the data utilized descriptive statistics of frequency counts and percentages.

## RESULTS AND DISCUSSION OF FINDINGS

The demographic percentage distribution of the respondents and result of the hypotheses postulated are presented in this section.



**Table 1:** Percentage Distribution of Respondents based on Age, Gender and Duration of Premarital Cohabitation

Variable	Frequency	Percentage (%)
<b>Age</b>		
21-30 years	94	50.0
31-40 years	73	38.8
40 years and above	21	11.2
<b>Total</b>	188	100
<b>Gender</b>		
Male	78	41.5
Female	110	58.5
<b>Total</b>	188	100
<b>Duration of Cohabitation</b>		
1-2 years	49	26.1
3 years and above	26	13.8
Never	113	60.1
<b>Total</b>	188	100

The result in table 1 indicated that out of the 188 respondents who participated in the study, respondents between 21-30 years participated more (94, 50%). Also, 110 (58.5%) of the respondents were females. On the basis of duration of

cohabitation, 49 (26.1%) of the participants of the study engaged in cohabitation between 1-2 years, 26 (13.8%) engaged in cohabitation between 3 years and above while 113 (60.1%) of the participants never engaged in cohabitation.

**Table 2:** Sexual function of Respondents based on Engagement in Premarital Cohabitation

Engaged in cohabitation			Do not engage in cohabitation		
<b>Sexual Dysfunction (SD)</b>	50	75.8%	<b>Sexual Dysfunction</b>	26	21.3
<b>No Sexual Dysfunction (NSD)</b>	16	24.2%	<b>No Sexual Dysfunction</b>	96	78.9%
<b>TOTAL</b>	66	100	<b>TOTAL</b>	122	100

Table 2 shows the sexual function of respondents based on their engagement in premarital cohabitation. The result showed that out of the 66 respondents that engaged in premarital cohabitation 50 (75.8%) had sexual dysfunction while 16 (24.2%) had no sexual dysfunction. Also out of 122 respondents who did not engage in cohabitation, 26 (21.3%) had sexual dysfunction while 96 (78.9%) had no sexual dysfunction.

**Hypothesis 1:** Premarital cohabitation will not significantly predicts sexual dysfunction among married students in the University

The hypothesis was tested using linear regression analysis and the result is presented in Tables 3 and 4 respectively.

**Table 3:** Regression Analysis Showing Premarital Cohabitation as Predictor of Sexual Dysfunction

Model	Sum of squares	Df	Mean square	F-value	p-value	Decision
Regression	467.47	1	467.47			
Residual	6489.17	186	34.89	13.39*	.000	rejected
Total	6956.64	187				

Table 3 shows a calculated F-value of 13.39, with 1 and 186 degrees of freedom which is significant at 0.00, thus, the hypothesis is rejected.

So, premarital cohabitation significantly predicts sexual dysfunction of married students in the University.



**Table 4:** Contributions of Independent Variables through R-square

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.259	.067	.062	5.907

Table 4, indicates the contribution of the independent variable (premarital cohabitation). The R-square shows .067 (67%) to the dependent variable, sexual dysfunction. This indicates that premarital cohabitation would predict sexual

dysfunction at the rate of 67%. To ascertain the contributions of the two independent variables differently, "Beta" weight was computed as shown in table 5.

**Table 5:** Contribution of independent variables through Beta weight

Model	Unstandardized coefficients		Standard coefficients	t	Sig.
	B	Std Error	Beta		
Constant (premarital cohabitation)	17.76	1.47		12.05	.00
Sexual dysfunction	0 .19	0 .05	.26	3.66	.00

The "Beta" weight indicates that premarital cohabitation contributed .26 with a t-value of 3.66 significant at .00 which is less than 0.05 alpha level. Based on the result, it could be seen that premarital cohabitation predicts sexual dysfunction of the respondents in later marriage.

This finding is in line with previous studies<sup>5, 14, 15</sup> who submitted that there was high degree of sexual frequency in cohabiting unification due to cohabiters' higher request for sexual activity which may not be pragmatic and that impracticable sexual

anticipation is one of the circumstances that could prompt sexual dysfunction. The possible explanation for the significant relationship found is that frequency of sexual intercourse during cohabitation may affect the rate of cohabiters' sexual problems and satisfaction in marriage.

**Hypothesis 2:** There is no significant relationship among age, gender, duration of cohabitation and sexual dysfunction of married persons

**Table 6:** Multiple Regression Analysis Showing Relationship among Age, Gender, Duration of Cohabitation and Marital Sexual Dysfunction

Model	Sum of squares	Df	Mean square	F-value	Sig	Decision
Regression	802.91	4	200.73			
Residual	6153.72	183	33.63	5.96*	.00	Accepted
<b>Total</b>	<b>6956.63</b>	<b>187</b>				

Table 6, shows that the calculated F-value is 5.96, with 4 and 183 degrees of freedom which is significant at 0.00, thus, the hypothesis is rejected. So, there is a significant relationship between the

moderating variables and sexual dysfunction. To ascertain the contribution of independent variables (sexual dysfunction) and dependent variables, R-Square was computed as revealed thus:

**Table 7:** Contribution of independent variables through R-square

Model	R	R-square	Adjusted R-square
1	.34	.12	5.79

Table 7, indicates the contribution of independent variables (age, gender, duration of

cohabitation, and end up in marriage) and the dependent variable (sexual dysfunction). The R-



square shows .12 (12%) to the dependent variable. To ascertain the contributions of the independent

and dependent variables differently, "Beta" weight was computed as shown in Table 8.

**Table 8:** Contribution of independent variables through Beta weight

Model	Unstandardized coefficients		Standard coefficients	t	Sig.
	B	Std Error	Beta		
Constant	28.58	2.11		13.56	.00
Age	.83	.65	.09	1.27	.20
Gender	.87	.89	.07	.98	.33
Duration of Cohabitation	2.04	1.003	.29	2.03	.04

Table 8, shows the contributions of each independent variable to sexual dysfunction. The "Beta" weight indicates that age contributed .09 with a t-value of 1.27. The second independent variable (gender) also contributed a beta weight of .07 with a t-value of .98, duration of cohabitation contributed a beta weight of .29 with a t-value of 2.03 significant at .04 alpha level. Based on the result, it could be seen that duration of cohabitation contributed more than other independent variables. Therefore, duration of premarital cohabitation significantly contributed to sexual dysfunction ( $p < 0.04$ ) in later bond. Age and gender do not significantly contributed to sexual dysfunction ( $p > 0.2, 0.33$ ) respectively in this study.

The result is in line with the findings of <sup>14</sup> who had earlier reported that sexual engagement and sexual gratification weaken among females and males as the period of cohabitation increases and that sexual aspiration weakens in women as well. It has been noted that social factors (such as bodily sexual practices and relational factors) are closely associated with the female's emotional satisfaction and male's physical pleasure than the gender difference <sup>14</sup>. It has been found that older females significantly experienced more sexual dysfunction than their male counterparts <sup>16</sup>. In this study, the majority of the respondents (88%) were between the ages of 21 and 40 years and so age would not have been a predictor of their sexual dysfunction. More so, it has been asserted that age which is consistently associated with sexual dysfunction in adults may not influence sexual dysfunction in the same way for young people <sup>17</sup>.

## CONCLUSION

From the findings of this study, it can be concluded that premarital cohabitation significantly predicts sexual dysfunction. Duration of cohabitation significantly predicts sexual dysfunction

of married adults but, age and sex of the respondents did not predict the sexual dysfunction of the respondents.

## RECOMMENDATIONS

1. School counsellors should ensure that youth are enlightened on the consequences of premarital cohabitation regarding sexual dysfunction during the school-wide orientation programmes, community and religious development programmes. This might serve as a deterrent against involving in such relationship.
2. Premarital counselling as a matter of urgency should be made a priority service to all adults and students in tertiary institutions to minimize the occurrence of cohabitation among dating partners.
3. Counsellors should also develop treatment packages to assist those who have engaged in such relationship and are already experiencing sexual problems in overcoming such challenges

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